

St Werburgh's Medical Practice for the Homeless

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?

Requires improvement



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 9th December 2015. A breach of legal requirements was 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. We undertook this focused inspection 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. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Werburgh's Medical Practice for the Homeless on our website at www.cqc.org.uk

Our key findings were as follows:

- Action had been taken to ensure the recruitment procedures were improved and the required information in respect of workers was obtained.

At the inspection on 9th December 2015 we also identified some improvements that should be made to the service. At the inspection on 19th September 2016 most of these improvements had been carried out. The security of the premises had been discussed with NHS England and there was a plan in place to promote patient and staff safety. The registered manager was now attending meetings on a regular basis and further audits for the service had been planned. A record was being kept of equipment checks and most of the required premises checks. It had been identified that the service responsible for undertaking premises checks was not able to provide an up to date legionella risk assessment or a electrical wiring safety inspection certificate.

There was an area of practice where the provider must make improvements:

- The provider must ensure the premises are safely maintained.

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?

Improvements had been made to the recruitment procedure and the required information in respect of workers was obtained to ensure the suitability of staff for employment. We found that improvements were needed to ensure the provider was able to demonstrate the premises were safely maintained.

Requires improvement



St Werburgh's Medical Practice for the Homeless

Detailed findings

Why we carried out this inspection

We undertook an announced focused inspection of St Werburgh's Medical Practice for the Homeless on 19th September 2016. This inspection was carried out to check

that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 9th December 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting legal requirements in relation to recruitment checks of staff.

Are services safe?

Our findings

At the comprehensive inspection of the practice on 9th December 2015 we looked at a sample of recruitment records and found that there was no evidence that one of the clinical members of staff had received a Disclosure and Barring service (DBS) check (these checks provide employers with an individual's full criminal record and other information to assess the individuals suitability for the post). At this inspection a DBS check had been undertaken for all clinical members of staff. We also found that evidence of identity was not retained on staff files. At this inspection we were provided with evidence that staff files now contained evidence of identity, including a photograph. A system had been introduced for undertaking periodic checks of continuing registration with the Nursing and Midwifery Council (NMC), Performers List and General Medical Council (GMC).

At the comprehensive inspection of the practice on 9th December 2015 we also found that satisfactory information about any physical or mental health conditions which were relevant to the person's ability to carry out their role (after

reasonable adjustments were made) was not recorded. No new staff had been employed since our last inspection. An assessment tool had been developed to gather this information and ensure it was part of the process for determining staff suitability for employment.

At the inspection on 9th December 2015 we also identified some improvements that should be made to the service. At this inspection most of these improvements had been made. The security of the premises had been discussed with NHS England and there was a plan in place to promote patient and staff safety. The registered manager was now attending meetings on a regular basis and further audits for the service had been planned. A record was being kept of equipment checks and most of the required premises checks. At this inspection it was identified that the service responsible for undertaking premises checks, NHS Property Services was not able to provide an up to date legionella risk assessment or an electrical wiring safety inspection certificate. Evidence that these checks have been undertaken needs to be provided to the Care Quality Commission.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 1. All premises and equipment used by the service provider must be – (e) properly maintained