

## Overview of Care Quality Commission (CQC) Ratings for General Practice

Primary Care Commissioning Committee meeting

H

29 June 2016

<b>Author(s)</b>	Sue Berry, Senior Quality Manager, Urgent and Primary Care
<b>Sponsor</b>	Katrina Cleary, Programme Director Primary Care
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
None	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<i>Which of the CCG's objectives does this paper support?</i>	
Strategic Objective 1. To improve patient experience and access to care Strategic Objective 2. To improve quality and equality of healthcare in Sheffield	
<b><u>Equality impact assessment</u></b>	
Not applicable	
<b><u>PPE Activity</u></b>	
<i>How does your paper support involving patients, carers and the public?</i>	
Not applicable	
<b>Recommendations</b>	
The Primary Care Commissioning Committee is asked to note the paper for information and comment	

## Overview of Care Quality Commission (CQC) Ratings for General Practice

Primary Care Commissioning Committee meeting

29 June 2016

### 1. Background

- 1.1. All General Practitioners required to register as a provider with the Care Quality Commission (CQC). The CQC will carry out inspections and will rate the provider against five key lines of enquiry (KPOE). Ratings are graded as 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.
- 1.2. The CQC have been inspecting Sheffield based general practices and are expected to complete all inspections by the end of October 2016. A dashboard providing an overview of the CQC ratings, incorporating trends and themes of non-compliance has been developed. The dashboard also shows the level of support offered to the practices by the CCG Quality team when the practices have been assessed and rated as either 'inadequate' or 'requiring improvement in all five domains'.

### 2. Overview of General Practices

- 2.1. To date, the CQC has inspected 34 practices, 31 have been rated as 'Good', two have been rated as 'Requiring Improvement' and one has been rated as Inadequate.
- 2.2. For those practices that have either been rated as 'requiring improvement' or 'inadequate' the CCG Quality Team have been supporting practices ensuring that the practices action plans meet the requirements identified in the CQC report. Additionally, the Quality Team have worked alongside both the practices and NHSE to gain assurance that the actions within the action plan have adequately implemented. This has been achieved by reviewing the evidence required to achieve the action and by verbal assurance from the practices

### 3. Trends and Themes

- 3.1. The CQC rate the inspection against five key lines of enquiry. These form the categories of: 'Are services safe', 'Are services effective', 'Are services caring', 'Are services responsive' and 'Are services well led'. There are two practices that have been rated as 'Outstanding' against the standard 'Are services responsive'. Table 1 below shows how many practices have been rated as 'requiring improvement' against the five KLOE.

Are services safe?	10
Are services effective?	1
Are services caring?	0
Are services responsive?	1
Are services well led?	3

Table 1: Number of practices rated as requiring improvement in the five KLOE

Additionally, one practice has been rated as 'inadequate' against 'Are services well led', one practice has been rated as 'inadequate' against 'Are services effective' and one practice has been rated as 'inadequate' against 'Are services well-led'.

#### **4. Areas for improvement - themes noted**

- Disclosure and Barring Service (DBS) checks of staff was noted as not being carried out on some staff at 10 practices, and adequate recruitment checks weren't carried out in four practices (**NB**, two practices are included in both the aforementioned)
- Record keeping has been identified as an issue at 11 practices, this includes maintaining records of staff training, staff immunity status and emergency equipment checks
- Staff training out of date or requiring further training, noted at nine practices
- References to defibrillators, noted at four practices and a lack of risk assessments for there not being one on site.
- References to fridge temperatures, noted at five practices (lack of temperature records or not following the public health guidance).
- References to poor Patient Participation Groups (PPG), noted at four practices (lack of public engagement)
- References to lack of fire drills and fire alarm servicing was noted in five practices
- References to lack of practice policies in three practices (two out of date and one practice requiring policies).

#### **5. Recommendations**

The Primary Care Commissioning Committee is asked to note the paper for information and comment.

