

Arlington Road Medical Practice

Quality Report

1 Arlington Road
Eastbourne
East Sussex
BN21 1DH
Tel: 01323 727531
Website: www.arlingtonroadsurgery.nhs.uk

Date of inspection visit: Desk based review
undertaken in November 2015
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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 this practice on 2 December 2014. Breaches of legal requirements were found in relation to ensuring all necessary recruitment checks had been undertaken. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. In November 2015 we undertook a desk based review to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

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

- Put arrangements in place to ensure significant events, performance, quality and risks are regularly discussed at practice meetings and that minutes are kept.
- Ensure all staff have an annual appraisal which is agreed and documented.
- Clarify the leadership structure so that lead roles and responsibilities are clearly identifiable.

Our key findings across the areas we inspected for this focused inspection were as follows:-

- All necessary recruitment checks had been undertaken. The practice had undertaken a formal risk assessment for each staff member to identify the risk of them being left alone with a patient. Where a risk had been identified criminal records checks with the Disclosure and Barring Service (DBS) had been undertaken.
- We saw minutes to show that significant events, performance quality and risks were regularly discussed at practice meetings.
- There were records to show that all staff had received an annual appraisal.
- Key roles and responsibilities in the practice had been documented and shared with 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 now rated good for delivering safe services

At our last inspection we found that the practice had not undertaken a formal risk assessment as to whether a criminal record check with the Disclosure and Barring Service (DBS) was required for non-clinical staff acting as medical chaperones. At this inspection we found that the practice had completed a risk assessment for each staff member which assessed the risk of the staff member ever being left alone with a patient. If a risk was identified then we saw that the staff member had a criminal record check undertaken with the DBS. We saw that the risk assessments were updated on an annual basis.

Good



Arlington Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC General Practice Inspector.

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

2 December 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 desk based review in November 2015 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

The practice is now rated good for delivering safe services.

At our last inspection, the staff records we looked at showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS) for all clinical staff. However, there was no written risk assessment

as to why DBS checks had not been undertaken for administrative and reception staff. These staff sometimes undertook chaperone duties which could involve them being left alone with patients.

At this inspection we found that that the practice had completed a risk assessment for each staff member which assessed the risk of the staff member ever being left alone with a patient. If a risk was identified then we saw that the staff member had a criminal record check undertaken with the DBS. We saw that the risk assessments were updated on an annual basis.