

The Dove Valley Practice

Quality Report

Worsbrough Health Centre
Powell Street
Worsbrough
Barnsley
S70 5NZ

Tel: 01226 648150

Website: www.thedovevalleypractice.co.uk

Date of inspection visit: 6 December 2016

Date of publication: 12/01/2017

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Dove Valley Practice on 3 December 2014. The inspection identified areas of practice where the provider needed to make improvements. We carried out this announced follow up inspection to review the improvements made. This report only includes the areas we reviewed. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Dove Valley Practice on our website at www.cqc.org.uk.

Overall the practice is rated as good.

Following this inspection we have rated the practice as good in the safe domain.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The GPs had attended the necessary child and adult safeguarding training.
- The practice had employed a lead nurse. The lead nurse was responsible for implementing and monitoring systems to prevent the spread of

infectious diseases. The practice had completed a risk assessment on the 8 December 2015, implemented an action plan and responded to the issues found. Staff had last completed infection control training on 20 April 2016.

- The practice had a cold chain protocol in place to ensure the maintenance of a safe temperature for vaccines. Staff had kept a daily record of the refrigerator temperature. Where the temperature was outside the recommended range, staff documented the actions taken. .
- Although the practice manager had reviewed the recruitment and selection policy it did not contain all the requirements set out in Schedule 3 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.
- The registered provider should review the recruitment and selection policy to make sure it contains all the requirements of Schedule 3 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

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 GPs had attended the appropriate level of child and adult safeguarding training.
- The practice had employed a lead nurse. The lead nurse was responsible for implementing and monitoring systems to prevent the spread of infectious diseases. The practice had completed an infection prevention and control risk assessment on the 8 December 2015, implemented an action plan and responded to the issues found. Staff had last completed infection control training on 20 April 2016.
- The practice had a cold chain protocol in place to ensure the maintenance of a safe temperature for vaccines.
- Although the practice manager had reviewed the recruitment and selection policy it did not contain all the requirements set out in Schedule 3 of the Health and Social Care Act 2008,(Regulated Activities) Regulations 2014.

Good



The Dove Valley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced comprehensive inspection at The Dove Valley Practice on 3 December 2014. The inspection identified areas of practice where the provider needed to make improvements. We carried out this announced follow up inspection to review the improvements made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 December 2016. During our visit we:

- Spoke with the practice manager and lead nurse,
- Carried out a tour of the premises,
- Reviewed policies and procedures.

To get to the heart of patients' experiences of care and treatment, we asked the the following question:

- Is it safe?

Are services safe?

Our findings

Overview of safety systems and processes

The practice had reviewed its systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- At the inspection on 3 December 2014, we found arrangements were in place to safeguard children and vulnerable adults from abuse. However, the training log did not specify what level of training the GPs had completed. At this inspection, we found documents to demonstrate that the GPs had attended the appropriate child and adult safeguarding training.
- At the inspection on 3 December 2014, we found the practice did not have a written protocol to advise staff of the actions to take following a breach of the cold chain in the storage facilities for vaccines. In addition, the staff had not always completed a record of the actions taken following a breach. (This protocol sets standards of practice for the staff to follow that ensured the maintenance of medicines storage temperature and thereby minimised the risk of compromising the efficacy and safety of medicines. Especially for vaccines which

were of high cost, stored in large quantities and temperature fragile.) At this inspection, we found a protocol in place for staff to follow. Staff had kept a daily record of the refrigerator temperature. Where the temperature was outside of a recommended range, staff had followed the protocol and recorded their actions.

- At the inspection on the 3 December 2014, we found that the recruitment and selection policy did not document the information required in Schedule 3 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. At this inspection we reviewed the recruitment policy and looked at one recruitment file. We found the policy had been reviewed in July 2016. The policy still did not include any reference regarding the need to make enquiries about the applicants physical or mental health conditions, or the need to document a full employment history. The recruitment file we looked at was complete apart from the documentation of the reasons for the decision to not request a Disclosure and Barring Service (DBS) check. The registered manager explained this had been discussed prior to the member of staff's commencement and agreed to ensure that these decisions were recorded in the future.