Paper prepared by Sue Berry Senior, Quality Manager Urgent and Primary Care

On behalf of Katrina Cleary, Programme Director Primary Care

June 2016

## **GP CQC inspections summary**

**Number of practices inspected** 34 (There has also been 1 practice inspected which has now merged)

### **Practice rating:**

Good	31
Requires Improvement	2
Inadequate	1

### **Areas graded as 'Requires Improvement'**

Are services safe?	10	(NB, one practice has been rated inadequate for this also)
Are services effective?	1	(NB, one practice has been rated inadequate for this also)
Are services caring?	0	
Are services responsive?	1	
Are services well led?	3	(NB, one practice has been rated inadequate for this also)

### **Areas graded as 'Outstanding'**

Are services safe?	0
Are services effective?	0
Are services caring?	0
Are services responsive?	2
Are services well led?	0

### **Areas for improvement - themes noted**

- DBS checks of staff was noted as not having been carried out on some staff at 10 practices, and adequate recruitment checks weren't carried out in 4 practices
- Record keeping has been picked up at 11 practices , this includes maintaining records of staff training, staff immunity status, emergency equipment checks,
- Staff not being up to date with their training or requiring further training, noted at 9 practices
- References to defibrillators, noted at 4 practices (lack of risk assessments for there not being one on site)
- References to fridge temperatures, noted at 5 practices (lack of temperature records or not following the public health guidance)
- References to PPG , noted at 4 practices (lack of public engagement)
- References to fire drills and fire alarm servicing was noted in 5 practices
- References to practice policies in 3 practices (2 out of date and 1 practice requiring policies)

### **Areas of outstanding practice - themes noted**

Surgery Name	Partnership name / Lead GP	Code	Locality	Site	Due for CQC visit	CQC Inspection Date	CQC report date	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive to Peoples Needs?	Are Services Well Led?	Overall Rating	Areas for improvement	Areas of outstanding practice
Abbey Lane Surgery	Dr Majoka & J A V	C88046	Central	Main		11/01/2016	23/03/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.</li> <li>The practice had measures in place to ensure that staff had access to relevant training, however some staff had not received safeguarding training in the last year.</li> <li>The practice should ensure that the tracking of patient histology is in accordance with NHS policy guidance.</li> </ul>	<ul style="list-style-type: none"> <li>Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, one of the GPs had attended a specialised training course in order to deliver domiciliary care for a patient with increased mental and physical health needs.</li> </ul>
Barnsley Road Surgery	Drs A Grover & W A W Issa	C88091	North	Main		13/10/2015	07/01/2016	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate	Overall, inadequate governance, poor management, requires safety checks, protocols no being followed	None noted
Baslow Road, Shoreham Street and York Road Surgery	Baslow Road & Shoreham St Surgeries	C88037	Central	Main											
Darnall Health Centre (Swinden)	Dr S J Swinden	C88075	Central	Branch											
Bents Green Surgery	Drs M S Rogers & C E Reynolds	C88061	HASL	Main											
Birley Health Centre	Dr M Boyle & Partners	C88025	HASL	Main		16/02/2016	30/03/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Maintain a complete record of the immunity status of all clinical staff.</li> <li>The practice should complete the monitoring and recording cycle documenting the movement of blank prescriptions within the practice.</li> </ul>	The practice provided a door to door bus service in joint conjunction with the local authority two days a week for patients who were too frail, elderly or unable to access the practice independently as there was no public bus service in the area.
Broomhill Surgery	Dr D Savage & Partners	C88028	West	Main											
Lodge Moor Surgery	Dr D Savage & Partners	C88028	West	Branch											
Buchanan Road Surgery	Drs H E Stockdale & K M Donaghy	C88011	North	Main		02/02/2016	24/03/2016	Good	Good	Good	Good	Good	Good	- Incident reporting including guidance alerts should be shared more widely across the practice team to include administrative staff.	None noted
Burncross Surgery	Chapelgreen Practice	C88010	North	Main	Q4										
High Green Health Centre	Chapelgreen Practice	C88010	North	Branch											
Burngreave Surgery	Dr P Mooney & Partners	C88048	North	Main											
Herries Road Surgery	Dr P Mooney & Partners	C88048	North	Branch											
Carrfield Medical Centre	Drs M Singh & T Venkatraman	C88082	Central	Main		16/12/2015	05/04/2016	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement	<ul style="list-style-type: none"> <li>Ensure they have a complaints procedure in place which is fully responsive and in line with recognised guidance.</li> <li>Investigate safety incidents thoroughly and ensure that people affected receive reasonable support and a verbal and written apology.</li> <li>Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.</li> <li>Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.</li> <li>Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.</li> <li>Ensure management of prescriptions complies with NHS Protect guidance.</li> <li>Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner.</li> <li>Take action to address identified concerns with infection prevention and control practice.</li> <li>Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.</li> <li>Ensure recruitment arrangements include all necessary employment checks for all staff.</li> <li>Ensure that all fridges which are used to store medications are checked so that the correct temperature regulation is maintained, and to avoid over-storage of products</li> <li>Consider a continuous quality improvement programme to include clinical audit, medication optimisation and other performance activity to improve outcomes for patients.</li> </ul>	

