

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Dr Ngozi Patrick

2 Harold Street, Sheffield, S6 3QW

Tel: 08451226566

Date of Inspection: 26 November 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Dr Ngozi Patrick
Overview of the service	Dr Ngozi Patrick, also known as Harold Street Medical Centre is based in Sheffield. It serves a population of approximately 1,500 patients. There is one General Practitioner (GP). There is also a team of other healthcare professionals, supported by reception and administrative staff. The surgery offers a range of primary care services including chronic disease management.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
Information primarily for the provider:	
Action we have told the provider to take	15
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services. We talked with other authorities and were accompanied by a specialist advisor.

What people told us and what we found

During the inspection we spoke with five patients. They told us they understood the care and treatment choices available to them. They said they received sufficient information to make decisions about their care and treatment.

Most of the patients we spoke with were satisfied with their care and treatment. One patient told us, "I've been coming here for many years and they've always done OK for me." Another patient said, "I think the service I've had has been fine." However, one patient told us sometimes they felt the GP could be a bit abrupt.

We found patients were protected from the risk of infection because appropriate guidance had been followed. The systems in place were effective to assess the risk of and prevent, detect and control the spread of infection.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Clinical staff had received sufficient training to ensure they continued to meet the professional standards which were a condition of their ability to practice.

The provider did not have an effective system to regularly assess and monitor the quality of service that patients received. There was insufficient evidence that learning from incidents and investigations took place and appropriate changes were implemented. There was insufficient evidence that the provider took account of complaints and comments to improve the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 28 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Patients told us they understood the care and treatment choices available to them. They told us they received sufficient information to make decisions about their care and treatment. One patient told us the GP gave them information about the risks and benefits of their treatment and alternative options. Another patient attended a regular clinic and told us the nurse was "good at explaining things". They also told us the nurse provided them with advice and guidance about managing their condition. They had been given leaflets explaining about their condition, along with other health education information.

Patients were given appropriate information and support regarding their care or treatment. We saw a variety of information and health promotion leaflets displayed in the waiting room. Staff also told us the practice had access to an interpreter service for people whose first language was not English. This ensured patients were given appropriate information and support regarding their care and treatment. The provider also had a website, which provided information about the services available, staff employed, opening times and how to make a complaint. However, the provider may wish to note that information about the practice on the NHS Choices website was not kept up to date. This meant there was incorrect information on the site about the staff and services.

Patients expressed their views and were involved in making decisions about their care. We looked at how the practice recorded clinical information. We saw patient's records which showed the GP explained and discussed the treatment and support options with the patient, to ensure they understood the choices available to them. The records included past medical history, allergies and medications. This ensured patients received care and treatment which met their needs. Three patients told us they had been fully involved in deciding the course of treatment they should take. The GP told us the practice supported patients who lacked capacity to make decisions. They said they would involve people acting on the patients' behalf where necessary, or make referrals to other appropriate services.

Patients we spoke with told us their privacy and dignity was respected when they arrived for an appointment and during consultation with the GP and nurses. One patient told us, "Staff respect your privacy. I've never heard them be otherwise." We saw the treatment room doors were closed during patient's appointments. We spoke with reception staff who were clear about their responsibilities to ensure patient's privacy and confidentiality was maintained. The practice had facilities for patients should they wish to have a confidential discussion with staff.

Peoples' diversity, values and human rights were respected. The consultation rooms and other facilities were all on ground level. We saw there were ramps for access to the premises. Toilet facilities were available that were accessible to people with limited mobility. There was a chaperoning service available if patients wished to use it. This was advertised in the waiting room. We saw there was a policy on this subject and staff told us how chaperones were provided on request. This helped to ensure patient's religious and cultural beliefs were considered.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The patients we spoke with were satisfied with their care and treatment, although one patient told us they were disappointed that the female GP had recently left the practice. One patient told us, "I have no complaints." Another patient said, "I get good care, can't fault it, happy with everything."

All the patients we spoke with told us they were able to get an appointment quickly and that they were usually seen on time. One patient said, "I usually get an appointment straight away."

We found the nurses provided a range of clinics to support patients with the management of chronic diseases and health promotion. These included clinics for long term conditions such as asthma and diabetes. The nurse we spoke with told us there were effective call and recall systems to ensure patients with chronic diseases were monitored and treated in a timely way.

