

Dr Richard Benn

Quality Report

Greystones Medical Centre
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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 at Dr Richard Benn, known as Greystones Medical Centre on 4 May 2016. The overall rating for the practice was good with requires improvement in safe. The full comprehensive report from 4 May 2016 can be found by selecting the 'all reports' link for Dr Richard Benn on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 February 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 on 4 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated good. Specifically, following the focused inspection we found the practice to be rated good for providing safe services.

Our key findings were as follows:

- We found appropriate recruitment checks to ensure staff were of good character had been undertaken prior to employment for staff employed since our previous inspection on 4 May 2016.

- We saw evidence of completed induction checklists for new staff employed since 4 May 2016 in personnel files.
- The practice had implemented a system to monitor and track the movement of blank prescriptions within the practice.
- The practice had removed all medications from the doctor's bag. We observed medications were now stored in a locked cupboard in the doctor's room and a system had been implemented to check their expiry date.
- The practice had replaced the floor covering in the clinical area where the practice nurse carried out treatment room duties with cleanable flooring to ensure infection control standards were maintained. There was a system in place to regularly deep clean the carpets in other consulting rooms.
- We saw evidence of minutes of clinical meetings recording actions discussed and agreed.

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 good for providing safe services:

- We found appropriate recruitment checks to ensure staff were of good character had been undertaken prior to employment for staff recruited since the previous inspection on 4 May 2016. We saw evidence of completed induction checklists in personnel files for new staff employed.
- The practice had implemented a system to monitor and track the movement of blank prescriptions within the practice.
- The practice had removed all medications from the doctor's bag. We observed medications were now stored in a locked cupboard in the doctor's room and a system had been implemented to check their expiry date.
- The practice had replaced the floor covering in the clinical area where the practice nurse carried out treatment room duties with easily cleanable flooring to ensure infection control standards were maintained. There was a system in place to deep clean the carpets in other consulting rooms.
- We saw evidence of minutes of the clinical meetings recording actions discussed and agreed. We observed these included review of clinical audits, learning from safety incidents and safeguarding updates.

Good



Dr Richard Benn

Detailed findings

Our inspection team

Our inspection team was led by:

a lead CQC Inspector

Background to Dr Richard Benn

Dr Richard Benn is located in a purpose built health centre in Greystones, Sheffield named Greystones Medical Centre and accepts patients from the surrounding area. The practice catchment area has been identified as one of the tenth least deprived areas nationally.

The practice provides General Medical Services (GMS) under a contract with NHS England for patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery, anticoagulation monitoring and childhood vaccination and immunisations.

The practice has one male GP partner, one female salaried GP, one female practice nurse, healthcare assistant, practice manager and an experienced team of reception and administration staff. The practice has recently become a teaching practice.

The practice is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 12 noon and opens at 7.30am on Mondays. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered on a Monday morning 7.30am to 8am and Tuesday evening

6.30pm to 7.30pm. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, between 12 and 2pm at lunchtime. Patients are informed of this when they telephone the practice number.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Richard Benn, known as Greystones Medical Centre on 4 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement in safe. This is because the service was not meeting one legal requirement and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations. Specifically, Regulation 19 Fit and proper persons employed. The full comprehensive report following the inspection on 4 May 2016 can be found by selecting the 'all reports' link for Dr Richard Benn on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Richard Benn on 6 February 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.

Detailed findings

How we carried out this inspection

Before completing the focused inspection we reviewed a range of information we hold about the practice including the action plan submitted by the practice following the comprehensive inspection. We carried out a focused

inspection on 6 February 2017. During our visit we spoke with Dr Richard Benn, one of the reception staff, reviewed recruitment files, management documents and observed practice procedures.

To get to the heart of patients' experiences of care and treatment, we asked the question: Is it safe?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks to ensure staff were of good character were not adequate.

We found these arrangements had significantly improved when we undertook a follow up inspection on 6 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

We saw evidence of minutes of clinical meetings recording actions discussed and agreed. These included learning from incidents, review of clinical audits and safeguarding updates.

Overview of safety systems and process

All staff had received training on safeguarding children relevant to their role. The practice provided evidence following the full comprehensive inspection on 4 May 2016 that the healthcare assistant had completed the training on 6 May 2016.

We saw evidence of a recording log book the practice had implemented to monitor and track the movement of blank prescriptions within the practice. Staff we spoke with had a clear understanding of the procedure.

The GP told us all medications had been removed from the doctor's bag. We observed medications were now stored in

a locked cupboard in the doctor's room and a diarised system had been implemented to check their expiry date. A policy to monitor the expiry date of medicines had been introduced for staff to follow.

We observed the practice had replaced the floor covering in the clinical area where the practice nurse carried out treatment room duties with easily cleanable flooring to ensure infection control standards were maintained. There was a system in place to regularly deep clean the carpets in other consulting rooms.

We reviewed three personnel files of new staff recruited since May 2016 and one locum doctor who had been employed since May 2016. We found appropriate recruitment checks had been undertaken 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 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). We noted two of the new staff who had recently been recruited did not have a DBS in place. However, we saw evidence these had been applied for in December 2016 and the practice had completed individual risk assessments for these staff. For example, one receptionist would not be performing chaperone duties until the DBS was returned.

The practice had a recruitment policy in place and had implemented an additional DBS and reference requesting policy to be followed when recruiting new staff.

We saw evidence of completed induction checklists for new staff in personnel files.