Surgery Name	Partnership name / Lead GP	Code	Locality	Site	Due for CQC visit	CQC Inspection Date	CQC report date	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive to Peoples Needs?	Are Services Well Led?	Overall Rating	Areas for improvement	Areas of outstanding practice
Carterknowle Road Surgery	Carterknowle & Dore Medical Practice	C88016	HASL	Main											
Dore Road Surgery	Carterknowle & Dore Medical Practice	C88016	HASL	Branch											
Charnock Health PC Centre	Dr P J Deakin & Partners	C88032	HASL	Main		01/03/2016	22/04/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Learning from incidents and complaints should be communicated to include the whole practice team.</li> <li>All staff should have access to regular appraisals.</li> <li>Staff acting as chaperones must have DBS checks.</li> <li>Practice policies should be reviewed and dated.</li> <li>Ensure recruitment arrangements include all necessary employment checks for all staff.</li> </ul>	None noted
Crookes Valley Medical Centre	Dr E Gabrawi	C88057	North	Main		12/05/2015	23/07/2015	Requires Improvement	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Ensure an IPC audit and fire assessment are completed with action plans (IPC Audit and action plan has been undertaken 1st June 2015, awaiting response from practice)</li> <li>Risk assess the absence of O2 and defibrillator</li> <li>Ensure recruitment arrangements for all include all employment checks</li> <li>Review the provision of curtains in the GP consulting room</li> </ul>	None noted
Crystal Peaks Medical Centre	Dr A R M Andrzejowski & Partners	C88648	HASL	Main	Q4										
Darnall Health Centre (Mehrotra)	Dr R Mehrotra	C88084	Central	Main	Q4										
Richmond Road Surgery	Dr R Mehrotra	C88084	Central	Branch											
Deepcar Medical Centre	Dr Kadicheeni Davis & Partners	C88074	West	Main											
Devonshire Green MC	Dr G Pettinger & Partners	C88076	West	Main	Due										
Hanover Medical Centre	Dr G Pettinger & Partners	C88076	West	Branch											
Dovercourt Surgery	Dr M G Read	C88087	Central	Main	Q4	02/02/2016	30/03/2016	Good	Good	Good	Outstanding	Good	Good	<ul style="list-style-type: none"> <li>Maintain a complete record of the immunity status of all clinical staff.</li> <li>Maintain a schedule of carpet deep cleaning.</li> <li>Ensure all staff complete required safeguarding training as per Safeguarding Children and Young people: roles and competencies for health care staff intercollegiate document (third edition: March 2014).</li> </ul>	<ul style="list-style-type: none"> <li>The practice offered work placements for people to help develop their confidence, life and work skills. They provided us with examples where this led to permanent employment and support to access further/higher education.</li> <li>Staff told us they would act as patient advocates. For example, by helping to write letters and facilitating appointments at the practice instead of in the community so patients could be seen in familiar surroundings.</li> <li>The practice had an older people's co-ordinator who sent screening letters to patients aged over 75 who had not attended the practice for sometime. This was a simple checklist to update on health and general wellbeing. It also provided the practice with regular updated information on carer/next of kin information. The co-ordinator followed an algorithm which enabled the patient to be signposted to other services if appropriate. For example, to the community support worker.</li> </ul>
Duke Medical Centre	Dr A Afzal & Dr R	C88030	Central	Main											
Dunnic Road Surgery	Dr D Chatterjee	C88643	North	Main		06/05/2015	06/08/2015	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Ensure training records are up to date, to enable the practice to accurately monitor review dates.</li> <li>The practice had made numerous attempts to form a Patient Participation Group (PPG), unfortunately there had been no uptake from their patients</li> <li>Ensure all clinical staff have a good understanding of Gillick competency assessments of children and young people.</li> </ul>	None noted
Dykes Hall Medical Centre	The Partners	C88045	West	Main											
Deer Park Surgery	The Partners	C88045	West	Branch											
East Bank Medical Centre	Dr S E H Lumb &	C88088	Central	Main		23/03/2016	18/05/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Regular audits should be in place for minor surgery with action plans and learning outcomes</li> <li>Review the checking procedure of the GP bag to ensure they all medicines are in date and the correct type.</li> </ul>	<ul style="list-style-type: none"> <li>The practice used proactive methods to improve access and enable patients to obtain appointments and services in a way and at a time that suits them using daily telephone triage consultation to allocate appointments. Email consultations were also offered to patients.</li> <li>The practice held a monthly 'vulnerable families' meeting to improve and develop safe services for patients and to promote good collaborative working with other agencies.</li> </ul>
Ecclesfield Group Practice	Dr R Oliver & Part	C88039	North	Main		19/01/2016	10/03/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>The practice should ensure flooring in clinical areas where treatments are carried out is seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant.</li> </ul>	<ul style="list-style-type: none"> <li>The practice had developed a social media website page to communicate and promote its services to patients.</li> </ul>
Margetson Surgery	Dr R Oliver & Part	C88039	North	Branch											
Elm Lane Surgery	Elm Lane & Chape	C88049	North	Main	Q4										
Chapelton Surgery	Elm Lane & Chape	C88049	North	Branch											