There were arrangements in place to deal with foreseeable emergencies. The practice had an emergency oxygen supply and a supply of emergency drugs. The equipment was accessible by staff in an emergency. Records showed the lead nurse checked the emergency drugs regularly to make sure they were within their expiry date. Records showed staff had received training in basic life support skills and cardiopulmonary resuscitation. Staff we spoke with were aware of their roles and responsibilities when responding to an emergency.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at clinical and communal areas and found these were clean. Patients we spoke with raised no concerns about cleanliness or hygiene at the practice. The practice used an external cleaning provider. We saw monthly checks were completed regarding cleanliness of the service.

There were infection prevention and control policies and procedures in place. The practice had a nominated infection control nurse. Records showed infection control audits were carried out. We saw there was dedicated hand washing facilities. The appropriate hand washing procedure was displayed over the sinks. We saw protective clothing, such as aprons and disposable gloves were available. Patients we spoke with said they saw staff wearing protective clothing and washing their hands before and after treatment.

We saw cleaning fluids and clinical waste bins were available. There were arrangements in place for the management of sharps. The needle-stick injury protocol was displayed in appropriate areas. There was colour coded guidance for staff to ensure contaminated waste was discarded in appropriate clinical waste bins. This ensured staff were aware of the process for reducing infection risks.

Clinical staff had received training in infection control as part of their continuing professional development (CPD). They were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. This meant staff and patients were protected against the risk of infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

As part of our inspection we looked at the systems in place to support staff through training, professional development, supervision and appraisal. We spoke with the new practice manager, the assistant practice manager, reception staff, both practice nurses and the GP. We were told there was no designated training budget. However, staff told us they were able to determine their own training needs and, although it could sometimes be difficult, they found ways to provide training for staff when appropriate.

All staff had undertaken mandatory training. An update of fire training was planned and Cardio-Pulmonary Resuscitation (CPR) training had been provided recently. We were also told that safeguarding children study session was going to be completed within the next few days. The provider may find it useful to note that staff had not undertaken equality and diversity training.

Reception and administrative staff told us the practice had been without a practice manager for several months. This had meant that some systems, such as annual appraisal had fallen behind. Appraisals had been undertaken with the previous practice manager, but that was some time ago. There was no evidence to support that staff had written objectives. The new practice manager told us they were putting together a new appraisal pack. They told us they intended that staff appraisals would be undertaken by the end of the year. Staff told us things had improved since the new practice manager had come into post. They were able to raise concerns with the practice manager and these would be acted on. They told us there was good support within the team.

There were two practice nurses. Each worked nine hours per week. The senior practice nurse had been working at the practice for just over a year. The second practice nurse was newly appointed and had been with the practice for two weeks. It was clear they wanted to be involved in training and were enthusiastic and motivated. However, there were no formal arrangements regarding clinical supervision of the nurses. The new nurse said they needed further training and supervision to enable them to take on more responsibility. At the time of the inspection the new practice nurse was working alongside the senior practice nurse. They told us this was a 'one off' occasion. Although the GP wanted to provide clinical supervision more regularly, this was difficult due to the demands

of the practice. The GP was present during clinic times. However, as they spent most of their clinic time with patients it could be difficult for the nurse to make contact with them to discuss issues or concerns about patients.

The provider may find it useful to note that there was no formal arrangement for the 'mentorship' of the new member of the nursing team, who had no previous experience as a practice nurse. The provider may also find it useful to note that the employment folder containing the job descriptions of employees was out of date.

The GP told us they underwent revalidation every five years. Revalidation is a process for doctors practicing in the UK to prove their skills are up-to-date and they remain fit to practise medicine. As part of this process the GP had to provide supporting information of continuing professional development feedback from colleagues and patients, significant events and review of complaints and compliments. This ensured the doctors continued to meet the professional standards which were a condition of their ability to practice. The GP admitted that, as a single handed GP, it was sometimes difficult to obtain a second opinion regarding patient treatment. Until recently, there had been a salaried GP working at the practice and it was planned that this arrangement would resume imminently.

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff told us the practice had had a period of about nine months without a practice manager. This had meant that monitoring of the quality of service delivery had not been effective.

