

Hobmoor Road Surgery

Quality Report

533 Hobmoor Road
Yardley
Birmingham
West Midlands
B25 8TH

Tel: 0121 789 9744

Website: <http://www.hobmoorroadsurgery.co.uk/>

Date of inspection visit: 1 September 2016

Date of publication: 20/09/2016

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Hobmoor Road Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

On 21 January 2016 we carried out a comprehensive inspection at Hobmoor Road Surgery. The practice was rated as good overall, but requires improvement under the safe domain. As a result of that inspection we found that improvements were required so we issued the practice with a requirement notice for improvement.

We then conducted a focused inspection of the practice on 8 April 2016 to check whether the improvements had been made. At this inspection we found that the improvements identified at the January inspection had been actioned. However we found some new concerns.

The concerns related to recruitment processes and staff who acted as chaperones who had not received a Disclosure and Barring Service check (DBS check) nor in its absence had a risk assessment been carried out to make sure patients were protected. As a result the practice was issued with two new requirement notices for breaches of regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that the practice continued to be rated as requires improvement for the safe domain.

We also found a number of areas where the practice should make improvements that were not specific

breaches of the regulations. These included infection control processes and ensuring that the safeguarding policy was updated to reflect current practice and disseminated to all staff.

We then carried out a focused inspection at the practice on 1 September 2016 to review the action taken by the provider to meet the regulatory requirements where we had identified breaches of the regulations and other areas where they should take action. The report should therefore be read in conjunction with both the full comprehensive inspection report published on 21 January 2016 and the subsequent focussed report published on 19 May 2016.

At this inspection we found the practice had made changes since their previous focused inspection. We found that sufficient action had been taken regarding the issues identified and the practice was now meeting the requirements of the breaches identified. This meant that the practice was now rated as good in safe domain. All other domains were previously rated as good.

Specifically we found that since the last inspection:

- The practice had ensured the recruitment policy was being properly implemented to ensure that all necessary employment checks were taking place for all staff.

Summary of findings

- All staff, including those who acted as chaperones had now undergone the appropriate checks through the DBS.
- The practice had reviewed and updated the safeguarding policy and disseminated to all staff. Post-inspection, one of the GPs completed safeguarding training to an appropriate level and provided us with evidence of this.
- Previously we found that practice processes for completing and monitoring required infection control and prevention actions were not in place. At this inspection the practice told us the actions had been completed and post-inspection we were provided with evidence to demonstrate this.

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 had systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence to demonstrate that the safeguarding policy had been reviewed, updated and disseminated to all staff and the safeguarding lead clearly identified.
- One of GPs was unable to provide evidence of undertaking safeguarding training to an appropriate level at the last inspection or during this inspection. However, post-inspection the GP completed the training and provided evidence to demonstrate this.
- Risks to patients were now assessed and well managed including those relating to staff carrying out chaperoning duties and recruitment checks.
- The GP had now been identified as the infection control lead and evidence of infection control actions being implemented was provided post-inspection.

Good



Hobmoor Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our focused inspection was conducted by a CQC Inspector.

Background to Hobmoor Road Surgery

- Hobmoor Road Surgery is located in Yardley, an area in the east of Birmingham, in the West Midlands. Hobmoor Road Surgery currently provides services to 3005 registered patients and has a higher than national average percentage of patients aged five to eighteen years of age.
- The practice has a General Medical Services (GMS) contract. The GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.
- The practice has one principal GP (male), one salaried GP (male), one locum GP (male), two health care assistants, a practice nurse, two practice managers, an assistant practice manager and three administrative/reception staff.
- The practice is open for appointments on a Monday, Tuesday, Wednesday and Friday from 8.30am to 6.30pm and on a Thursday 8.30am to 1pm each week. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for patients that need them.
- The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if

patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice employs the use of the Birmingham and District General Practitioner Emergency Room group (Badger) to provide this out-of-hours service to patients.

This focused inspection was to review the action taken by the provider to meet regulatory requirements where we had previously identified breaches of the regulations and where they should improve in other areas. For this reason we have only rated the location for the safe domain to which the regulations relate. The report should therefore be read in conjunction with both the full comprehensive inspection report published on 21 January 2016 and the subsequent focussed report published on 19 May 2016.

Why we carried out this inspection

On the 1 September 2016 we carried out a focused inspection following a comprehensive inspection on 11 August 2015 of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We published a report setting out our judgments which identified further breaches of regulations and asked the provider to send a report of the actions they would take to comply with the regulation they were not meeting.

This focused inspection was planned to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 through a review of the areas which had previously led to a rating of requires improvement in the safe domain and to provide an updated rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

We carried out an announced focused visit on 01 September 2016.

During our visit we:

- Spoke with a GP and practice manager.
- Reviewed relevant documentation and evidence made available to us relating to patient care and the running of the service.

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 this focused inspection, we re-looked at the areas of concern that had been identified at the previous inspection within this domain. This included the arrangements for recruitment, infection control and chaperoning.

Overview of safety systems and processes

At this focused inspection we found that the practice had ensured their policies and procedures had been updated and implemented:

- Previously we found that the safeguarding policy was out of date and had not been reviewed since December 2014 and that staff were unclear about who the safeguarding lead was. One of the GPs had also been unable to provide evidence to demonstrate that they had been trained to an appropriate level in children's safeguarding (level 3). At this inspection we found that the practice had reviewed and updated the safeguarding policy with a safeguarding lead identified and staff had been made aware of this. However, we found that the GP was again unable to provide evidence of any safeguarding training. However, post-inspection, the GP completed online training to an appropriate level and provided us with evidence of this.
- All staff who acted as chaperones had now received a Disclosure and Barring Service check (DBS check). (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).
- One of the GPs was now identified as the infection control clinical lead who liaised with the local infection prevention teams. There was an infection control policy in place and staff files we viewed indicated that they had received up to date training. At the last inspection we found that the Clinical Commissioning Group had completed an infection control audit in February 2015 resulting in 89% compliance and an action plan had been developed as a result. However we had noted that this did not detail who would be responsible for the action, the date for implementation or if the action had

been completed. At this inspection the practice told us that most actions had been completed with others related to premises refurbishment scheduled for completion. Post-inspection we were sent evidence to demonstrate this.

- We reviewed three personnel files (practice nurse, GP and the practice manager). We found that all appropriate recruitment checks had now been undertaken in line with the practice recruitment policy. For example, proof of identification, references, qualifications, registration with the appropriate professional body. All staff employed at the practice at the time of the inspection had the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were now assessed and well managed. Previously we saw that the practice had a variety of policies and risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, although a policy for control of substances hazardous to health was seen, a risk assessment had not been undertaken. At this inspection we saw that:

- Since the last inspection, the practice had completed a risk assessment for the control of substances hazardous to health.

Arrangements to deal with emergencies and major incidents

At our previous inspection on 8 April 2016, we found that practice had adequate arrangements in place to respond to emergencies and major incidents. However, although oxygen was available at the premises paperwork or processes relating to this were unavailable and only an adult oxygen mask was found. At this inspection we saw that:

- Since the last inspection, the practice now had an oxygen policy in place and child oxygen masks were now also available.