Surgery Name	Partnership name / Lead GP	Code	Locality	Site	Due for CQC visit	CQC Inspection Date	CQC report date	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive to Peoples Needs?	Are Services Well Led?	Overall Rating	Areas for improvement	Areas of outstanding practice
Far Lane Medical Centre	Dr P J King & Part	C88021	West	Main		10/03/2016	23/05/2016	Requires Improvement	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Ensure Patient Group Directives (PGDs) are signed by the authorising representative of the practice and by the health professional working under the direction to ensure safe management of medicines.</li> <li>Carry out regular fire drills at the main site and the branch site.</li> <li>Implement cleaning schedules for laundering of curtains and for daily cleaning of medical equipment used for patient care to record and monitor what cleaning had taken place.</li> <li>Keep comprehensive recruitment files for all newly employed staff to include proof of identification, qualifications, references and registration with the professional body to ensure staff are of good character.</li> <li>Ensure there is a process in place to check the registration of clinical staff on the professional body registers on a regular basis and keep documentation of these checks.</li> <li>The practice should follow safe recruitment procedures in line with national policy by completing a Disclosure and Barring Service (DBS) check for the nurse who was employed prior to the practice's registration with CQC.</li> <li>The practice should complete a risk assessment to assess the need to have a defibrillator on site to deal with medical emergencies.</li> <li>The practice should consider implementing a second thermometer or calibrating the thermometer on the medical fridges monthly as per Public Health England guidance on safe storage of vaccines to ensure temperature readings are accurate.</li> <li>The business continuity plan should be shared with staff and a hard copy made available to include contact details of utility suppliers and key staff members to support staff in an emergency.</li> <li>The practice should consider patient feedback regarding telephone access to the practice.</li> </ul>	None noted
Trafalgar House Med Centre	Dr P J King & Part	C88021	West	Branch											
Firth Park	Dr J Hopkins	C88035	North	Main		10/11/2015	14/01/2016	Good	Good	Good	Outstanding	Good	Good	<p>To ensure all staff that require a disclosure and barring check (DBS check) have one completed.</p> <ul style="list-style-type: none"> <li>There were a high number of transient patients from Eastern Europe, 16% of patients were from the Roma Slovak community, and their needs were met in a very caring and responsive way.</li> <li>Patient requests for a more accessible building were acted upon with the partnership funding major building work, reducing queueing and overcrowding.</li> <li>The practice identified that there was a high number of patients registered who had caring responsibilities, 23% of the practice population. •The practice had a lead GP, who was the carer's champion; it had a carer's notice board for information and signposting.</li> <li>The practice worked to improve the holistic package of care received by patients with mental health needs and those living with dementia, actively offering advocacy and carer support to reduce social isolation.</li> <li>The practice carried out opportunistic visits to housebound patients to check on the health and wellbeing of the patients and carers.</li> <li>People whose circumstances may make them vulnerable were assessed and cared for effectively and close working relationships with health visitors and multi agency teams enabled these people and their families to be supported.</li> </ul>	
Foxhill	Dr Davidson	C88009	North	Main		03/11/2015	21/01/2016	Requires Improvement	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>The practice must ensure it reviews its system for controlling and recording the movement of handwritten prescription pads in line with the NHS Protect Safety of Prescription Forms Guidance.</li> <li>The practice should review the process for healthcare assistants to administer influenza and pneumococcal vaccinations in accordance with current legislation and guidance.</li> <li>The practice should ensure adequate recruitment checks are completed.</li> <li>The practice should ensure adequate training updates that are necessary for staff to carry out their role and responsibilities are available.</li> </ul>	The practice helped facilitate a weekly Art Group attended by patients with mental health issues and learning disabilities to reduce social isolation, improve mood and overall wellbeing.
Gleadless Medical Centre	Dr R M Gordon & Part	C88019	Central	Main											
Grenoside Surgery	Dr R M Panniker & Part	C88054	North	Main		23/02/2016	23/03/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Complete outstanding actions identified on own IPC audit. To include deep cleaning of carpets and fitting soap dispensers to walls in the treatment rooms.</li> <li>The practice should arrange for the branch site to undertake regular fire drills.</li> <li>The practice should ensure the system to check the expiry date of clinical consumables, for example, syringes is completed.</li> <li>The practice should maintain a record of completed daily cleaning schedules.</li> </ul>	The practice staff gave examples where acts of care and kindness had been shown to patients. For example, one non clinical member of staff told us he had visited a patient at home following discharge from hospital and had assisted in re-setting the heating system to enable the patient to be more comfortable and reception staff told us they would book taxis for patients to go home following their appointment at the surgery should they request one.
Wadsley Bridge Med Centre	Dr R M Panniker & Part	C88054	North	Branch											
Greystones Medical Centre	Dr R J Benn	C88652	HASL	Main											
Hackenthorpe Med Centre	Dr A M Parkes & Part	C88096	HASL	Main	Q4										

