

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Browning Street Surgery

Browning Street Surgery, 10 Browning Street,
Stafford, ST16 3AT

Tel: 01785258249

Date of Publication: April 2014

We followed up on our inspection of 27 September 2013 to check that action had been taken to meet the following standard(s). We have not revisited Browning Street Surgery as part of this review because Browning Street Surgery were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Browning Street Surgery
Registered Manager	Dr David Palmer
Overview of the service	Browning Street Surgery provides primary care services for patients living in Stafford.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'

	Page
Summary of this follow up review:	
Why we carried out this review	4
How we carried out this review	4
What we found about the standards we followed up	4
More information about the provider	4
Our judgements for each standard reviewed:	
Safeguarding people who use services from abuse	6
Requirements relating to workers	7
Records	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this follow up review

Why we carried out this review

We carried out an inspection on 27 September 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Browning Street Surgery as part of this review because Browning Street Surgery were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed information given to us by the provider.

We have not revisited Browning Street Surgery as part of this review.

What we found about the standards we followed up

We carried out this review to follow up on three areas of non-compliance from our previous inspection. We did not visit the service as part of this review or speak with patients or staff. However, we reviewed the action plan and additional information that the provider sent us detailing how they were going to address these issues.

The provider told us non clinical staff had been provided with training on safeguarding children and vulnerable adults, and this was supported by training records. A chaperone policy and procedure was available to staff, and staff who acted as chaperones had received training.

The provider told us they had amended the recruitment process to ensure that all of the required recruitment information would be obtained and on file. A recruitment policy was in place. However, the provider may wish to note that the policy did not include obtaining all of the required information as outlined in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider told us they had made all clinical staff aware of the policy for the safe storage of records. They also told us that patient records were being stored securely when away from the premises.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard reviewed

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our visit in September 2013 we found the provider had not taken reasonable steps to identify the possibility of abuse and prevent it from happening. This was because non clinical staff had not received safeguarding training for children or vulnerable adults, or chaperone training, and had limited knowledge of the signs of abuse or what to do to keep patients safe. Clinical staff were not aware of where the safeguarding policies or safeguarding contact telephone numbers were kept. The provider sent us their action plan dated November 2013, detailing how they were going to address these issues.

The provider sent us an updated action plan in April 2014, with evidence to support that the required action had been taken. We saw from the training records non clinical staff had received safeguarding training. Staff had access to safeguarding policies and procedures relating to children and vulnerable adults. The provider told us that the contact details for the safeguarding teams had been made available for all the staff in the reception area and in the consulting rooms.

A chaperone policy and procedure had been written and shared with staff. The policy indicated that clinical staff (nurses and health assistants) will act as chaperones. In addition, a member of reception staff had also received training to become a chaperone. Disclosure and Barring Service checks had been completed for these staff.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During our visit in September 2013 we found that effective recruitment and selection processes were not in place. We found that staff files did not contain all of the required information as outlined in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 or risk assessments to indicate why the required information was not on file. The provider sent us their action plan dated November 2013, detailing how they were going to address these issues.

The provider sent us an updated action plan in April 2014. They told us the missing recruitment information had been obtained and placed on staff files. The recruitment process had been amended to ensure that all of the required information would be obtained and on file for newly recruited staff. We saw from the training records that equality and diversity training was being provided. We received a copy of the recruitment policy. The provider may wish to note that the policy did not include obtaining all of required information, for example proof of identify, checking professional qualifications and Disclosure and Barring checks for some staff roles.

We saw evidence to support that professional registrations had been checked and were currently in date. A system had been put in place so that the practice manager could check that professional registrations had been renewed as required.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patient records were stored securely when away from the premises.

Reasons for our judgement

During our visit in September 2013 we found that patient records were not always being stored safely when away from the premises. The provider sent us their action plan dated November 2013, detailing how they were going to address these issues.

The provider told us they had made all clinical staff aware of the policy for the safe storage of records and the required change in behaviour. Audits were carried out in November 2013 and repeated in February 2014. There were plans to repeat the audit annually to ensure that good practice continued.

The provider sent us an updated action plan in April 2014. This indicated that patient records were being stored securely when away from the premises.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
