

# The Peel Medical Practice

## 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

Overall rating for this service

Good



Are services safe?

Good



# 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 Peel Medical Practice on 8 February 2016.

We found that there were a number of breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment:

- The practice had not undertaken regular infection prevention control audits and had not completed a risk assessment on the consulting rooms that were carpeted.
- Prescription pads and forms were not stored securely and a robust system was not in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- The provider could not evidence that the appropriate recruitment checks had been completed on all staff employed.

A requirement notice was served on the practice in respect of these breaches of regulations. The practice subsequently sent us an action plan to say what they would do to meet legal requirements.

The overall rating for the practice at the original inspection was good and the full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Peel Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection on 18 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our February 2016 inspection. We did not visit the practice but reviewed information sent to us by the provider. This report only covers our findings in relation to those requirements and additional improvements made since our last inspection. The legal requirements had been met and the rating in the safe key question changed from requires improvement to good.

Our key findings were as follows:

- In March 2016, the practice implemented a new induction checklist supported by a step by step guide for recruitment. This included recruitment checks required under Section 13 of the Health and Social Care Act 2008. The induction programmes were role specific; there were separate inductions for nurses, non-clinical staff and locum GPs.

# Summary of findings

- We were sent two completed checklists from personnel files of existing staff that included evidence that the appropriate checks had been undertaken. The provider told us that these checks had been carried out on all staff.
- The practice told us that they had implemented a system to secure and account for prescription pads and forms within the practice. Evidence sent showed that the prescriptions used were recorded on a monthly report that followed the sequential numbering on the prescription forms.
- The practice had completed risk assessments that included risk of infection in consulting rooms that had carpets.

**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.

- Infection prevention control was well managed and regularly audited. Risk assessments had been completed for the use of carpet in clinical areas.
- A recruitment policy supported by an induction checklist detailed the checks to be completed on staff. The practice submitted evidence from two personnel files to demonstrate that existing staff members had received appropriate checks.
- Prescription pads and forms were securely stored and an effective system was in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).

**Good**



# The Peel Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Inspector.

## Background to The Peel Medical Practice

Peel Medical Practice is situated in the town centre of Tamworth. The practice was established in 1985 and shares a building with a pharmacy that is not connected to any of the partners or employees. Tamworth is one of the largest towns in Staffordshire with a population of approximately 77,000. The area has pockets of deprivation but overall is in line with the national average. There is a large variation in life expectancy dependent on which part of the practice catchment the patients live, with the most deprived areas having a life expectancy of seven years less than the less deprived areas. The practice has a list size of 14,125 which has increased by 1500 patients in the past 18 months. The age profile is typical of a town centre practice with the percentage of patients under 65 years being higher and the percentage over 65 years lower than the national averages.

The practice has five GP partners and five salaried GPs whose combined number of clinics is equal to eight whole time equivalents. The partners are assisted by a clinical team consisting of an advanced nurse practitioner, four practice nurses, one healthcare assistant and a phlebotomist. The administration team consists of an acting practice manager, reception supervisor, ten administrative and seven reception staff. It is a training practice and has links with Birmingham University Medical School.

The practice is open from 8am to 6.30pm from Monday to Friday and offers extended hours between 7.30am and 8am in the morning and between 6.30pm and 8pm in the evening. When the practice is closed patients are signposted to the NHS 111 service using a telephone message. The practice opted out of providing an out of hours service, choosing instead to use a third party provider. The nearest hospitals with A&E units are situated at Good Hope Hospital, Sutton Coldfield and Queen's Hospital in Burton-Upon-Trent. There is a minor injury unit at the Sir Robert Peel Hospital in Tamworth.

## Why we carried out this inspection

We undertook a follow up focused inspection of Peel Medical Practice on 18 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8 February 2016 had been made. The full comprehensive report following the February 2016 inspection can be found by selecting the 'all reports' link for Peel Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The practice was rated as good overall but we found that the service was not meeting some legal requirements.

## How we carried out this inspection

The practice sent us information to support that they had completed the improvements required to meet the legal requirements. A Care Quality Commission inspector reviewed the information received. We were able to perform our checks without visiting the practice.

# Are services safe?

## Our findings

During our previous inspection on 8 February 2016, we found that the practice had not protected patients and staff against the risk of receiving unsafe care and treatment. This was because:

- The practice had not undertaken regular infection prevention control audits and had not completed a risk assessment on the consulting rooms that were carpeted.
- Prescription pads and forms were not stored securely and a robust system was not in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- The provider could not evidence that the appropriate recruitment checks had been completed on all staff employed.

During our inspection on 18 April 2017 we found that the legal requirements had been met:

- There was an infection control policy in place and infection prevention control audits were undertaken in

line with National Institute for Health and Care Excellence (NICE) guidelines. The most recent audit had been completed in February 2017. Risk assessments had been completed on clinical rooms that were carpeted. The risk assessments identified that invasive procedures were not carried out in the carpeted rooms. There were spill kits and cleaning schedules in place.

- At our previous inspection in February 2016, the practice rectified the storage of blank prescription forms on the day so that they were secured in a locked cupboard. The practice sent evidence that they had an effective prescription tracking system in line with national guidance. The tracking system consisted of a monthly log sheet that recorded the numbers used sequentially. We reviewed three months of tracking submitted electronically by the practice and found all prescriptions could be accounted for.
- We reviewed two checklists from personnel files submitted by the practice electronically. We found that appropriate recruitment checks had been undertaken and the practice confirmed that appropriate checks had been completed on all staff employed.