

Dodworth medical practice

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focused announced inspection of Dodworth Medical Practice on 28 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned following feedback to the Care Quality Commission to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection covers the specific areas we reviewed as a result of the feedback received. As we did not look at the overall quality of the service we are unable to provide a rating for the service.

At this inspection we found:

- The practice provided staff with ongoing support. This included an induction process, training, informal one-to-one meetings, clinical supervision and support for revalidation. Staff were new in post and appraisals were planned for April 2018.
- Systems and processes were in place to manage communications and the review of test results and staff were aware of their roles and responsibilities including requests for home visits.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Summary of findings

- We saw policies were in place to govern records management activity and processes were in place to manage clinical tasks. However, systems to manage Disclosure and Barring Services (DBS) checks were not effective. One DBS check was not in place for a member of the clinical team and there were no risk assessment. This was not in line with the practices recruitment policy and procedure.

Importantly, the provider must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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 effective?

This inspection was planned following feedback to the Care Quality Commission to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection covers the specific areas we reviewed as a result of the feedback received. As we did not look at the overall quality of the service we are unable to provide a rating for the service.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- Most staff had the skills, knowledge and experience to carry out their roles. The provider identified and offered supervision for staff that required additional support.

Are services well-led?

This inspection was planned following feedback to the Care Quality Commission to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection covers the specific areas we reviewed as a result of the feedback received. As we did not look at the overall quality of the service we are unable to provide a rating for the service.

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The practice had a culture of high-quality sustainable care.
- There were clear responsibilities and roles of accountability to support governance and management.
- We saw policies were in place to govern records management activity and processes were in place to manage clinical tasks. However, systems to manage Disclosure and Barring Services (DBS) checks were not effective. One DBS check was not in place for a member of the clinical team and there were no risk assessments to mitigate the impact. This was not in line with the practice's recruitment policy and procedure.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services effective?

(for example, treatment is effective)

Our findings

As we did not look at the overall quality of the service we are unable to provide a rating for effective.

Effective needs assessment, care and treatment

The practice routinely reviewed the effectiveness and appropriateness of the care it provided.

- Systems and processes were in place to manage communications and the review of test results.
- Staff were aware of their roles and responsibilities including requests for home visits.

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles. The provider identified and offered supervision for staff that required additional support.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Up to date records of skills and qualifications were maintained.
- The practice provided staff with ongoing support. This included an induction process, informal one-to-one meetings, coaching and mentoring, clinical supervision (internally and through external networks) and support for revalidation. Staff were new in post and appraisals were scheduled for April 2018. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services well-led?

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

Our findings

As we did not look at the overall quality of the service we are unable to provide a new rating for well led.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

- Staff we spoke with told us they felt respected, supported and valued.
- The practice focused on the needs of patients.
- There were processes for providing all staff with the development they need. This included career development conversations. All staff were new in post and appraisals were planned for April 2018. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. They were supported internally and externally through external networks.
- There was a strong emphasis on the safety and well-being of all staff.

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities and roles of accountability to support governance and management.

- We saw policies were in place to govern records management activity and processes were in place to manage clinical tasks. However, systems to manage Disclosure and Barring Services (DBS) checks were not effective. One DBS check was not in place for a member of the clinical team and there were no risk assessments to mitigate the impact. This was not in line with the practices recruitment policy and procedure.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had undertaken an in house patient survey in October 2017. Feedback was predominantly positive. As a result of the survey the practice had extended their hours on a Tuesday 8.30am – 8.00pm.
- The practice were in the process of establishing a patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>This was in breach of regulation 19 (3) Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered persons did not do all that was reasonably practicable to ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. This was because:</p> <ul style="list-style-type: none">• One Disclosure and Barring Services (DBS) check was not in place for a member of the clinical team and there were no risk assessments in place. This was not in line with the practices recruitment policy and procedure.