

PHGH Doctors

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at PHGH Doctors on 23 November 2016. We found the practice to be good for providing safe and is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 16 September 2015. As a result of our findings during the visit, the practice was rated as good for being effective, caring, responsive and well led and requires improvement for being safe, which resulted in a rating of good overall. We found that the provider had breached two regulations of the Health and Social Care Act 2008; Regulation 12(2)(g) safe care and treatment in regard to medicines management and Regulation 19(3) (a) (b) fit and proper persons employed resulting from incomplete pre employment checks.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements. We undertook this focussed inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirements.

This report only covers our findings in relation to those areas where requirements had not been met. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for PHGH Doctors on our website at <http://www.cqc.org.uk/location/1-2124311321>.

Our key findings across all the areas we inspected were as follows:

- Records showed that all staff acting as chaperones had received a Disclosure and Barring service (DBS) check.
- Recruitment arrangements included all necessary pre-employment checks for all recently employed staff. There was a clear system in place for ensuring all checks were in place prior to employment commencing.
- There was a system in place to ensure that patient group directions are in place and current for all nursing staff prescribing immunisations or medicines in line with their role.
- The practice had improved access to GP and nurse led appointments by recruiting two salaried GP's in early 2016.
- The practice had responded to the need to provide a more appropriate level of nursing provision by participating in health care assistant apprentice

Summary of findings

programme. This provided improved availability of nurse led appointments allowing the practice nurse to focus on those patients with more significant need.

- Arrangements for identifying carers had improved. The practice had identified 25% more carers since the last inspection; an increase from 75.

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 safe?

The practice is rated as good for providing safe services.

- Records showed that all staff acting as chaperones had received a Disclosure and Barring Service (DBS) check.
- Recruitment arrangements included all necessary pre-employment checks for all recently employed staff. There was a clear system in place for ensuring all checks were in place prior to employment commencing.
- There was a system in place to ensure that patient group directions are in place and current for all nursing staff prescribing immunisations or medicines in line with their role.
- The practice had improved access to GP and nurse led appointments by recruiting two salaried GP's in early 2016.
- The practice had responded to the need to provide a more appropriate level of nursing provision by participating in health care assistant apprentice programme. This provided improved availability of nurse led appointments allowing the practice nurse to focus on those patients with more significant need.

Good



PHGH Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced focussed inspection of this service on 23 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because the service was not meeting some legal requirements during our previous visit on 16 September 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 23 November 2016, we reviewed a range of information provided by the practice and spoke with the practice manager

Are services safe?

Our findings

Overview of safety systems and processes

In September 2015 we looked at arrangements for managing medicines at the practice including those for vaccinations. Although we saw that patient group directions (PGD's) were in place for the Nurse practitioner there were none for the Practice Nurse. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We raised these concerns with practice staff who were unaware that these had not been put in place since the appointment of the Practice Nurse. During the inspection the practice took steps to ensure that the Practice Nurse would not administer vaccinations without having the appropriate GP prescriptions or PGDs in place.

At this inspection, we looked again at arrangements for managing PGD's. We found that PGD's were now in place for all necessary vaccinations and were signed and operating within the specified date. We noted that the practice administrator had implemented a PGD checklist to ensure that they remained valid and within expiration. PGD's followed national guidelines and were located through Barnet CCG.

During our September 2015 inspection, we looked at safety arrangements for chaperones. We found that the practice had seven staff members who acted as chaperones. Six of which had been trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, we found that one member of staff who told us they were regularly acting as a chaperone had not received the appropriate training and did not have a completed DBS check recorded. During that inspection the Practice Administrator informed us that a DBS check had

been applied for and that the staff member concerned would no longer act as a chaperone until a satisfactory DBS check had been received and appropriate chaperoning training completed.

At this inspection, we looked at records for all chaperones at the practice and found that DBS checks had been applied for and had been received and recorded on staff files. We saw evidence that all chaperones had received an appropriate level of training in support of their role. We noted that the practice's employment policy had been reviewed and DBS checks for staff had been included in the new pre employment check list.

At our last inspection in September 2015, we looked at recruitment checks which included proof of identification, references, qualifications and registration with the appropriate professional body. We reviewed seven staff files; five permanent staff and two locum staff. We found that in all but one file appropriate recruitment checks had been undertaken prior to employment. For example, we found no DBS check had been undertaken, no proof of identification recorded and incomplete reference checks. We raised this with the Practice Administrator and GP partners who informed us that this was a staff member who had started in July 2015 to the non-clinical team and that attempts had been made to obtain such information and processes were underway to resolve these recruitment issues. We found that no risk assessment had been undertaken prior to starting this staff member.

At this inspection we reviewed the actions taken by the practice as a result of our inspection findings. We noted that the member of staff who had not had completed pre employment checks at the time of the inspection no longer worked at the practice. We looked at recruitment files for three recently employed members of staff. We found that all necessary checks had been received. Including proof of identification, references, qualifications and registrations with professional bodies. These had been undertaken in line with the newly formed pre-employment check list created to ensure that the practice was meeting the requirements and commitments outlined in its recruitment policy.