The processes for monitoring incidents and complaints were reviewed as part of the visit. Four complaints, two incidents and three compliments had been recorded since April 2013. We found there was a lack of evidence that learning from incidents, complaints and investigations took place and a lack of evidence that appropriate changes were implemented. We asked the practice manager how they monitored incidents. They told us they screened each incident and discussed them with the GP or at staff meetings.

The practice recorded incidents through the significant event analysis (SEA) process. We were shown a folder, which contained several years of reported incidents. There was minimal detail given on the incidents that were stored within the folder and information was not kept in chronological order. Although there were conclusions and recommendations there was no investigation report and no evidence that a root cause analysis had been undertaken. No themes or trends had been identified from the two incidents we reviewed.

Practice staff were aware of incident reporting, but were not clear on how to effectively complete the SEA incident forms. The monthly practice meeting notes showed incidents were discussed. However, the minutes taken were very brief and did not show analysis or discussion of the incidents. The minutes did not reflect learning from incidents or good practice shared at the meeting, although staff told us this did happen. There was no timescales for actions to be completed and no lead person identified as responsible for implementing or monitoring improvement.

The practice manager showed us a monitoring form to log incidents and said they would type this up and keep it on their computer. They confirmed there was a backlog and the form had not been typed up during the preceding months. This did not ensure effective systems were in place to regularly identify, assess and manage risks relating to the health, welfare and safety of patients and others who used the service.

The complaints policy stated the practice was working to the Sheffield PCT complaints procedures. In April 2013 the complaints process changed to being managed by NHS England. The records of complaints were kept in a folder. These were not in chronological order and the papers were not secure. As all correspondence was not saved within the file, there was no evidence included that a letter of acknowledgement had been sent to the complainant. The practice manager stated that these were stored electronically, but we did not see them at the time of the inspection. Monitoring records had not been set up when a complaint was received and the date and details of the complaint had not been clearly recorded.

There was no written record of complaints investigations or of root cause analysis being carried out. There was no written record of written responses being sent to the complainant. In some of the cases, there was no evidence that the patient complainant had been invited to discuss the complaint in further detail.

On examination of the records of two complaints it appeared that no action had been taken. On two incident and complaint records patients and relatives were recorded as being involved. However, it was unclear how in the practice actually involved them, or resolved the complaint. We also found that comments made about the practice on the NHS Choices website were not monitored or acknowledged. This did not ensure people's complaints and comments were being used to improve the quality of the service.

We found there was a lack of evidence of systems and procedures in place to support clinical governance. On examination of the policies and procedures folder, most policies were out of date. This was because they did not reflect current arrangements and practice. There was an index in the front of the folder. However, the contents were not filed alphabetically within the folder. There was no incident policy or procedure. A governance framework was in existence, but there was nothing written in the policy manual relating to this. Generic policies had been taken from the internet, which were not tailored to meet the needs of the practice.

Although the practice was able to show a risk policy, there was no risk matrix attached and no method to assess the levels of risk within the practice. The senior practice nurse stated that clinical policies and procedures were accessible in the practice manager's room. However, we noted some of these policies were not available. NICE guidance was discussed with staff. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Although staff told us the practice was fully compliant with NICE guidance there was no reference of NICE guidance within the policies and procedures we saw.

We discussed Central Alerting System (CAS) alerts with the Practice Manager and the GP. CAS is a web-based system for issuing patient safety alerts and other safety critical guidance to the National Health Service and other health and social care providers. We saw a policy on CAS and Medical Devices Alerts. However, the policy had not been fully implemented and there was no evidence to show CAS alerts were being dealt with in a structured way. The GP was aware that these alerts did come in through the email system.

They acknowledged that most were not relevant to primary care, but would read them and discard them. There was no designated folder, in paper form or electronically, for the alerts to be stored for future reference. There was no clear process for updating other clinical staff, who may have needed to be made aware of the guidance or to make changes to their clinical practice.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
Maternity and midwifery services	Assessing and monitoring the quality of service provision
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	We found there was a lack of evidence that learning took place from incidents and investigations and a lack of evidence that appropriate changes were implemented.
	There was insufficient evidence that the provider took account of complaints and comments to improve the service. The provider did not have an effective system to regularly assess and monitor the quality of service that people received.
	We found there was a lack of evidence of systems and procedures in place to support clinical governance. Regulation 10 (1) & (2)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
