Weeping Cross

Quality Report

Weeping Cross Health Centre
Bodmin Avenue
Weeping Cross
Stafford
Staffordshire
ST17 0EG
Tel: 01785 662505
Website: www.wxhc.org.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

We carried out an announced comprehensive inspection of Weeping Cross on 23 March 2015. A breach of legal requirement was found and a requirement notice was served. After the comprehensive inspection the practice sent us an action plan to say what they would do to meet legal requirements in relation to:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

We undertook a focused inspection on 20 April 2016. We did not visit the practice but reviewed information sent to us by the provider. The inspection was to check that the practice had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Weeping Cross on our website at www.cqc.org.uk.

Our key findings were as follows:

- Receptionists who chaperoned had received appropriate training in chaperoning.
- Risk assessments and Disclosure and Barring Service (DBS) checks had been carried out for receptionists who chaperoned to protect patients from the risk of abuse. 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.

Overall the practice is rated as good and good in the safe domain. This recognises the improvements made to the quality of care provided by this service.

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.

- Receptionists who chaperoned had received appropriate training in chaperoning.
- Risk assessments and Disclosure and Barring Service (DBS) checks had been carried out for receptionists who chaperoned to protect patients against the risk of receiving unsafe care and treatment. 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.

Weeping Cross

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

Background to Weeping Cross

Weeping Cross is registered with the Care Quality Commission (CQC) as a partnership provider in Stafford, Staffordshire. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had approximately 19,243 patients.

Weeping Cross provides services from three separate sites and patients can attend either of these. Weeping Cross Health Centre is the main practice and moved to this location in 1990. It has a dispensary facility for patients who live more than one mile from their nearest pharmacy. Beaconside Health Centre is a branch practice with a catchment area that includes Staffordshire University and Stafford Ministry of Defense barracks. John Amery Drive is a branch practice located in Stafford.

The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in General Practice and family medicine. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to Doctors Urgent Care (Vocare) when the practice is closed.

Why we carried out this inspection

We carried out an announced focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 23 March 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. This is because the service was not meeting some legal requirements.

How we carried out this inspection

A Care Quality Commission inspector requested information and records from the practice. We are able to perform our checks without visiting the practice.

Good

Are services safe?

Our findings

Overview of safety systems and processes

During our previous inspection on 23 March 2015 we found that the practice had not protected patients against the risks of receiving unsafe care and treatment. This was because:

- Appropriate recruitment checks had not been undertaken for all staff prior to employment. Disclosure and Barring Service (DBS) checks had not been carried out for reception staff that chaperoned. DBS checks are checks to 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.
- Risk assessments had not been carried out to demonstrate how the practice would mitigate this risk.
- Chaperone training had not been provided for reception staff to help them to understand their chaperoning responsibilities.

During our inspection on 20 April 2016 we found that:

- The chaperone policy had been updated to reflect the need for a DBS check to be carried out and appropriate training provided to staff that chaperoned. However, the date of the changes made was not acknowledged in the Document Revision and Approval History section of the policy. We saw that this policy had been shared with staff.
- We saw that risk assessments had been carried out to mitigate risks to patients and that DBS checks had been carried out for reception staff that chaperoned.
- We saw evidence that staff who chaperoned had received chaperone training and this information had been shared with and discussed at GP partner meetings.