

# Dr Starling and Partners

## Quality Report

Anchor Healthcare Centre,  
Meridian Way,  
Peacehaven,  
East Sussex  
BN10 8NF  
Tel: 01273 588200  
Website: [www.meridian-surgery.co.uk](http://www.meridian-surgery.co.uk)

Date of inspection visit: 19 August 2015  
Date of publication: 01/10/2015

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

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	4
Why 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 of Dr Starling and Partners on 19 February 2015. The practice was found to require improvement for providing safe services.

Following the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulations in relation to the following:

- Ensure that all staff are trained in safeguarding of vulnerable adults.
- Ensure staff have appropriate policies, procedures and guidance to carry out their role in relation to safeguarding vulnerable adults.
- Ensure criminal records checks are undertaken via the Disclosure and Barring Service for staff trained to provide chaperone services or that risk assessment is undertaken to establish the reason why those staff should not be subject to a criminal records check.

Our previous report also highlighted areas where the practice should improve:

- Include advocacy and ombudsman details in information given to patients about how to make a complaint.

We undertook this focused inspection on 19 August 2015 to check that the provider had followed their action plan and to confirm that they now met the regulations. At this inspection we found the practice was good for providing safe services.

Our key findings across the areas we inspected were as follows:

- All staff had received training in the safeguarding of vulnerable adults.
- The practice had developed appropriate policies and guidance to support staff in the safeguarding of vulnerable adults.
- The practice had undertaken criminal records checks via the Disclosure and Barring Service for all staff trained to provide chaperone services.
- Advocacy and ombudsman details were provided to patients to support them in the making of a complaint.

**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 now rated as good for providing safe services.

At our last inspection we found that the practice had not ensured that all staff had received training in the safeguarding of vulnerable adults. Policies and guidance were not available to support staff in the safeguarding of vulnerable adults. Staff who were required to act as chaperones within the practice had received appropriate training but had not been subject to criminal records checks via the Disclosure and Barring service.

At this inspection we found that the practice had ensured that staff had received appropriate training and that policies and guidance had been developed to provide support to staff in the safeguarding of vulnerable adults. Staff who were required to act as chaperones within the practice had been subject to criminal records checks via the Disclosure and Barring service.

**Good**



# Dr Starling and Partners

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

19 February 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

Breaches of regulations were found and the practice was required to make improvements. As a result we undertook a focused inspection on 19 August 2015 to follow up on whether action had been taken to deal with the breaches of regulations.

# Are services safe?

## Our findings

### **Reliable safety systems and processes including safeguarding**

At our previous inspection we found that the practice did not have a written policy for the safeguarding of vulnerable adults. The GP partners and all staff within the practice had undertaken training in the safeguarding of children at a level appropriate to their role. However, the majority of staff, including the GP partner who was the nominated safeguarding lead, had not received training in the safeguarding of vulnerable adults. The GP lead told us that their training was booked for May 2015.

At this inspection we found that the practice had developed policies and guidance to support staff in the safeguarding of vulnerable adults. We reviewed the adult safeguarding policy which had been developed and implemented by the practice in January 2015. The policy was comprehensive and included local authority contact details and information relating to external support

agencies. We reviewed training records and found that all staff had undertaken training in the safeguarding of vulnerable adults. We saw that one newly recruited GP had been required to complete the training early in their induction period.

### **Staffing and recruitment**

At our previous inspection we found that reception staff within the practice had been trained to undertake chaperone duties. However, those staff had not been subject to a criminal records check via the Disclosure and Barring Service and the practice had not carried out a risk assessment to support this decision.

At this inspection we found that the practice had undertaken an assessment of all roles within the practice to determine the need for criminal records checks via the Disclosure and Barring Service (DBS). As a result, where required, staff had been subject to a criminal records check. This included staff who were required to provide chaperone services within the practice. We examined personnel records and saw evidence of those checks.