

Dr Jinmi & Partners

Quality Report

Houghton Regis Medical Centre
Peel Street
Houghton Regis
LU5 5EZ

Tel: 01582 899161

Website: www.houghtonregismedicalcentre.co.uk

Date of inspection visit: 26 July 2016

Date of publication: 27/04/2017

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Dr Jinmi & Partners	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Goutam and Partners on 12 January 2015. A breach of legal requirements was found.

It should be noted that since the inspection on 12 January 2015 the practice has changed its name to Dr Jinmi and Partners. The practice is also known as Houghton Regis Medical Centre.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to;

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

We undertook a focused inspection of Dr Jinmi and Partners on 26 July 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report covers our findings in response only to those concerns which were highlighted in the original inspection.

You can read the full report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Goutam & Partners on our website at www.cqc.org.uk.

Our findings from this focused inspection were that the practice had made improvements since our previous inspection and were now meeting regulations that had previously been breached.

Specifically:

- The updated recruitment policy was compliant with existing legislation.
- Previously missing pre-employment checks on staff had been completed and recruitment check processes had been implemented .
- Systems had been adopted to ensure appropriate checks regarding professional standards of nursing staff were maintained.

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 carried out on 12 January 2015, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

During our focused inspection on 26 July 2016 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- The updated recruitment policy was compliant with existing legislation.
- Previously missing pre-employment checks on staff had been completed.
- Systems had been adopted to ensure appropriate checks regarding professional standards of nursing staff were maintained.

Good



Dr Jinmi & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC inspector.

Background to Dr Jinmi & Partners

Dr Jinmi & Partners; previously registered as Dr Goutam and Partners provide a range of personal medical services for people of Houghton Regis in Bedfordshire and serve a registered population of approximately 10,500 patients. The practice is also known as Houghton Regis Medical Centre.

The practice population is predominantly white British but the practice also serves patients from the ethnic minority groups mostly of eastern European and Asian backgrounds.

Clinical staff at this practice include four GP partners, two practice nurses, and one health care assistant. The practice manager, administration and reception staff support the practice.

Community nurses, health visitors and a midwife from the local NHS trust also provide a service at this practice.

Out of hours care when the surgery was closed was through the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service in January 2015 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.

Due to regulatory breaches identified in relation to Regulation 12 of the Health and Social Care Act 2008, we carried out a focused inspection on 26 July 2016 to ensure appropriate action had been taken.

How we carried out this inspection

Before our follow-up inspection we reviewed the information the provider had sent to us in which they illustrated what action they had taken in order to address the concerns identified during the original comprehensive inspection.

In order to assess the efficacy of the provider's actions, during our focused inspection, we spoke with one GP partner and the practice manager and we reviewed updated policy and procedural documents.

Are services safe?

Our findings

Staffing and recruitment

As part of our original inspection undertaken January 2015, we looked at the personnel files of three members of staff who, at that time, had recently been recruited by the practice.

We found that appropriate recruitment checks had not been undertaken prior to their employment. For example;

- There was no evidence of reference checks being obtained for two of the three staff
- There was no evidence of Disclosure and Barring (DBS) criminal record checks or appropriate risk assessments having been completed.

Additionally, the practice was unable to confirm the professional registration status of a practice nurse. This was because the practice did not have a system by which they were able to establish that nursing staff continued to maintain their professional registration.

We also reviewed the practice's recruitment policy and found that it was not explicit on the employment checks required by schedule 3 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, such as obtaining proof of identification, references, checks on qualifications, and registration checks with the appropriate professional body.

In response to these concerns and during our focused inspection, we reviewed three staff files. On each file we saw clear evidence that identity checks had been completed, with photocopies of relevant personal documents retained on file.

The practice had reviewed its personnel policies and practices and had determined Disclosure and Barring Scheme checks (DBS) would be obtained for all clinical staff. (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).

Other staff, whose role did not require a DBS check, would be subject to a risk assessment undertaken by the practice manager. We reviewed an example of the risk assessment form, which included consideration of risk management activities and the impact on delivery of services.

We also saw that the staff file for the nurse included a copy of their registration certificate from the appropriate professional body. The practice had introduced a system where support and supervision for nurses included an annual check to confirm that professional registration had been renewed in line with guidance and requirements. An additional record of the registration details for each healthcare professional was held centrally by the practice manager. This ensured that each annual renewal was cross checked when the individual appraisal was completed.

We also reviewed updated personnel policies in use by the practice. This included a recruitment and selection policy, which outlined the process followed for recruitment of all new staff. This policy included clear requirements to obtain evidence of professional registration, proof of identification and qualifications as part of the selection process.

The practice had also introduced guidance and forms to be used for the induction of new staff and for recording staff appraisal discussions and outcomes. The appraisal forms included clear checks for professional registration details to be obtained and recorded annually.