Surgery Name	Partnership name / Lead GP	Code	Locality	Site	Due for CQC visit	CQC Inspection Date	CQC report date	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive to Peoples Needs?	Are Services Well Led?	Overall Rating	Areas for improvement	Areas of outstanding practice
Handsworth Medical Centre	Dr A P Shaikh & F	C88036	Central	Main		03/03/2016	12/04/2016	Good	Good	Good	Good	Good	Good	-The practice should follow its own policy and recommended Public Health England guidelines regarding monitoring and recording of medical fridge temperatures. • The practice should make secure the clinical waste storage containers at the branch site. - The practice should review its appointment system to ensure patients can make an appointment with a GP in a timely manner.	• The practice had linked with local schools and a local organisation for young carer's to actively encourage young carer's to come forward and register this on their medical record. This would alert practice staff to try to be flexible when booking appointments and signposting to appropriate support services could be offered as well as an invitation to an annual health check at the practice
Fitzalan Road Surgery	Dr A R Shaikh & F	C88036	Central	Branch											
Harold Street Medical Centre	Dr N Patrick	C88059	West	Main		13/05/2015	02/07/2015	Good	Good	Good	Good	Good	Good	-System to monitor professional registration -Records to monitor training dates -training and guidance for chaperone service staff -The practice had made numerous attempts to form a Patient Participation Group (PPG), unfortunately there had been no uptake from their patients	None noted
Heeley Green Surgery	Dr K R O'Connor	C88073	Central	Main											
Highgate Surgery	The Clover Group	C88069	Central	Main											
Darnall Primary Care Centre	The Clover Group	C88069	Central	Branch											
Jordanthorpe Health Centre	The Clover Group	C88069	Central	Branch											
The Mulberry Practice	The Clover Group	C88069	Central	Branch											
Jaunty Springs Health Centre	Dr G D Collins	C88050	HASL	Main											
Manchester Rd	Dr Wendy Jaques	C88044	HASL	Main		17/11/2015	14/01/2016	Requires Improvement	Good	Good	Good	Good	Good	• Ensure DBS checks are in place or a risk assessment for all staff undertaking chaperoning duties. • Fire drills should be undertaken to ensure staff are aware of the fire evacuation procedure. • The practice should maintain records of emergency equipment checks.	The practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and also offered patients an appointment with a chaplain who volunteered at the practice offering confidential support and signposting to resources and local support groups if appropriate.
Manor Park Medical Centre	Dr Mothersdale &	C88090	Central	Main		16/05/2016	07/06/2016	Good	Good	Good	Good	Good	Good		
Manor Top Med Centre (Rea)	Dr M Read	C88626	Central	Main		02/02/2016	30/03/2016	Good	Good	Good	Good	Good	Good	-Maintain a complete record of the immunity status of all clinical staff. • Maintain a schedule of carpet deep cleaning.	None noted
Manor Top Med Centre (Sha)	Dr S S Sharma	C88638	Central	Main		02/02/2016	30/03/2016	Good	Good	Good	Good	Good	Good	• Maintain a complete record of the immunity status of all clinical staff. • Maintain a recording schedule of carpet deep cleaning.	None noted
Meadowgreen Health Centre	Dr D C Turner & F	C88015	HASL	Main											
Meadowgreen Health Centre	Dr D C Turner & F	C88015	HASL	Branch											
Meadowgreen Health Centre	Dr D C Turner & F	C88015	HASL	Branch											
Medical Centre	Drs S Eilbeck & T	C88053	HASL	Main											
Mill Road Surgery	Dr Paul Johnstone	c88095	North	Main		06/10/2015	26/11/2015	Requires Improvement	Good	Good	Good	Good	Good	- Where treatments are carried out the practice should ensure the flooring is seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant. -There should be signage in the waiting room and treatment rooms so patients are informed on how to access a chaperone.	• The practice used a buddy approach for all staff appraisals. This involved staff being allocated a buddy to undertake the pre-appraisal process, for example identify any learning needs and 360 degree feedback. The practice then met as a group to share any ideas identified at the pre-appraisal stage, for example ways in which the team could work more effectively. • The practice provided care to residential care homes and hosted weekly community elderly psychiatry clinics for patients to ensure care is provided closer to home. • The practice had a library to enable patients to access information on health including long term conditions such as diabetes.
Mosborough Health Centre	Dr E Woods & Pa	C88078	HASL	Main											
Nethergreen Surgery	Dr A Smith	C88034	HASL	Main		16/12/2015	21/01/2015	Good	Good	Good	Good	Good	Good	• Maintain records of all staff training. • Ensure oxygen is available on site to deal with medical emergencies. • Implement a system to ensure all Health and Safety risks relating to premises are identified.	-the practice offered patients with learning disabilities pictorial information sheets and easy to read appointment letters to improve communication. -the practice had developed a frailty register to identify patients who were becoming increasingly frail.
Norfolk Park Health Centre	Dr M McKenna & F	C88006	Central	Main		05/01/2016	04/02/2016	Good	Good	Good	Good	Good	Good	• Maintain a record of the immunity status of all clinical staff. • Review ways to reduce hearing what is being said at the reception desk in the waiting room • Clinical staff should have a Disclosure and Barring service (DBS) check for the practice where employed.	
Norwood Medical Centre	The Partners	C88014	North	Main											
Oughtibridge Surgery	Dr T Moorhead &	C88040	West	Main											
Owlthorpe Surgery	Dr J Tooth	C88647	HASL	Main											
Page Hall Medical Centre	Dr D C Brinkley &	C88051	North	Main											
Park Health Centre	Dr D Bottomley &	C88042	Central	Main											
Pitsmoor	Mr. David Emmas	C88008	North	Main											
Porter Brook Medical Centre	Dr N A Bates & Pa	C88007	West	Main											
Sheffield Hallam Uni Med Ce	Dr N A Bates & Pa	C88007	West	Branch											
Richmond Medical Centre	Dr Scott & Partner	C88085	HASL	Main											
Rustlings Road Medical Cent	Dr M S Sharpe & F	C88062	HASL	Main											

