St James' Medical Centre

Inspection report

Burnley Road,
Rawtenstall,
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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	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 based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and good for all population groups, with the key question of safe rated as requires improvement.

We found that:

- The practice provided care in a way that kept patients protected from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice had embedded a comprehensive programme of quality improvement activity, including clinical audit.
- Cancer screening rates were consistently higher than local and national averages.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patient feedback was positive about the care and treatment they had received at the practice.
- The practice organised and delivered services to meet patients' needs. Patients we spoke with told us they could access care and treatment in a timely way.
- The practice was responsive to both patient and staff feedback.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We rated the practice as requires improvement for providing safe services because:

- While we saw systems were in place to manage and mitigate many risks, there were some gaps in these systems. For example the practice did not have a documented fire risk assessment and managerial oversight of staff training around fire safety was lacking.
- Learning outcomes from significant event analyses were not always maximised and changes as a result of incidents and near misses not always effectively communicated to staff.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.

In addition, the provider **should**:

- Establish a patient participation group as an additional means of gathering patient views and feedback about the service.
- Review complaint response letters to include details of how patients can escalate their complaints should they be unhappy with the practice's reply.
- 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.

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

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

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

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 10,300. The demographic area served by the practice contains a lower proportion of 0-4 year olds 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 (23% compared to the local and national averages of 17%).

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 63%. This is higher than the local average of 57% and national average of 62%.

The proportion of patients on the practice's patient list with a long standing health condition is 56%, which is lin line with the local average and slightly higher than the national average of 54%.

The practice is staffed by two partner GPs (one male and one female) and four salaried GPs (one male and three female). The practice also employs a nurse practitioner, 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 Contract.

When the practice is closed, patients are able to access out of hour's 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Assessments of the risks to the health and safety of service users receiving care or treatment were not comprehensive. In particular, no documented fire risk assessment was available and the provider was unable to demonstrate that staff had undertaken training in fire safety. Other risk assessments which had been completed did not include documented action plans to record and monitor the improvements made, for example the infection prevention and control audit.The registered persons had not done all that was reasonably practicable to mitigate risks to patients receiving care and treatment. In particular following identification of significant events or near misses. We found learning outcomes from significant event analyses were not always maximised and changes as a result of incidents and near misses not always effectively communicated to staff.This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.