Dr R Chibber's 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.

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 undertook an announced focussed inspection of Dr R Chibber's Practice on 06 September 2016. We found the practice to be good for providing safe services and it is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 15 January 2016. As a result of our findings during that 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 three regulations of the Health and Social Care Act 2008: Regulation 19(2)(a) fit and proper persons employed; Regulation 12(2)(h) Safe care and treatment, and Regulation 9(3(b) person-centred care. You can read the report from our last comprehensive inspection at www.cqc.org.uk/location/1-538798433. 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 on 06 September 2016 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 previously.

Our key findings on 06 September 2016 were as follows:

- All staff who undertook chaperone duties had been trained and received a Disclosure and Barring Service (DBS) check.
- All staff had undertaken infection control training and an infection control audit of the practice had been completed.
- There was a legionella risk assessment in place.
- A defibrillator and medical oxygen were available at the practice.

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?

Good

The practice is rated as good for providing safe services.

Shortfalls identified at our last inspection had been remedied:

- All staff who undertook chaperone duties had been trained and received a Disclosure and Barring Service (DBS) check.
- All staff had undertaken infection control training and an infection control audit of the practice had been completed.
- There was a legionella risk assessment in place.
- A defibrillator and medical oxygen were available at the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

People with long term conditions
The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

Families, children and young people
The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

Working age people (including those recently retired and students)
The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

People whose circumstances may make them vulnerable
The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

People experiencing poor mental health (including people with dementia)
The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good

Dr R Chibber's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced, focused inspection of this service on 06 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This is because the service was not meeting some legal requirements during our previous visit on 15 January 2016.

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 06 September 2016, we reviewed a range of information provided by the practice. We spoke with a GP partner and with non clinical staff.

Good

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection on 15 January 2106 we found not all staff that might be called up on to act as a chaperone had a Disclosure and Barring Service (DBS) check; non clinical staff had not received infection control training and an infection control audit of the practice had not been carried out in the 12 months prior to the inspection; there was no legionella risk assessment in place; and the practice did not have oxygen and a defibrillator available to deal with medical emergencies.

At this inspection we found these shortfalls had been remedied:

- The designated member of non clinical staff that might be called upon to act as a chaperone had received training in June 2016 and a DBS check had been completed for them. They were available in addition to the practice nurses and GPs who also acted as chaperones when needed.
- Practice had completed infection control training in June 2016, including handling specimens and clinical waste and handwashing, for example.
- The practice had carried out an infection control audit in July 2016. The audit did not identify any necessary improvements.
- A legionella risk assessment of the premises had been completed in March 2016. We saw evidence that action was being taken to address the improvements identified in the risk assessment.
- A defibrillator and medical oxygen were available at the practice.