

Cornerstone 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

When we visited Cornerstone Practice in October 2014 we found concerns related to the safe delivery of services.

We found that the practice required improvement for the provision of safe services because improvements were needed in the way the security of blank prescriptions was managed and some relevant staff checks had not been undertaken. Cornerstone Practice sent us an action plan that set out the changes they would make to improve these areas.

This desktop review was undertaken to ensure the practice had made these changes and that the service was meeting regulations. For this reason we have only rated the location for the key question to which this related. This report should be read in conjunction with the full inspection report of 14 October 2014.

Specifically Cornerstone Practice was:

- Assessing the responsibilities and activities of staff to determine if they require a disclosure and barring service (DBS) check. (These 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).
- Performing DBS checks when recruiting nurses.
- Operating a consistent system to maintain the security of blank prescriptions.

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. Since our last inspection in October 2014 systems had been put in place to ensure safe patient care.

- The practice had revised their recruitment policy to ensure that DBS checks were carried out on the appointment of nursing staff.
- The practice had revised their chaperone policy so that patients were kept safe by ensuring that all nurses performing chaperone duties had received a DBS check. The revised policy stated non clinical staff that performed chaperone duties were under no circumstances to be left alone with patients.
- A consistent system to maintain security of blank prescriptions was in place.

Good



Cornerstone Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop exercise was undertaken by a CQC inspector.

changes had been made and found the practice was meeting the fundamental standards included within this report. This report should be read in conjunction with the full inspection report. We have not revisited Cornerstone Practice as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

Why we carried out this inspection

We carried out a comprehensive inspection on 14 October 2014 and published a report setting out our judgements. We asked the practice to send a report of the changes they would make to comply with the regulations they were not meeting. We have followed up to make sure the necessary

How we carried out this inspection

We reviewed information given to us by the practice, including the revised recruitment and chaperones policies, revised procedures for the maintenance of blank prescriptions and evidence of disclosure and barring service checks that had been carried out.

Are services safe?

Our findings

Safe track record and learning

When we visited the practice in October 2014 we found that some staff who had not received a DBS check were undertaking chaperone duties (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We also found that the practice did not undertake DBS checks when nursing staff were recruited. This was a breach, at that time, of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers.

- The practice told us in their action plan that they would ensure all nursing staff undertaking chaperone duties in future would have undergone a DBS check. Subsequently the practice supplied us with their revised chaperone policy and evidence to confirm that chaperone duties would wherever possible be undertaken by nursing staff that had completed a DBS check. If a non clinical member of staff were to

undertake chaperone duties, the policy stated that under no circumstances would that member of staff be left alone with a patient. The practice also supplied us with their revised recruitment policy to confirm that all nursing staff would receive DBS checks prior to employment. The practice had made the necessary improvement to meet the regulation.

Medicines management

When we visited the practice in October 2014 we also found that the practice was not operating a consistent system to maintain the security of blank prescriptions. The practice was told that this should be addressed.

- The practice told us in their action plan that they would address the issues and subsequently provided written evidence to confirm that a prescription tracking system had been introduced.

These actions had ensured that the practice was operating safe systems and was now ensuring that requirements relating to safe services were now being met.