

Violet Lane 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

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 Violet Lane Medical Practice on 13 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of regulation 21(a)(i) Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this desk-based focussed inspection on 31 May 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report 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 Violet Lane Medical Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe services. As the practice was now found to be providing good services for safety, this affected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for 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).

Our key findings across all the areas we inspected were as follows:

- Risks to patients were assessed and well-managed, specifically those related to chaperoning.

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 as improvements had been made.

Risks to patients were assessed and well-managed, specifically those related to chaperoning.

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

The practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was now found to be providing good services for safe, this affected the ratings for the population groups we inspect against.

Good



Violet Lane Medical Practice

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of Violet Lane Medical Practice on 31 May 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. Prior to April 2015, the legal requirements the provider needed to meet were the Essential Standards of Quality and Safety. Specifically, a breach of regulation 21(a)(i) Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was identified.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that the new legal requirements the provider needed to meet were in relation to a breach of regulation 19(1)(a)(b) Fit and proper persons employed.

During the comprehensive inspection carried out on 13 October 2014 we found that administrative staff who were acting as chaperones had not had Disclosure and Barring Checks (DBS) or been risk assessed for carrying out this role.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 October 2014 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. 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 would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

During the comprehensive inspection carried out on 13 October 2014 we found that administrative staff who were acting as chaperones had not had Disclosure and Barring Checks (DBS) or been risk assessed for carrying out this role.

During the focussed inspection, we found that a chaperone policy was in place and this had been updated to reflect the practice's requirement for three yearly chaperone training and three yearly checks through the Disclosure and Barring Service (DBS) for staff undertaking chaperone duties. We were shown evidence that administrative staff who were chaperoning had received training within the last year and had all had updated DBS checks.