

Chelmer Village Surgery

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 carried out a desk based review for Chelmer Village Surgery on 12 August 2016. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection on 7 January 2016.

During the inspection in January 2016, we identified that the practice had not considered the need to complete a Disclosure and Barring Service check for all staff who acted as a chaperone. We also identified that the practice had not carried out an infection control audit since 2013.

The practice wrote to tell us how they would make improvements and we have reviewed records they provided to show their actions had been completed.

Our key findings were;

- Staff acting as chaperones had received appropriate safety checks in order to safeguard patients.
- Shortly after our inspection in January 2016, the practice carried out an infection control audit

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Chelmer Village Surgery

Detailed findings

Background to Chelmer Village Surgery

Chelmer Village Surgery is located in a purpose built building in a residential area in Chelmsford, Essex. The practice profile shows the practice has a relatively high number of patients aged 0 to 14 years old and 30 to 44 years old, whereas there is a relatively low number of patients aged 50 years old and over. At the time of inspection the practice list size was approximately 4200 patients, this list was open. The practice had a General Medical Services contract.

The practice has a male GP Principal and two female salaried GPs. The practice has one practice nurse, a practice manager, an administrator and three receptionists.

The practice is open between 9am and 6.30pm Monday to Fridays. Appointments are from 9am to 12.30pm and 2pm to 6.30pm daily, with the exception of Thursdays when appointments are offered from 9am to 1pm.

Out of hours services are offered by Primecare and patients are directed to call 111.

Why we carried out this inspection

We carried out a desk based 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

We reviewed the action plan and supporting evidence that had been supplied by the practice.

Are services safe?

Our findings

During the inspection we completed on 7 January 2016, we found that some members of staff who were used as chaperones had not received a Disclosure and Barring Service check (DBS) and a risk assessment was not in place to show why one was not necessary.

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.

The practice wrote to tell us how they would put this right. They subsequently provided us with further evidence that the actions had been completed. The evidence showed that three non-clinical members of staff had received DBS checks.

The practice has taken reasonable steps to ensure that appropriate safeguards are in place when staff act as a chaperone for patients.

During the inspection in January 2016, we also identified that the practice had not carried out an infection control audit since 2013. The practice provided evidence to demonstrate that an infection control audit was carried out shortly after our visit and did not highlight any concerns regarding infection control within the practice.