

# Greasbrough 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 Greasbrough Medical Centre on 19 January 2016. The overall rating for the practice was good with requires improvement for the safety domain. The full comprehensive report for the 19 January 2016 inspection can be found by selecting the 'all reports' link for Greasbrough Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 15 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 19 January 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. The practice is now also rated as Good in the safety domain.

Improvements had been made since our last inspection on 19 January 2016. Our key findings were as follows:

- Improvements had been made to the recruitment procedures. Checks that staff were of good character had been made. Disclosure and Barring Service

(DBS) checks had been obtained for all staff who required them due to the nature of their role. Applicant's physical and mental health had been considered in line with requirements of their role. Recruitment records now included records of interview. The recruitment policy now included the requirements for DBS checks and health checks.

- Storage arrangements for paper towels in clinical rooms had been reviewed and the risk of cross contamination minimised.
- Access to keys for the prescription pad storage area was now controlled.
- Fixed wire installations (the wiring and equipment between the supply meter and the point of use, for example, socket outlets) had been inspected.
- A practice specific risk assessment had been completed and procedures had been developed which identified the actions required to minimise the risk of legionella risk. However, records of routine weekly water temperature checks were not maintained in line with the practice policy and procedure.

**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 since our last inspection on 19 January 2016 and the practice is now rated as good for providing safe services. Our key findings were as follows:

- Improvements had been made to the recruitment procedure. Checks that staff had been obtained. Disclosure and Barring Service (DBS) checks had been obtained for all staff who required them due to the nature of their role. Applicant's physical and mental health had been considered in line with requirements of their role. Recruitment records now included records of interview. The recruitment policy now included the requirements for DBS checks and health checks.
- Storage arrangements for paper towels in clinical rooms had been reviewed and the risk of cross contamination minimised.
- Access to keys for the prescription pad storage area was now controlled.
- Fixed wire installations (the wiring and equipment between the supply meter and the point of use, for example, socket outlets) had been inspected.
- A practice specific risk assessment had been completed and procedures had been developed which identified the actions required to minimise the risk of legionella risk. However, records of routine weekly water temperature checks were not maintained in line with the practice policy and procedure.

**Good**



# Greasbrough Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector.

## Background to Greasbrough Medical Centre

Greasbrough Medical Centre is situated within a purpose built surgery in a small outer suburb of Rotherham. The practice was built in 1978 and extended in 1998. The practice is situated in one of the third most deprived areas nationally.

The practice provides Primary Medical Services (PMS) for 3,386 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. The practice population has a higher ratio of patient's in the 40 to 60 year old age group.

There are two GP partners, one male and one female. The nursing team comprises of two practice nurses and a health care assistant. There is a practice manager and administration and reception teams.

The practice reception hours are 8am to 6.30pm, Tuesday to Friday and 8am to 8pm on a Monday. Surgery times are 8.30am to 9.30am and 3pm to 5pm Monday to Friday and 6pm to 8pm on a Monday. Extended hours are provided 6.30pm to 8pm on a Monday. No appointment is necessary for the morning surgeries. All patients who arrive during the morning surgery times will be seen by a Doctor. All afternoon surgeries and the late evening surgery are by appointment only.

Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed. A walk-in centre is available at Rotherham Community Health Centre

## Why we carried out this inspection

We undertook a comprehensive inspection of Greasbrough Medical Centre on 19 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for safety. The full comprehensive report following the inspection on 19 January 2016 can be found by selecting the 'all reports' link for Greasbrough Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Greasbrough Medical Centre on 15 February 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

During our visit we:

- Spoke with the practice manager.
- Looked at recruitment records and management records.

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 our previous inspection on 19 January 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 15 February 2017. The practice is now rated as good for providing safe services.

Since the last inspection the practice had employed a new practice manager who had started their employment in October 2016. They were in the process of reviewing the procedures in place at the practice.

### Overview of safety systems and process

At our last inspection on the 19 January 2016 we found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, a Disclosure and Barring Service check (DBS check) check had not been completed for all members of staff who required one because of their role. (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). We also saw records of interviews were not routinely maintained and there was no evidence applicants physical and mental health was considered in line with requirements of their role. The recruitment policy and procedure also required further development.

At our inspection on the 19 February 2017 we looked at three recruitment files for staff who had been recruited since our last inspection and found improvements had been made.

Checks that staff were of good character had been made in that references had been obtained. Although for one newly appointed member of staff only one reference had been received. The practice manager had followed up the second reference request and sent for another reference from an additional referee. The practice manager provided evidence this had been received following the inspection. Disclosure and Barring Service (DBS) checks had been obtained for all staff who required them due to the nature of their role. Applicant's physical and mental health had

been considered in line with requirements of their role. Recruitment records now included records of interview. Improvements had not been made to the recruitment policy. The practice manager provided an updated policy following the inspection. This contained the main elements for safe recruitment such as the requirements for DBS checks and health checks.

### Monitoring risks to patients

At our last inspection on the 19 January 2016 we found the majority of risks to patients were assessed and managed. However, there were some areas which required improvements. At our inspection on the 19 February 2017 we found improvements had been made as follows

- On the 19 January 2016 we found the fixed electrical installations (the wiring and equipment between the supply meter and the point of use, such as socket outlets), had not had a periodic test since January 2009. It is a requirement of The Electricity at Work Regulations 1989 that, all electrical equipment, including portable equipment and installations, should be maintained (so far as reasonably practicable) to prevent danger. At our inspection on the 19 February 2017 we found fixed wire installations (the wiring and equipment between the supply meter and the point of use, for example, socket outlets) had been tested.
- On the 19 January 2016 we found the procedure for management of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been developed from a standard template but was not specific to the practice. We saw a legionella risk assessment had last been completed in July 2010 and there was a certificate to show water systems had been tested in July 2015. However, the practice manager had little understanding of legionella or the risks. They were not aware of any areas of risk that may have been identified in the risk assessment or of any actions which may be required to minimise the risk of legionella in the practice between annual checks. At our inspection on the 19 February 2017 we found a practice specific risk assessment had been completed and procedures had been developed which identified the required actions to minimise the risk of legionella. The water system had also been tested annually for legionella. The practice manager was aware of the actions to take to minimise the risk between annual checks and described the actions they had

## Are services safe?

taken, for example, testing water temperatures weekly. However, records were not maintained to evidence the actions taken as per the practice policy and procedure. The practice manager told us they would implement this immediately.

- On the 19 January 2016 we found infection prevention and control training provided on induction was not recorded. At our inspection on the 19 February 2017 we found infection prevention and control training was provided on induction but had still not been recorded. The practice manager provided an updated induction template following inspection which would assist in ensuring this would be recorded in future.
- On the 19 January 2016 we found storage arrangements for paper towels in clinical rooms were not adequate as

they were stored uncovered on the side of the sink which may increase the risk of cross contamination. At our inspection on the 19 February 2017 we found storage arrangements for paper towels in clinical rooms had been reviewed and the risk of cross contamination minimised.

- On the 19 January 2016 we found prescription pads were securely stored and there were systems in place to monitor their use. However, access to keys for the storage area was not adequately controlled. At our inspection on the 19 February 2017 we found access to keys for the prescription pad storage area was now controlled to ensure safety.