Surgery Name	Partnership name / Lead GP	Code	Locality	Site	Due for CQC visit	CQC Inspection Date	CQC report date	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive to Peoples Needs?	Are Services Well Led?	Overall Rating	Areas for improvement	Areas of outstanding practice
Selborne Road Medical Centre	Dr A Gill & L Morris	C88083	HASL	Main		17/02/2016	05/04/2016	Requires Improvement	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Annual infection control audits should be completed.</li> <li>Regular fire alarm servicing should be undertaken.</li> <li>All relevant staff and in particular those undertaking chaperoning duties should have current DBS checks in place.</li> <li>The cleaning schedule should include further detail in order to clearly monitor completed tasks.</li> <li>A risk assessment should be in place for Legionella testing.</li> <li>A risk assessment should be in place as there is no defibrillator on the premises</li> </ul>	
Sharrow Lane Medical Centre	Dr M Jayachandra	C88060	Central	Main											
Sheffield City GP/Broad Lane	One Medical Group	Y02566	West	Main											
Sheffield Medical Centre	Drs C S Nwafor & Partners	C88622	North	Main											
Shiregreen Medical Centre	Dr G N North & Partners	C88070	North	Main											
Melrose Surgery	Dr G N North & Partners	C88070	North	Branch											
Sothall Medical Centre	Dr Bowers & Partners	C88023	HASL	Main											
Beighton Health Centre	Dr Bowers & Partners	C88023	HASL	Branch											
Southey Green Medical Centre	Dr R Deslandes	C88086	North	Main				Good	Good	Good	Good	Requires Improvement	Good	<ul style="list-style-type: none"> <li>Incident reporting and process is in place although shared learning could be improved across the practice.</li> <li>Regular meetings should be in place with the practice manager and GP's.</li> <li>Clinical waste bins were accessible as there was no locking mechanism. This issue had been raised from the infection prevention and control audit.</li> <li>There was access to cleaning fluids which were situated on the second floor inside the premises. This issue had been raised from the infection prevention and control audit.</li> <li>Two practice nurses had level one safeguarding training from previous employment and should access current on line training.</li> </ul>	
Stannington Medical Centre	Dr D Shurmer	C88656	West	Main		27/05/2015	06/08/2015	Good	Good	Good	Good	Good	Good	None noted	None noted
Stannington Med Cntr (Shurmer)	Dr D M Shurmer	C88656	West	Main											
Valley Medical Centre	Stocksbridge Medical Centre	C88092	West	Main											
Stonecroft Medical Centre	Dr Muggleton & Partners	C88022	HASL	Main											
The Avenue Medical Practice	Dr R Barnes	C88024	HASL	Main		02/12/2016	18/02/2016	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement	<ul style="list-style-type: none"> <li>Ensure the proper and safe management of medicines is reviewed in line with Public Health England guidance with regard to monitoring the fridge temperature.</li> <li>Ensure the process for healthcare assistants to administer vaccinations is in accordance with current legislation and guidance.</li> <li>Ensure a system to check stock of clinical consumables, for example, syringes and needles are within their expiry date is implemented.</li> <li>Ensure all staff acting as a chaperone are trained to do so and have had a Disclosure and Barring Service (DBS) check carried out. In addition the provider should: <ul style="list-style-type: none"> <li>Provide staff with a job description relevant to their role and review the appraisal system.</li> <li>Maintain records of all staff training.</li> <li>Implement a system to ensure all health and safety risks relating to premises are identified.</li> </ul> </li> </ul>	
