

# Dr Robert Gardner

## Quality Report

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Date of inspection visit: 26/09/2015  
Date of publication: 12/11/2015

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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# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

**Good**



# Dr Robert Gardner

## Detailed findings

### Background to Dr Robert Gardner

We carried out an inspection on November 2014 and found the provider was in breach of two regulations relating to recruitment checks

- Regulation 21(b) (effective recruitment procedures).
- Regulation 10(1) (b) (safe systems to manage significant events and assess and manage risks to the health, welfare and safety of patients and show learning had taken place with the whole team).

Both these were within the safe domain. We published a report setting out our judgements and requirement

notices; we had asked the provider to send us a report of the changes they would make to comply with the regulations they were not meeting. The provider sent an action plan within agreed timescales. We have followed up this action plan to make sure the necessary changes have been made and found the provider is now meeting the regulations included within the report.

This report should be read in conjunction with the full inspection report. We have not revisited Dr Robert Gardner at Saltash Road Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit. We have reviewed the information we hold and documents sent to us by the practice.

# Are services safe?

## Our findings

The practice is now rated as good for providing safe care, as improvements had been made to the way recruitment processes are managed.

### Staffing and recruitment

Our findings at the last inspection were that not all recruitment records contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, there was no proof of identification, no written references, no risk assessments to determine the decisions re carrying out criminal records checks via the Disclosure and Barring Service (DBS).

Following the inspection the practice sent us an action plan and have since provided evidence of the new policy and processes in place.

- The Practice has amended the recruitment policy and disclosure barring service policy to reflect that all non-clinical staff will have a risk assessment upon induction. The risk assessment will determine if it is appropriate for a DBS check to be performed. This will form a permanent part of the recruitment process and be held in each staff personnel file.

### Learning and improvement from safety incidents

The practice introduced a system in place for reporting, recording and monitoring significant events, incidents and accidents. The practice manager and the GP met weekly to discuss all issues that had arisen over the past week. The GP and practice manager considered that as a small team they were able to deal with things very quickly and communication to the whole practice team was always timely and effective. For example a recent complaint was made with regard to repeat prescribing, this concern was investigated and as a result processes were reviewed and actions learnt and shared with appropriate others. For example, with the NHS England local area team as well sharing the findings with the relevant staff. Records were completed in a comprehensive and timely manner.

### Monitoring Safety & Responding to Risk

The practice had introduced and embedded systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. These included monthly checks of the building, the environment, fire, medicines management, staffing, dealing with emergencies and equipment. The practice had a legionella check in June 2015 and was found to be low risk.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.