

# The Tickhill & Colliery Medical Practice

## 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 

Are services well-led?

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 this practice on 13 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 19 Fit and proper persons employed.

We undertook this focused inspection on 17 May 2016 to check that they had followed their plan and to confirm that they now met the 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 The Tickhill & Colliery Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as Good.

Specifically, following the focused inspection we found the practice to be good for providing safe and well-led services. Our key findings across all the areas we inspected were as follows:

- Staff who acted as chaperones had received training for the role in January 2016. Disclosure and barring service (DBS) checks were also completed for all staff and an annual infection prevention and control audit had been completed on 31 December 2015. We saw evidence that action was taken to address any improvements identified as a result.
- We reviewed two personnel files for staff starting at the practice in June 2016. We found appropriate recruitment checks had been undertaken.
- The partners had reviewed the governance framework to support performance and deliver good quality patient care. We saw evidence that all of the clinical and non-clinical policies and procedures had been reviewed and were available to all staff via their desktop on the practice computer.

**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.

- Systems and processes were in place to keep people safe. For example, staff who acted as chaperones had received training for the role in January 2016. Disclosure and barring service (DBS) checks were also completed for all staff.
- We reviewed two personnel files for staff starting at the practice in June 2016. We found appropriate recruitment checks had been undertaken.

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

- The partners had reviewed the governance framework to support performance and deliver good quality patient care. We saw evidence that all of the clinical and non-clinical policies and procedures had been reviewed and were available to all staff via their desktop on the practice computer.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

Good 

The practice is rated as good for the care of older people as they are rated as good for safe and well-led.

### People with long term conditions

Good 

The practice is rated as good for people with long term conditions as they are rated as good for safe and well-led.

### Families, children and young people

Good 

The practice is rated as good for families, children and young people as they are rated as good for safe and well-led

### Working age people (including those recently retired and students)

Good 

The practice is rated as good for working age people (including those recently retired and students) as they are rated as good for safe and well-led.

### People whose circumstances may make them vulnerable

Good 

The practice is rated as good for people whose circumstances may make them vulnerable as they are rated as good for safe and well-led.

### People experiencing poor mental health (including people with dementia)

Good 

The practice is rated as good for people experiencing poor mental health (including people with dementia) as they are rated as good for safe and well-led.

# The Tickhill & Colliery Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector.

## Why we carried out this inspection

We undertook an announced focused inspection of The Tickhill & Colliery Medical Practice on 17 May 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 October 2015 had been made.

We inspected the practice against two of the questions we ask about services: is the service safe and is the service well-led and against all of the population groups. This is because during our comprehensive inspection in October 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 19 Fit and proper persons employed.

The information as specified in Schedule 3 was not available in relation to each such person employed for the purposes of carrying on the regulated activities. Specifically, the practice had not completed a Disclosure and Barring Service (DBS) check for some staff who were performing chaperone duties. The practice did not log onto the DBS portability system or contact the DBS service prior to the employment of those staff to check their DBS status.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 October 2015 had been made.

We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well-led. We inspected the practice against all six of the population groups: older people; people with long term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and well-led would affect the rating for all the population groups we inspected against.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us on 22 January 2016. We also asked other organisations to share what they knew. We carried out an announced visit to the Tickhill Road surgery on 17 May 2016 as the recruitment records were held at that site. During our visit we spoke with the acting practice manager and two GP Partners.

To get to the heart of patients' experiences of care and treatment, we asked the following two questions:

- Is it safe?
- Is it well-led?

# Detailed findings

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

# Are services safe?

## Our findings

### Overview of safety systems and processes

All staff who acted as chaperones had received training for the role in January 2016. Disclosure and barring service (DBS) checks were also completed for all staff in January 2016. (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). The practice had also revisited the chaperone procedure to include regular training updates for staff in this area.

We reviewed two personnel files for staff starting at the practice in June 2016. We found appropriate recruitment checks had been undertaken. For examples references, qualifications, and the appropriate checks through the DBS had been requested. We were told all records relating to recruitment were now kept at the Tickhill site and shown evidence DBS checks had been completed for all existing staff.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Governance arrangements

The partners had reviewed the governance framework to support performance and deliver good quality patient care.

We saw evidence that all of the clinical and non-clinical policies and procedures had been reviewed and were available to all staff via their desktop on the practice computer.