

# Peel House Medical Practice

## Quality Report

Accrington PALS  
Primary Health Care Centre  
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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	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Peel House Medical Practice, for two areas within the key question safe conducted on 23 November 2016.

The practice was initially inspected on 22 July 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated 'good' overall. However, within the key question safe areas were identified as requires improvement, as the practice was rated as requires improvement not meeting the legislation at that time; Regulation 12 Safe care and treatment and Regulation 13 Safeguarding service users from abuse and improper treatment.

At the inspection in July 2016 we found there were shortfalls in relation to Safe care and treatment and Safeguarding service users from abuse and improper treatment.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 12 Safe care and treatment and Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this desktop review, we found the practice to be good in providing safe services. Overall, the practice is rated as good.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**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 rated as good for providing safe services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment and safeguarding service users from abuse and improper treatment since the inspection carried out in July 2016.

A risk assessment had been undertaken at the Braxenden site which included; fire systems and the emergency lighting. Other safety checks had been carried out on the gas and electricity and security alarm. In addition a new sink had been fitted with elbow taps.

Evidence supplied included copies of the children and adult safeguarding policies which had been reviewed and updated.

Good



### Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

# Summary of findings

## What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

# Peel House Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

## Background to Peel House Medical Practice

Peel House Medical Centre, Accrington PALS, Primary Health Care Centre, Paradise Street, Accrington, Lancashire, BB5 2EJ provides primary care services to 14,717 patients within the town of Accrington, East Lancashire under a personal medical services contract (PMS) with NHS England. Peel House is part of East Lancashire Clinical Commissioning Group (CCG).

The practice has a main surgery based in Accrington PALS Primary Health Medical Centre and a smaller branch surgery based in Baxenden, 2 miles from the main site.

Accrington PALS Primary Health Care Centre is maintained by NHS Property Services Ltd. The practice owns and is responsible for the branch site in Baxenden, which had one consultation room and one treatment room which was currently out of use awaiting refurbishment to bring it in line with infection prevention and control requirements.

The practice has six GP Partners, four male and two female, three female salaried GPs, one female nurse practitioner, a nurse manager and three practice nurses, three treatment room nurses, three healthcare assistants and two phlebotomists. The practice also has two community link nurses for housebound patients. One clinical pharmacist had recently started in post, with another due to start in

August 2016. The practice is a training practice supporting GP trainees and had three GP trainees at the time of our visit. The clinical team is supported by a practice manager and team of 20 administrative, reception and support staff.

The practice population is slightly older than the average national practice population, with more patients aged 45 years or older. There are fewer under 45 year old patients than the national average, with comparatively more over 65 year olds. 15% of the practice population are 66 years old or over. Around 69% of patients have a long-standing health condition, which is higher than the CCG average of 58% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male life expectancy at the practice is 75 years which is lower than the CCG average of 77 and national average of 79. Female life expectancy is 81 years, this is in line with the CCG average of 81 and just below the national average of 83 years.

East Lancashire has a higher prevalence of chronic obstructive pulmonary disease (COPD, a lung condition), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

The practice is open 8am until 6.30pm Mondays to Fridays. Reception is closed for training for one hour each Friday lunchtime, when urgent calls are responded to by phone. When the practice is closed, out of hours cover is provided by East Lancashire Medical Services Ltd

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 22 July 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act

2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## How we carried out this inspection

A CQC inspector reviewed and analysed the documentary evidence submitted.



# Are services safe?

## Our findings

The practice is rated as good for providing safe services.

At the inspection in July 2016 we found there were shortfalls in relation to Regulation 12 safe care and treatment and Regulation 13 Safeguarding service users from abuse and improper treatment.

- A number of hazardous materials were found which included acetone, flammable air freshener and cleaning products for which there were no control of substances hazardous to health (COSHH) assessments available.
- A comprehensive infection prevention and control audit had not been undertaken.
- Safeguarding policies were in draft form and had not been shared with staff.
- There was no evidence available to demonstrate when GPs and nurses had completed the required level of safeguarding training.
- The practice did not have a clear list of children who had been identified as at risk and there appeared to be inconsistencies in the coding of vulnerable children and adults.
- The member of staff who was involved in visiting elderly housebound patients had not completed training in the mental capacity act and could not describe procedures which should be followed where any concerns about a patient's capacity to give consent were observed.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in July 2016.

The practice manager sent a copy of the most recent infection control and prevention audit carried out on 1 September 2016. In addition a new sink had been fitted with elbow taps.

The practice manager also submitted evidence to demonstrate that they had undertaken risk assessments for substances used in the practice. COSHH data sheets were held by the building service manager.

The practice had conducted environmental risk assessment the most recent was carried out on 4 November 2016. A fire safety check was carried out by an external contractor on 25 August 2016.

The practice submitted evidence to show a gas safety check had been carried out on 27 July 2016 and an electricity safety report was carried out 2 August 2016.

We saw documentary evidence to demonstrate that the safeguarding policy had been reviewed and updated on 29 July 2016. All clinical staff had completed safeguarding training to level 3. The Practice held a register on Intradoc of all essential training with review dates and regular checks were completed to ensure compliance.

The practice manager told us all members of the team had contact details for the local safeguarding team and were aware of the process for accessing help and advice. Safeguarding leads ensured any updates to safeguarding procedures were cascaded to staff at team meetings. All practice staff had signed to demonstrate that they had read the revised document.

The practice submitted evidence to demonstrate that they were maintaining a register of children who had been identified as at risk and meeting minutes to demonstrate use of appropriate read coding had been discussed with all staff.

The practice submitted evidence in the form of certificates to demonstrate that staff had attended Mental Capacity Act training between August and November 2016.

The practice had purchased a Blue Stream Academy training package and all clinical staff were allocated time to complete training. Training in relation to the Mental Capacity Act 2005 had been completed via e-learning.

# Are services effective?

(for example, treatment is effective)

## Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

## Are services caring?

### Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>