

Handsworth Medical Practice

Inspection report

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Date of inspection visit: 25 April 2019
Date of publication: 21/05/2019

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 location

Good 

Are services safe?

Good 

Overall summary

We carried out an announced focused inspection at Handsworth Medical Practice on 25 April 2019. At this inspection we followed up on breaches of regulations identified at a previous inspection on 1 May 2018.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At the last inspection in May 2018 we rated the practice as requires improvement for providing safe services because:

- The practice had not assessed health and safety risks.
- Systems to monitor infection prevention and control (IPC) standards were not in place and the IPC policy and procedure required further development.
- A programme of redecoration and repair was required at the branch site.
- Systems were not adequate to ensure the safe storage of vaccines.
- Systems were not adequate to ensure blank prescription forms were stored securely.

At this inspection, we found that the provider had satisfactorily addressed these areas.

We have rated this practice as good overall.

We rated the practice as **good** for providing safe because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

We reviewed areas where we recommended the practice should improve from the May 2018 inspection and found the practice had acted on these recommendations. For example:

- They had improved the prominence of the display of CQC ratings on the practice website.
- They had reviewed appraisal arrangements and developed a schedule of annual appraisals for 2019.
- They had completed two, one cycle, audits to monitor the quality of care provided but a plan for continued clinical audit was not in place.

At the April 2019 inspection we also discussed data we had reviewed which showed the practice was below local and England averages.

For example:

National GP survey data, January to March 2018.

We noted patient satisfaction with telephone access was significantly below average at 30% compared to the England average of 70%. The practice told us in response to the data they had changed the telephone system in December 2018 to enable them to monitor incoming calls and response times. The system also provided a queuing system for patients and additional staff to answer the phones had been provided at busy times. The practice was in the process of surveying patients to check the effectiveness of the changes made. We have asked them to share the results with CQC. We also spoke to four patients about access. Two people told us they had noticed improvements in the past few months and one thought there had been no improvement.

Quality outcome framework (QOF) data. (QOF is a system intended to improve the quality of general practice and reward good practice.)

We noted data for 2017/18 for the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 76% which was below the clinical commissioning group (CCG) and England averages of 89%. We saw this was slightly improved from the 2016/17 data of 74%. At the last inspection in May 2018 the practice had put measures in place to try to further improve the outcomes for patients in this area including birth month recalls for reviews and dedicated administration staff to monitor attendance for review. At this inspection the practice provided unverified data for 2018/19 which showed more significant improvements had been achieved.

We noted significant improvements in 2017/18 QOF data for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was 91% compared to 2016/17 achievement of 50%. Unverified data for 2018/19 showed continued improvement in this area.

Overall summary

The areas where the provider **should** make improvements are:

- Consider development of a schedule of clinical audit to improve the monitoring of the quality of the care provided.

- Review effectiveness of improvements relating to telephone access for patients.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Our inspection team

Our inspection team was a CQC lead inspector.

Background to Handsworth Medical Practice

Handsworth Medical Practice is in Handsworth near Sheffield and there is also a branch site, named Fitzalan, also in Handsworth. The practice accepts patients from Handsworth, Woodhouse, Richmond, Stradbroke and Darnall areas in Sheffield. We visited both sites as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. These are delivered from both sites.

Handsworth Medical Practice is situated within the NHS Sheffield Clinical Commissioning Group (CCG) and provides services to 10,100 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice part of the Sheffield GP Collaborative and Primary Care Sheffield.

The provider is a partnership which registered with the CQC in April 2013. The practice has four GP partners (two female, two male), two female salaried GPs, one female advanced nurse practitioner, three female practice nurses, three female healthcare assistants, a practice manager and an experienced team of reception and administration staff.

The practice is a teaching and training practice for medical students and GP registrars.

The National General Practice Profile states that 6.2% of the practice population is from an Asian background with a further 4.3% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.