

Brook Green Medical Centre

Quality Report

Bute Gardens

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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 comprehensive inspection on 1 October 2014 at Brook Green Medical Centre. At that inspection the practice was rated good overall, but as requires improvement for some aspects of providing safe services. The full comprehensive report on the 1 October 2014 inspection can be found by selecting the 'all reports' link for Brook Green Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 15 December 2016 to check that the practice had followed their plan to address the findings we had identified in our previous inspection on 1 October 2014. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good. Following the desk-top review we found the practice to be good for providing safe services.

Our key findings were as follows:

- Healthcare assistants, who acted as a chaperone, were trained and had received an enhanced Disclosure and Barring Service (DBS) check. (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).
- Clinical and non-clinical staff had undertaken safeguarding adult training relevant to their role.
- Systems and processes were in place to ensure the safe recruitment of staff.

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 as improvements had been made in relation to chaperoning, adult safeguarding training and documentation to demonstrate safe recruitment processes.

Good



Brook Green Medical Centre

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Brook Green Medical Centre on 1 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good, but requires improvement for some aspects of providing safe

services. The full comprehensive report on the 1 October 2014 inspection can be found by selecting the 'all reports' link for Brook Green Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based review of Brook Green Medical Centre on 15 December 2016. 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.

Are services safe?

Our findings

At our previous inspection on 1 October 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of chaperoning, adult safeguarding training and documentation to demonstrate safe recruitment processes required improvement.

These arrangements had significantly improved when we undertook a desk-top review on 15 December 2016. The practice is now rated as good for providing safe services.

Overview of safety systems and process

When we inspected the practice on 1 October 2014 we found some administration staff who acted as a chaperone were unclear about the role including the importance of being able to observe the examination. Since our inspection the practice had changed its chaperone policy and only healthcare assistants act as a chaperone.

At our inspection on 15 December 2016 we reviewed a copy of the current chaperone policy and saw it had been amended to reflect the new policy. The practice told us that they currently employed eight healthcare assistants. The practice provided evidence in line with their policy that all healthcare assistants had undertaken formal chaperone training and had received an enhanced Disclosure and Barring Service (DBS) check. (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).

When we inspected the practice on 1 October 2014 we found not all clinical and non-clinical staff had received training on safeguarding vulnerable adults relevant to their role.

At our inspection on 15 December 2016 we saw evidence that clinical and non-clinical staff had undertaken adult safeguarding training. The practice told us that they had procured an e-learning training tool which enabled them to track mandatory staff training and when update training was due. The practice told us they provided protected time for staff to undertake mandatory training and we saw evidence of this in an example of a staff rota.

When we inspected the practice on 1 October 2014 we found gaps in documentation to demonstrate safe recruitment processes. Since our inspection the practice had developed the post of practice coordinator which included the responsibility to support the recruitment process and manage and maintain recruitment documentation.

At our inspection on 15 December 2016 we saw evidence that the practice had created a recruitment checklist for clinical and non-clinical staff which included documentation required prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice told us 11 personnel had been recruited since our last inspection. We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references and DBS checks.