

Manchester Road Surgery

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 of this practice on 17 November 2015. A breach of legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet this legal requirement in relation to the regulatory breach of the Health and Social Care Act 2008 (Regulated Activities) 2014, Regulation 19 Fit and proper persons employed.

We undertook this focused desk top review on 4 July 2016 to check that they had followed their plan and to confirm they now met the legal requirement. 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 Manchester Road Surgery on our website www.cqc.org.uk.

Overall the practice is rated Good. Specifically, following the focused inspection we found the practice to be good for providing safe services.

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

- The practice had completed Disclosure and Barring Service (DBS) checks for staff who performed chaperone duties in December 2015 and January 2016 (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).
- A fire evacuation drill was completed on 28 January 2016 and the practice have updated their Health and Safety risk assessment to include the requirement to complete a fire drill at least annually.
- The practice provided evidence that a log sheet had been implemented to record the checks carried out on the emergency medical equipment.

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:

- The practice provided evidence Disclosure and Barring Service (DBS) checks were completed in December 2015 and January 2016 for staff who performed chaperone duties (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).
- The practice provided evidence a fire evacuation drill had been completed on 28 January 2016 and the health and safety risk assessment updated to include the frequency of fire drills. A computerised diary note had been scheduled to remind the practice manager when this was due.
- The practice provided evidence a log sheet had been implemented to record the checks carried out on the emergency medical equipment.

Good



Manchester Road Surgery

Detailed findings

Why we carried out this inspection

We undertook a focused desktop review of Manchester Road Surgery on 4 July 2016. This was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 November 2015 had been made.

We inspected the practice against one of the questions we ask about services: is the service safe against all the population groups? This is because during our comprehensive inspection in November 2015 the service was not meeting one legal requirement and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations. Specifically Regulation 19 Fit and proper persons employed.

- During the November 2015 comprehensive inspection we found patients were not protected from risk of harm as we found four staff who performed chaperone duties had not had a DBS check completed to ensure they were of good character and there was no risk assessment in place where this had been reviewed.

Areas identified for improvement at the inspection in November 2015 were:

- The practice had not carried out any fire evacuation drills.

- There was no record the emergency equipment, for example, the defibrillator, anaphylaxis kits and the oxygen equipment were checked regularly to ensure they were in date and working properly. The practice nurse told us these checks were carried out regularly but not documented.

This focused desktop review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 November 2015 had been made.

We inspected the practice against one of the five questions we ask about services:

- Is the service safe?

How we carried out this inspection

Before completing the focused inspection we reviewed a range of information we hold about the practice and the action report submitted to us on 24 December 2015. We carried out a focused desktop inspection on 4 July 2016. During the inspection we spoke with the practice manager and reviewed documents supplied by the practice.

To get to the heart of patients' experiences of care and treatment, we asked the question: Is it safe?

Are services safe?

Our findings

Overview of safety systems and processes

We saw evidence Disclosure and Barring Service (DBS) checks were completed for all staff who performed chaperone duties in December 2015 and January 2016. (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).

Monitoring risks to patients

We were shown records that a fire evacuation drill had been completed on 28 January 2016 and the health and safety risk assessment had been updated to reflect the frequency of fire drills. A computerised diary note had been programmed to prompt the practice manager when the next fire drill was due.

We saw evidence that a recording log sheet had been implemented to check all medical emergency equipment on a fortnightly basis.