

# St James' Medical Centre

## Inspection report

Burnley Road,  
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Rossendale  
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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 location

Good



Are services safe?

Good



# Overall summary

We carried out an announced comprehensive inspection at St James' Medical Centre on 18 December 2018 as part of our inspection programme. We rated the practice as requires improvement for providing safe services and good overall.

The full comprehensive report on the December 2018 inspection can be found by selecting the 'all reports' link for St James' Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our inspection in December 2018 we rated the practice as requires improvement for providing safe services because:

- There was no documented fire risk assessment in place and records of staff training in fire safety were incomplete.
- Some risk assessment processes were not comprehensive, including those for the security of the premises and for the control and prevention of infection. Records of staff vaccination and immunisation status were not maintained.
- Learning outcomes from significant events were not always maximised or communicated to staff.

We also indicated improvements should be made as follows:

- Establish a patient participation group as an additional means of gathering patient views and feedback about the service.
- Ensure complaint response letters include details of how patients can escalate their complaints should they be unhappy with the practice's response.
- Maintain a log of safety alerts received and action taken as a result to improve managerial oversight of their implementation.
- Formalise the process for gaining assurance that staff working in advanced roles are doing so within their competencies.

On 22 January 2020, we carried out a focused, desk-based inspection of the safe key question. We reviewed evidence submitted by the practice to confirm it had carried out the plan to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 18 December 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection, we found that the provider had satisfactorily addressed all legal requirements and suggestions for improvements.

**We have rated this practice as good for providing safe services.**

We found that:

- A fire risk assessment had been completed and all areas of risk addressed. All staff had trained in fire safety.
- Risk assessments had been completed for the security of the premises and for infection prevention and control, and risks had been mitigated. The practice confirmed clinical staff vaccination and immunisation status was recorded and kept in staff files.
- The practice had reviewed and improved their significant event process.

We saw evidence the practice had taken action to make the improvements indicated by our inspection in December 2018:

- The practice had recruited 15 patients to a new patient participation group which was planned to start working with the practice in February 2020.
- Letters to patients in response to complaints, and complaints literature, had been revised to include information on how complaints could be escalated if patients were unhappy with the practice response.
- There was a new policy for the management of patient safety alerts which included keeping a spreadsheet of those alerts and actions taken to improve management oversight of alerts.
- There had been formal audits carried out by GPs to review the prescribing practice for the practice non-medical prescriber. This practitioner had since left the practice; however, a new clinical pharmacist had been recruited and an audit process and formal supervision had been arranged to oversee prescribing practice moving forward.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

A Care Quality Commission (CQC) lead inspector conducted a desk-based review of the evidence supplied to us by the practice.

## Background to St James' Medical Centre

St James Medical Centre (Burnley Road, Rawtenstall, BB4 8HH) is situated in the town of Rawtenstall in the Rossendale Valley. It has a patient list size of approximately 10,066. The demographic area served by the practice contains a lower proportion of patients aged under 4 years old compared to the local and national averages (4% compared to the local and national averages of 6%) and a higher proportion of patients aged over 65 years (24% compared to the local and national averages of 18% and 17% respectively).

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The proportion of the practice's patient population who are in paid work or full-time education is 64%. This is higher than the local average of 59% and the national average of 63%.

The proportion of patients on the practice's patient list with a long-standing health condition is 48%, which is lower than the local average of 56% and the national average of 51%.

The practice is staffed by two partner GPs (one male and one female) and three salaried GPs (one male and two female). The practice also employs a clinical pharmacist, four practice nurses and two healthcare assistants. Non-clinical staff included a business manager and practice manager along with a team of reception and administration staff. The practice is part of the NHS East Lancashire Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) contract.

When the practice is closed, patients are able to access out of hours' services offered locally by the provider East Lancashire Medical Services.

The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.