

# The Grange Practice

## Quality Report

The Montefiore Medical Centre  
Dumpton Park Drive  
Ramsgate  
Kent  
CT11 8AD

Tel: 01843 572740

Website: [www.thegrangepracticeramsgate.nhs.uk](http://www.thegrangepracticeramsgate.nhs.uk)

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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

#### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Grange Practice on 29 September 2016. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Grange Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 11 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had systems and processes to ensure appropriate recruitment checks were undertaken in line with national guidance.
- The process to record significant events had been updated and provided an audit trail of actions taken and outcomes of investigations.
- Arrangements to identify risks had been updated and risks were acted upon and monitored.
- There was a system for monitoring staff training to ensure this was up to date. .
- The process to record complaints had been updated and provided an audit trail of actions taken and outcomes of investigations.
- The process for recording minutes of meetings had been updated to identify actions required and when these were met.

**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?**

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for the provision of safe services as the practice had failed to undertake proper recruitment checks.

These arrangements had significantly improved when we undertook a follow up focused inspection on 11 May 2017. The practice is now rated as good for providing safe services.

We reviewed evidence to show that the practice had taken action to address the area where the previous inspection identified they must make improvement, in that:

- There were systems and processes to help ensure that the appropriate recruitment checks were undertaken in line with national guidance.

We reviewed evidence to show that the practice had taken action to address the areas where they should make improvements in the provision of safe services, in that:

- The process to record significant events had been updated and provided an audit trail of actions taken and outcomes of investigations.
- Arrangements to identify risks had been updated and risks were acted upon and monitored.

**Good**



# The Grange Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector. The team included a CQC Assistant Inspector.

## Background to The Grange Practice

The Grange Practice is situated in Ramsgate, Kent and has a registered patient population of approximately 11,900. Patient areas are on the ground floor and are accessible to patients with mobility issues as well as parents with children and babies.

The practice staff consist of eight GP partners (four male and four female), one female nurse practitioner, three female nurses, one female phlebotomist, two female health care assistants, one practice manager as well as administration and reception staff. The practice is a training practice (training practices have GP trainees and newly qualified doctors).

The practice has a general medical services contract for delivering primary care services to the local community.

The Grange Practice is open Monday to Friday between the hours of 8am to 6.30pm. Extended hours appointments are offered on two evenings per week from 6.30pm to 8pm, on one morning per week from 7am to 8am and also on Saturday mornings from 8.30am to 10.15am.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as availability of specialist nursing treatment and support.

Services are provided from:

The Montefiore Medical Centre

Dumpton Park Drive

Ramsgate

Kent CT11 8AD.

There are arrangements with other providers (Primecare) via the NHS 111 system to deliver services to patients outside of the practice's working hours.

## Why we carried out this inspection

We undertook a comprehensive inspection of the Grange Practice on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for the provision of safe services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Grange Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of the Grange Practice on 11 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and one GP.
- Reviewed four staff files.

## Detailed findings

- Reviewed policies and procedures.

# Are services safe?

## Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing safe services as the practice failed to undertake proper recruitment checks, in that staff files did not always contain proof of identification and residence, references and employment history, employment contracts and details of registration with relevant professional bodies.

These arrangements had significantly improved when we undertook a follow up focused inspection on 11 May 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

We saw that systems and processes had been implemented to ensure that the appropriate recruitment checks were being undertaken in line with national guidance.

- The practice had updated their recruitment policy and process to include a recruitment checklist to help ensure that appropriate recruitment checks were undertaken.
- We looked at four recruitment files and saw that all the required checks had been undertaken, including proof of identification and residence, references and full employment history, employment contracts and details of registration with relevant professional bodies. Where staff had been employed prior to the last inspection, we saw their files had been updated to include this information.
- Minutes of the practice partners meeting showed that the partners had reviewed the recruitment checks of the new staff in line with the practice's recruitment policy.

### Safe track record and learning

We saw evidence that the process to record significant events had been updated and provided an audit trail of actions taken and outcomes of investigations.

- The significant event log had been updated and included detailed information. For example, hyperlinks were embedded and the full event report and other documents, such as letters to patients could be accessed. Learning outcomes and action points were recorded, as was the date the actions were completed and the date the learning was shared with other practice staff.
- The significant event reporting template had been updated and documents seen demonstrated that this had been shared with staff. For example, this was recorded in the staff communication book and in minutes from staff meetings.

### Monitoring risks to patients

We saw that arrangements to identify risks had been updated and risks were acted upon and monitored.

- The practice had conducted health and safety risk assessments at regular intervals; this included undertaking a joint assessment of the shared facilities with another practice based within the building.
- We saw that the practice had acted upon issues identified and checked that these issues had been resolved. For example, the risk assessment identified that a manhole cover in the car park presented a possible trip hazard as it was slightly raised. The practice arranged for the manhole cover to be replaced, then they undertook a further risk assessment to document that the issue had been resolved and to re-assess the risks.