

Hazelmere Medical Centre 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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hazlemere Medical Centre on 11 October 2016. The overall rating for the practice was good. The full comprehensive report on the 11 October 2016 inspection can be found by selecting the 'all reports' link for Hazelmere Medical Centre on our website at www.cqc.org.uk.

However at that inspection we found that:

• Staff members acting as a chaperone had not had a risk assessment or a Disclosure and Barring Service (DBS) check as required.

We issued the provider with a requirement notice for a breach of Regulation 19(1)(a)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice was rated as 'requires improvement' in the safe key question.

This inspection was a desk-based review carried out on 24 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 11 October 2016. This report covers our findings in relation to those requirements.

The practice is now rated as 'Good' for providing safe services.

Our key findings were as follows:

• The practice had in place clear and effective standing operating procedures to ensure that staff who were required to perform chaperoning duties had either been subject to a thorough risk assessment or subject of a Disclosure and Barring Service check.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

• The practice had in place clear and effective standing operating procedures to ensure that staff who were required to perform chaperoning duties had either been subject to a thorough risk assessment or subject of a Disclosure and Barring Service check.

Good

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.



Hazelmere Medical Centre Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to Hazelmere Medical Centre

Hazelmere Medical Centre is a GP practice, which provides primary medical services to approximately 7,324 patients predominately living in Blaby and surrounding areas. All patient facilities are accessible. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The practice has two GP partners (one male and one female) and three salaried GPs. The nursing team consists of two practice nurses and a health care assistant. The practice also employs a pharmacist and is supported by a practice manager and a team of administrative and reception staff.

The practice is open between 8am and 6pm Monday to Friday, however telephone lines are closed from 12noon to 6pm on Thursdays and calls are transferred to the out of hours service. In addition to pre-bookable appointments that can be booked up to seven days in advance, urgent appointments and telephone consultations are also available for people that need them. The practice has opted out of the requirement to provide out of hours GP services which is provided by Derbyshire Urgent Care Ltd which can be accessed through NHS 111.

The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

The practice is an approved training practice.

Why we carried out this inspection

We carried out a follow up 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

In conducting this inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We reviewed information sent to us by the provider and talked with the practice manager.

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection on 11 October 2016 we found that all staff who acted as chaperones were trained for the role, however these staff members had not had a risk assessment or a Disclosure and Barring Service (DBS) check if required. (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).

At this inspection on 24 May 2017 we reviewed revised standard operating procedures (SOP) and risk assessment forms sent to us by the provider and we talked with the practice manager. We found them to form an effective means of managing the risks and keeping people safe.

- The practice had implemented a revised SOP that required all new members of staff likely to be required to undertake chaperoning duties to be subject to a DBS check. The need to renew the disclosure to be subsequently reviewed at the member of staff's annual appraisal, taking into consideration current circumstances and a self-declaration by the staff member.
- For currently employed staff members the SOP procedures required a DBS risk assessment to take place at annual appraisals by the appraiser and a signed declaration by the subject to confirm their status.