Derby Medical Centre

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

The practice is rated Good overall and is now rated Good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 18 November 2014. Breaches of legal requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. As a result, we undertook a desk based focused inspection on 14 December 2015 to follow up on whether action had been completed to deal with the breaches.

During our previous inspection on the 18 November 2014 we found the following areas where the practice must improve:-

- Assess the risk of using staff as medical chaperones who had not received a criminal record check undertaken with the Disclosure and Barring Service (DBS).
- Keep records of registration checks undertaken with professional bodies for relevant staff.

Our previous report also highlighted areas where the practice should improve:-

- Provide appropriate training to non-clinical staff who act as medical chaperones.
- Ensure that performance, quality and risks are discussed and assessed on a regular basis and that records of this are kept.
- Put agreed systems in place for recording significant events and safety alerts in a consistent format in order to demonstrate what lessons have been learned, how these have been shared with staff and what action has been taken as a result.
- Put a system in place that ensures practice policies and procedures are up to date and that current and previous versions are clearly identifiable.
- Put measures in place to ensure that patients who present at the reception desk in the waiting area are not asked to divulge confidential or sensitive information, which can be overheard by other patients.
- Clarify the leadership structure so that lead roles and responsibilities are clearly identifiable.

We conducted a desk based focused inspection on 14 December 2015 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. (A desk based focused inspection means the provider was able to send us evidence of the action taken to address the issues previously found rather than visiting the practice).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

Summary of findings

During this inspection we found:-

- All staff who undertook chaperone duties had received a criminal record check via the Disclosure and Barring Services (DBS) and had taken part in chaperone training
- The practice retained records of the registration checks undertaken with professional bodies for clinical staff.

We also found in relation to the areas where the practice should improve:-

- The practice was able to evidence that significant events were now being recorded onto a
- The practice could evidence that safety alerts were disseminated by the practice manager and saved on to the practice computer system.
- The practice had put in place a new system for their electronic policies and could evidence these were up to date.
- The practice had moved the main switchboard away from the front desk so that patients did not overhear private conversations and had made available a small room that staff could offer to patients if they wanted to discuss confidential or private information. There was also on display a notice informing patients of this choice.
- The practice was able to send us a leadership structure chart, which was displayed on the staff notice board.

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 now rated Good for delivering Safe services

At our last inspection, we found that although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the practice had not risk assessed whether a criminal record check was required for non-clinical staff acting as chaperones and not all staff who undertook chaperone duties had been appropriately trained to do so. The practice checked registration with the appropriate professional body for relevant staff; however, we had found this had not always been recorded for nurses.

At this inspection, we found that all staff who being used as chaperones had received the appropriate training and criminal record check through the Disclosure and Barring Service (DBS). The practice was also able to send us records of the checks completed with the Nursing and Midwifery Council for all of the nursing staff.

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Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor. We did not speak with any stakeholders or patients during this inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 18 November 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 14 December 2015 to follow up on whether action had been taken to deal with the breaches.

Good

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding.

At our previous inspection, we found that the practice had a chaperone policy in place and the details of how to access this service was clearly displayed. However, administrative and reception staff sometimes acted as chaperones who had not been formally trained to undertake these duties.

At this inspection, the practice manager was able to send us details of the chaperone training that had been undertaken by staff who would perform this duty. We saw that training had taken place on the 10 February 2015 and were informed that a list of staff who could act as chaperones was displayed on the staff notice board. We also noted that chaperone training had been discussed in a nurse and partner meeting in April 2015.

Staffing and recruitment

At our previous inspection, we found that the practice checked registration with the appropriate professional body for relevant staff, however this had not always been recorded. The practice did not undertake DBS checks for administrative and reception staff. We noted these staff sometimes undertook chaperone duties, which could involve them being left alone with patients.

At this inspection, the practice manager was able to send us details of the checks completed for all nursing staff with the Nursing and Midwifery Council. We noted that all registrations with this professional body were up to date. The practice manager sent us a log which detailed staff details, including registration with professional bodies and expiry dates of registration. This ensured that the practice manager was able to review dates when registration was required to be updated and could request the new certificate from members of staff.

We were also shown evidence that all reception staff and staff who performed chaperone duties had completed a criminal check undertaken with the Disclosure and Barring Service (DBS). The practice had risk assessed which roles would require DBS checks and was able to send us the policy in relation to this.