

# Dr S J Brook & Partners

## 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

We carried out an announced comprehensive inspection at Dr SJ Brook and Partners on 9 December 2014. Overall the practice was rated as good but the safe domain was rated as requires improvement. Following the inspection we issued a requirement notice. The notice was issued due to a breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to staffing and recruitment.

The areas of risk identified at Dr SJ Brook and Partners were:

- The provider must ensure that a risk assessment was undertaken for all staff who do not have a Disclosure and Barring Service (DBS) in place, such as administrators.
- The provider must ensure recruitment records included references from previous employment particularly where they have previously worked in health and social care services so that staff were recruited safely.
- The provider must ensure there was a written protocol in place for recruiting locum GPs employed by the practice.

The full comprehensive report on the 9 December 2014 inspection can be found by selecting the 'all reports' link for Dr SJ Brook and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused desk-top inspection carried out on 17 March 2017, to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 9 December 2014. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings across all the areas we inspected during this inspection, were as follows:

- We saw documentary evidence that a risk assessment tool was in place to determine whether administrative staff required a DBS check.
- We saw documentary evidence of a recruitment policy specifying checks of evidence of conduct in previous employment. We also saw a specific recruitment record for a staff member employed after the 9 December 2014 inspection.
- We saw documentary evidence that there now is a written protocol in place for locum GPs employed by the practice.

# Summary of findings

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?**

Following this desk based follow-up inspection of Dr SJ Brook and Partners on 17 March 2017, the domain for safe is now rated as good.

This is because since the last inspection, a comprehensive inspection undertaken on 9 December 2014, the provider now had:

- A risk assessment tool in place for administrative staff who they had identified did not require a DBS check.
- An employment policy, which now included specific information on how it would carry out checks of conduct in previous employment.
- A written protocol in place for recruiting locum GPs employed by the practice.

**Good**



# Dr S J Brook & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our focused desk-top inspection was completed by a CQC Lead Inspector.

## Background to Dr S J Brook & Partners

Dr SJ Brook and Partners is situated at Forton Medical Centre, Whites Place, Gosport, PO12 3JP and currently has six GPs who provide a total of four whole time equivalent (WTE); there are five female and one male GP. In addition there are two nurse practitioners (1.6 WTE), three practice nurses (1.5 WTE) and one health care assistant (0.54 WTE).

The clinical team were supported by an administration team consisting of the practice manager, deputy practice manager, an administration supervisor, reception supervisors and administration and reception staff which made a total of 14 WTE. Cleaning and maintenance was provided by an external contractor.

The practice had approximately 9700 registered patients and provided services under a General Medical Services Contract.

The practice offered routine appointments between 8.30am and 6pm Monday to Friday. On Mondays pre bookable appoints were available from 6pm to 7.30pm and

there were early morning appointments on Friday mornings from 7am to 8.30pm. Outside of these times patients were directed to the out of hour's provider. Information on how patients could access this service was available on the practice website and on the patient information leaflet.

## Why we carried out this inspection

We undertook a focused desk-top inspection of Dr SJ Brook and Partners on 17 March 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.

## How we carried out this inspection

Before writing our report, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out a focused desk-top inspection on 17 March 2017.

Before producing our report we:

- Spoke with the practice manager.
- Reviewed documents relating to staffing and recruitment.

# Are services safe?

## Our findings

At the last comprehensive inspection of Dr SJ Brook and Partners undertaken on 9 December 2014 we rated the practice as requires improvement for safe services, as arrangements for recruitment checks and risks assessments on staff did not keep patients safe.

The areas of concern identified at the practice were:

- The provider must ensure that a risk assessment was undertaken for all staff who do not have a Disclosure and Barring Service (DBS) in place, such as administrators.
- The provider must ensure recruitment records included references from previous employment particularly where they have previously worked in health and social care services so that staff were recruited safely.
- The provider must ensure there was a written protocol in place for recruiting locum GPs employed by the practice.

These arrangements had improved when we undertook a focused desk-top inspection on 17 March 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

- During our inspection on 9 December 2014 we saw evidence that all GPs, nurses and health care assistants had had a DBS check, but there were no written risk assessments on why other staff such as administrators had not had a DBS check undertaken. During our focused follow-up inspection on 17 March 2017, we saw

documentary evidence of a risk assessment tool, implemented from January 2015, to determine whether individual reception and administration staff required a standard DBS check.

- During our inspection on 9 December 2014 we reviewed three recruitment records and found that for one member of staff a criminal records check through the Disclosure and Barring Service (DBS) was in progress and no other checks such as evidence of conduct in a previous employment had been obtained. During a follow-up inspection on 17 March 2017 we saw evidence in the form of recruitment documents for a member of staff recruited in 2015. The documents included pre-employment and in-service checks. We also saw an employment checks policy which included the pre-employment and in-service checks that were required to be conducted on all newly-recruited staff (dated from January 2015). These checks are in accordance with current legislation and best practice guidelines.
- The practice employed locum GPs and during our inspection on 9 December 2014, we found that specific checks had been made via the performer's list and confirmation of DBS checks. However, there was no written protocol in place. During our focused follow-up inspection on 17 March 2017, we saw documentary evidence of a written protocol in place for the employment of locums. The purpose of the policy (effective from December 2015) was to provide guidelines and set standards for the appointment and assessment of NHS locum doctors in order to safeguard the quality of patient care. This guidance applies both to locums employed directly, those employed through an agency and those working as locums through their own limited company.