

Rustlings Road Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 20 June 2016. The practice was rated as requires improvement for 'well led'. Following the inspection, the practice sent us an Action Plan in September 2016 to state what they would do to improve their service.

This inspection was carried out on 28 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 June 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

- We saw evidence that the practice had introduced a rolling programme of clinical audit and re-audit to improve patient outcomes and services.
- The practice had developed a Disclosure and Barring policy.
- We saw evidence that all practice policies had front cover sheets which identified implementation and review dates.
- We saw a schedule of regular staff meetings was in place.
- We saw evidence of regular in house learning sessions. These were well attended by all staff groups.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services well-led?

- We saw evidence that the practice had introduced a rolling programme of clinical audit and re-audit to improve patient outcomes and services.
- The practice had developed a Disclosure and Barring policy.
- We saw evidence that all practice policies identified both implementation and review dates.
- We saw a schedule of regular staff meetings.
- We saw evidence of regular in house and CCG learning sessions which were well attended by all staff groups.

Good



Rustlings Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector.

Background to Rustlings Road Medical Centre

Rustlings Road Surgery is situated in Sheffield city centre. The practice provides services for 4,500 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the tenth less deprived areas in England. The age profile of the practice population is similar to other GP practices in the Sheffield Clinical Commissioning Group (CCG) area. The practice has three GP partners two female and one male, one nurse practitioner (who is a nurse prescriber), one practice nurse and one healthcare assistant. They are supported by a team of practice management staff and an administration team. The practice is open between 8.30 am and 6.00 pm Monday to Friday. Appointments with staff are available at various times throughout the day. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Rustlings Road Medical Centre on 20 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 20 June 2016 can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Rustlings Road Medical Centre on 28 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements

We inspected the practice against one of the questions we ask about services: Is the service well led? This was because the practice was rated as requires improvement for 'well led'.

During the June 2016 comprehensive inspection we did not see evidence that the practice had a rolling programme of clinical audit and re-audit to improve patient outcomes and services; the practice did not have a Disclosure and Barring policy in place; we noted that not all practice policies had front cover sheets to identify implementation and review dates; we did not see a schedule of regular staff meetings; we noted that the practice had difficulty in attending the CCG protected learning sessions.

Detailed findings

This focused inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 20 June 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service well led.

How we carried out this inspection

As part of this desk top review we looked at a range of information we hold about the practice and the action report submitted to us in February 2017. We also asked other organisations to share what they knew. We carried out a desk top review on 28 February 2017. The information and evidence we asked the practice to send for review was:

- The practice DBS policy
- A range of practice policies which showed front cover sheets to identify implementation and review dates.
- Evidence of practice learning time with attendance lists.
- The practice clinical audit programme.
- Evidence of regular staff meetings with attendance lists.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is the service well led?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

At our previous inspection on 20 June 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure. We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 February 2017. The practice is now rated as good for being well-led.

- At our previous inspection on 20 June 2016 there was no DBS policy in place (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). As part of our desk top review we saw evidence that the practice had developed a comprehensive Disclosure and Barring (DBS) policy. The policy outlined that all staff had to have a DBS check prior to employment either enhanced or basic which was dependent upon their role. The policy stated that any job advert and application clearly stated that a DBS check would be required prior to a job offer.
- At our previous inspection on 20 June 2016 we found there were a number of practice policies missing and not all policies included a front cover sheet in order to identify implementation and review dates. As part of

our desk top review we saw evidence that a number of practice policies for example, Clinical Governance and Whistleblowing had been developed and policies had been updated to include a front cover sheet which clearly identified implementation and review dates.

- At our previous inspection on 20 June 2016 we found the practice did not have a programme of clinical audit in place. As part of our desk top review we saw evidence that the practice had developed an audit protocol and a programme of audit activity was in place to develop continuous quality improvement. For example we saw audits relating to diabetes, infection control, Emergency Admissions and Heart Failure. Most of these were completed audits.
- At our previous inspection on 20 June 2016 we found there was no evidence of regular practice meetings taking place. As part of the desk top review we saw a meeting schedule and evidence that the practice held regular MDT/clinical meetings, practice meetings and practice manager/partner meetings.
- At our previous inspection on 20 June 2016 we found staff were not taking part in 'in house' learning activities. During the desk top review, we saw evidence that staff had attended 'in house' training and CCG protected learning programmes. Subjects included Basic Life Support, Child and Adult Safeguarding and Domestic Violence training.