

# Harrold 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.

## 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 previously carried out an announced comprehensive inspection of this practice on 8 March 2016. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would carry out the necessary actions to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

From the inspection on 8 March 2016, the practice were told they must:

- Ensure that the roles of non-clinical staff, including those that carry out chaperoning, are risk assessed to determine whether criminal records checks are required.

We undertook a desk top based focused inspection at Harrold Medical Practice on 27 June 2016 to check that

they had followed their plan and to confirm that they now met legal standards and requirements. This report only covers our findings in relation to this requirement found to be requiring improvement. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Harrold Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We found that on the 27 June 2016 the practice now had improved systems in place.

- Practice specific protocols and procedures had been developed and implemented to manage risks associated with non-clinical staff performing chaperoning duties.
- Risk assessments were undertaken to assess the need for criminal records checks where appropriate.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**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?**

At our comprehensive inspection on 8 March 2016, we identified a breach of legal requirement. Improvements were needed to processes and procedures to ensure the practice provided safe services, in particular relating to non-clinical staff performing chaperone duties. During our desk based focused inspection on 27 June 2016 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

Evidence we were sent for our desk based follow up inspection verified that the practice had implemented systems to ensure risks associated with non clinical staff performing chaperone duties were well managed

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

Following our comprehensive inspection on 8 March 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



### People with long term conditions

Following our comprehensive inspection on 8 March 2016 we rated the practice as good for the population group of people with long-term conditions. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



### Families, children and young people

Following our comprehensive inspection on 8 March 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



### Working age people (including those recently retired and students)

Following our comprehensive inspection on 8 March 2016 we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



### People whose circumstances may make them vulnerable

Following our comprehensive inspection on 8 March 2016 we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



### People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 8 March 2016 we rated the practice as good for the population group of people experiencing poor mental health (including people with dementia). We did not review any evidence during our desk based focussed inspection to alter this rating.

Good



## Summary of findings

# Harrold Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

The desk based focussed inspection was completed by a CQC Lead Inspector.

## Background to Harrold Medical Practice

The Harrold Medical Practice provides a range of primary medical services, including minor surgical procedures from purpose built premises on Peach's Close in Harrold in rural Bedfordshire. The catchment area spans parts of the three counties of Bedfordshire, Buckinghamshire and Northamptonshire. There is a dispensary at the practice that provides medicine for patients who live more than one mile from a pharmacy.

The practice serves a population of 6,117 patients, with higher than average populations of both males and females aged 10 to 14 years and 40 to 84 years. There are lower than average populations aged 0 to 9 years and 15 to 39 years. The practice population is largely white British. National data indicates the area served is one of low deprivation.

The clinical staff team consists of one male and one female GP partner, a female salaried GP, a minor illness nurse and a practice nurse. A regular locum nurse attends the practice once a week. The clinical team is supported by a practice manager and a team of administrative support staff. The practice holds a General Medical Services (GMS) contract for providing services, a nationally agreed contract).

The practice is open between 8.30am and 6.30pm Monday to Friday. In addition to these times the practice operates

extended surgery hours on Tuesdays for nurse appointments from 6.30pm to 8.15pm. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

## Why we carried out this inspection

We carried out a desk based focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection, we asked the provider to submit information and evidence to demonstrate the action they had taken to address the breach of legal requirement we identified during our comprehensive inspection on 8 March 2016. We carried out an announced desk based focused inspection on 27 June 2016.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions during our comprehensive inspections:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

## Detailed findings

However, during our desk based focussed inspection we only asked questions relating to safety.

# Are services safe?

## Our findings

### Overview of safety systems and processes

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

- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all clinical staff had received a Disclosure and Barring Service check (DBS check). (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 previously found that non-clinical staff occasionally acted as chaperones, although we were told they were never left alone with patients. These staff had not received a DBS check and there was no formal risk assessment in place. Immediately following our inspection we were sent evidence that the practice had performed a formal risk assessment of non-clinical staff performing chaperoning duties and recorded it as part of their chaperoning policy.

Evidence we were sent for our desk based follow up inspection verified that the practice had implemented systems to ensure risks associated with non clinical staff performing chaperone duties were well managed.