

Brunel 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.

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 was safe.

Systems were in place to assure safe patient care and to support the standard of care for patients diagnosed with a mental illness. There was good communication between the GPs and nursing staff.

Multi-disciplinary meetings included discussion of significant event analyses so the team could learn from any mistakes. Medicines were managed safely. There were appropriate equipment, medicines and procedures for managing patient emergencies.

Systems were in place which recognised and supported patients who were at risk of abuse.

Recruitment procedures were carried out with care to ensure that staff were suitable to work in positions of trust and with vulnerable people.

Policies and procedures were in place to maintain safe standards of infection control. Some difficulties were experienced in maintaining cleanliness of old surfaces. The fire risk assessment was up to date, signage had been updated and a full evacuation procedure was carried out on 5 November 2014.

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Detailed findings

Why we carried out this inspection

We carried out an inspection on 16 July 2014 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the regulation they were not meeting.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Brunel Medical Practice as part of this review because the practice was able to demonstrate compliance without the need for a visit.

How we carried out this inspection

We reviewed information given to us by the provider. We have not revisited Brunel Medical Practice as part of this review.

Are services safe?

Our findings

When we visited on 16 July 2014 we looked at personnel files of staff who had been appointed since April 2013. We found that whilst prospective employees had provided a curriculum vitae, no application forms had been completed. Appropriate checks had not been consistently undertaken before staff began work. For example, not all staff files held written references from previous employers.

The practice had carried out criminal record checks with the disclosure and barring service (DBS) for GPs and nursing staff to help ensure that patients who used the service were protected and safe. Checks had been carried out to ensure that GPs were included on the performers list, which showed their fitness to practise and GPs and nurses' registrations with the General Medical Council and the Nursing and Midwifery Council to ensure they were up to date and had not expired. However, we did not see any recorded assessment of risk for other staff demonstrating whether a DBS check was required.

Minutes of a management meeting on 3 July 2014 showed that the practice manager had recognised the need for improvement of their recruitment practice in order to ensure new recruits were suitable for their role.

On 4 December 2014 the practice manager sent us a report describing the application form they had put in place for all prospective candidates applying for any position within the

practice. Candidates were required to list referees on the application form. At interview, if the previous employer had not been included, the reasons could be discussed. The practice manager said that if they were to offer a position, they would always approach the previous employer. The checklist used by management to monitor recruitment practice, called the 'New Starter Checklist', had been updated to include checking that references had been returned as well as other documents requested.

The practice manager had sought and found an organisation for the supply of DBS checks that would process checks for administrative staff when risk assessment showed this to be appropriate, for example they might have one to one contact with patients.

On 4 December the practice manager informed us that all staff who had been identified at the previous inspection as not having references now all had references in place and they were working through their administrative staff to ensure all had DBS checks. On 27 March 2015 the practice manager sent us a report of recruitment activity. Six new members of staff had been appointed and references and DBS checks had been seen in respect to all of them.

The practice manager told us they found their new process using a comprehensive application form and following up on the required checks was effective and had resulted in satisfactory appointments.