The Crookes Practice	The Partners	C88079	West	Main		02/12/2015	21/01/2016	Requires Improvement	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>The practice must ensure recruitment arrangements include the necessary Disclosure and Barring checks and gain an understanding of the Disclosure and Barring service update service.</li> <li>All emergency equipment must be checked and up to date, for example venflons; blood glucose machine.</li> <li>All fridges which are used to store medications must be checked to ensure the correct temperature regulation is maintained and to avoid over-storage of products.</li> </ul>	None noted
The Flowers Health Centre	Dr R Pettinger & Partners	C88033	North	Main		23/03/2016	17/05/2016	Requires Improvement	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>Ensure recruitment arrangements include the necessary employment checks for all staff prior to employment.</li> <li>Maintain a record of the actions taken in response to national patient safety alerts.</li> <li>Ensure procedures to be followed in the event of a needle stick injury are accessible to all staff at risk.</li> <li>Implement systems to ensure staff receive necessary training updates in relation to their role, taking into account relevant guidance such as The Health Protection Agency National Minimum Standards for Immunisation Training 2005.</li> <li>Implement systems to ensure equipment used for patient care is cleaned in line with manufacturer's instructions and records are maintained to evidence this.</li> <li>Implement systems to ensure emergency equipment is checked and in working order in line with the Resuscitation Council (UK) guidance and maintain records of the checks completed.</li> <li>Improve telephone access to the practice for patients.</li> </ul>	<ul style="list-style-type: none"> <li>The practice had initiated a project to improve the care for patients with advance care plans. They had identified a number of incidents where agreed care plans had not been adhered to for patients in care home settings and 999 ambulances had been called resulting in patient admissions to hospital. This had been discussed at peer review meetings which identified this as a problem locally. Data collection and an initial review of the systems in place were being undertaken with peers and other agencies such as the out of hour's team and emergency department. The aim of the project was to reduce unnecessary emergency department attendances and hospital admissions for patients and ensure patients wishes were respected.</li> <li>The practice had reviewed referral processes to secondary care as they had identified the practice had high referral rates. Actions taken included discussing all referrals with a second GP to ensure the referral was appropriate. This process had helped them to identify where there may be an alternative to secondary care referrals. For example, referring to an in house or federation/locality based service. The lead GP told us this had resulted in a reduction in referrals made by the practice. The practice had also identified this was a good mechanism</li> </ul>
The Health Care Surgery	Dr S Emerson & Partners	C88077	North	Main											
The Hollies Medical Centre	Dr S O'Connor & Partners	C88052	HASL	Main											
The Mathews Practice	Dr R D Weir & Partners	C88038	Central	Main											
The Mathews Practice	Dr R D Weir & Partners	C88038	Central	Branch											

