Rivermead Gate Medical Centre

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 Rivermead Gate Medical Centre on 2 June 2016. The overall rating for the practice was good with requires improvement for the 'Safe' domain. The full comprehensive report for this inspection can be found by selecting the 'all reports' link for Rivermead Gate Medical Centre on our website at www.cqc.org.uk.

We then carried out a desk-based focused inspection on 25 May 2017 to confirm that the practice were now meeting the legal requirements in relation to the breaches of regulations that we identified in our previous inspection on 2 June 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 as good, with the 'Safe' domain now rated as good.

Our key findings were as follows:

- Staff undertaking chaperone duties received training
- Disclosure and Barring Service (DBS) checks were in place for all staff including those non-clinical staff who acted as chaperones or a risk assessment had been completed as to why one was not required.
- The system for managing significant events and safety incidents had been improved and there was evidence that they had been fully analysed, investigated and learning had been disseminated.

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?

Good

The practice is rated as good for providing safe services.

- Staff undertaking chaperone duties received training
- Disclosure and Barring Service (DBS) checks were in place for all staff including those non-clinical staff who acted as chaperones or a risk assessment had been completed as to why one was not required.
- There was a system in place for the investigation of significant events. Following investigation the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.

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
The provider had resolved the concerns for safety identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safety identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Rivermead Gate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based inspection was carried out by an inspector.

Background to Rivermead Gate Medical Centre

Rivermead Gate Medical Centre is an established GP practice that has operated in the area for many years. It serves approximately 13000 registered patients and has a general medical services contract with NHS Mid Essex CCG.

Rivermead Gate Medical Centre is the administrative centre for the practice serving patients in the north of Chelmsford. The branch surgery is located at 158 Wood Street, Chelmsford which is situated in the south of the city. The practice team consists of six GPs, two nurse practitioners three nurses and one health care assistant. Administration staff includes a practice manager who is supported by administration and reception staff. It is a teaching practice involved with the training of GPs.

The opening times for main surgery were between 8am and 6.30pm Monday to Friday. The branch times are Monday to Friday from 8.15am to 1pm and in the afternoon from 3pm to 6.30pm. The practice has opted out of providing extended opening hours. Pre-bookable appointments can be booked up to four weeks in advance; urgent appointments are available for patients that need them. Patients are also able to book on the day appointments or for the following two days if necessary.

Why we carried out this inspection

We undertook a comprehensive inspection of Rivermead Gate Medical Centre on 2 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 2 June 2016 can be found by selecting the 'all reports' link for Rivermead Gate Medical Centre on our website at www.cqc.org.uk.

We undertook a desk based focused inspection of Rivermead Gate Medical Centre on 25 May 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

We carried out a desk-based focused inspection of Rivermead Gate Medical Centre on 25 May 2017. This involved reviewing evidence that:

- A Disclosure and Barring Service (DBS) check had been completed for all staff involved with chaperoning.
- Staff who had chaperoning duties had received appropriate training.
- Significant events and incidents were fully investigated and learning was shared.

Detailed findings

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.

Good

Are services safe?

Our findings

At our previous inspection on 2 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of; systems in place for investigating, responding to and learning from significant events, and Disclosure and Barring Service checks (DBS) for chaperones were not sufficient.

These arrangements had significantly improved when we undertook a desk-based inspection on 25 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Significant incident forms and the evidence of the analysis showed that when a significant incident occurred: a thorough investigation was completed.
- All significant events were discussed at the significant events meeting with clinical staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- There was a notebook on reception for administrative and reception staff to document any non-clinical incidents.

Overview of safety systems and process

We viewed evidence to show that staff who had chaperoning duties with had received a DBS check or there was a risk assessment in place. The practice provided in house chaperone training for staff and could demonstrate that staff had received this training. The practice told us that new reception staff who would expected to undertake chaperone duties would receive this training as part of their induction to the practice.