Surgery Name	Partnership name / Lead GP	Code	Locality	Site	Due for CQC visit	CQC Inspection Date	CQC report date	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive to Peoples Needs?	Are Services Well Led?	Overall Rating	Areas for improvement	Areas of outstanding practice
The Medical Centre, Tinsley	Dr N M Okorie	C88655	Central	Main	Q4									The Practice has failed to respond to frequent requests for the IPC action plan to be updated. IPC concerns - cleaners janitorial unit and toilet next to each other, janitorial unit is also used for hand hygiene. Advised by microbiology this is not acceptable, discussed with Ludmilla 25.4.16 who declined to undertake alterations. Lisa Renshaw IPCN	
The Sloan Practice	Dr M E Sloan & P	C88026	Central	Main											
Blackstock Road Surgery	Dr M E Sloan & P	C88026	Central	Branch											
Totley Rise Medical Centre	Dr Pressley	C88068	HASL	Main		15/05/2015	23/07/2015	Good	Good	Good	Good	Good	Good	<p>Ensure all staff have a formalised annual appraisal and a personal development plan in place.</p> <p>-Ensure all staff acting in the capacity of a chaperone have appropriate training. (Completed)</p> <p>The practice had made numerous attempts to form a Patient Participation Group (PPG), unfortunately there had been no uptake from their patients</p>	None noted
Tramways MC (O'Connell)	Dr J O'Connell & F	C88018	West	Main											
Tramways MC (Milner)	Dr N Milner & Part	C88043	West	Main		17/03/2016	22/04/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>• Ensure that all staff training is up to date.</li> <li>• Paediatric defibrillator pads should be obtained.</li> <li>• Completed actions from the Infection Prevention and Control (IPC) audit should be dated.</li> <li>• The practice complaints response letter should include the Parliamentary Health Service Ombudsman contact details.</li> </ul>	<ul style="list-style-type: none"> <li>• The practice offered open access to appointments for all patients under 16 years.</li> </ul>
Middlewood Medical Centre	Dr N Milner & Part	C88043	West	Branch											
University Health Service HC	Dr J A King & Part	C88627	West	Main											
Upperthorpe Medical Centre	Upperthorpe Medi	C88031	North	Main											
Ecclesall Medical Centre	Upperthorpe Medi	C88031	HASL	Branch											
Upwell Street Surgery	Dr J S Cannon & F	C88027	North	Main											
Veritas Health Centre	Dr G U Patel	C88631	Central	Main											
Walkley House Medical Cent	Dr J Stephenson & F	C88005	West	Main											
Stannington Medical Centre	Dr J Stephenson & F	C88005	West	Branch											
Westfield	Danum Medical service	C88013	HASL	Main		21/08/2015	21/01/2016	Good	Good	Good	Good	Good	Good	<p>-The doctors working at the practice required further training on the clinical system in order to access electronic registers i.e. Quality and Outcomes Framework performance.</p> <p>- Although there was an established timetable for clinical and non-clinical staff meetings, there was no process in place to share information with staff members who were not present.</p>	The practice funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice based on their knowledge of the patient.
White House Surgery	Dr R J Watton & F	C88020	Central	Main											
Wincobank Medical Centre	Dr D E Crawley & F	C88047	North	Main		17/03/2016	25/04/2016	Good	Good	Good	Good	Good	Good	<ul style="list-style-type: none"> <li>• The practice should ensure all records relating to staff management are fully completed and signed, for example, recruitment and staff appraisal documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• We were told how the GPs had been trained to use specialist equipment to perform a procedure, normally carried out by a practice nurse for a patient who worked away all week so they could offer the patient the regular monitoring treatment they required on a Saturday at the extended hours clinic (when there was no nurse on duty).</li> </ul>
Woodhouse Health Centre	Woodhouse Health	C88072	HASL	Main											
Woodseats Medical Centre	Dr J N Roddick & F	C88041	Central	Main											

### Previous practices CQC reports

Greenhill Health Centre (Now merged as part of Meadowgreen)	Dr Turner & Dr Revill	C88653	HASL	Main		19/05/2015	30/07/2015	Good	Good	Good	Good	Good	Good	There was no patient participation group (PPG).	
---	-----------------------	--------	------	------	--	------------	------------	------	------	------	------	------	------	---	--