

# Priory Medical Centre

## Inspection report

Priory Medical Centre  
Cornlands Road  
York  
North Yorkshire  
YO24 3WX  
Tel: 01904 781423  
[www.priorymedical.com](http://www.priorymedical.com)

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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 of Priory Medical Centre on 1 May 2018. We identified some issues that led to a requires improvement rating in the safe domain. The issues we found were;

The system in place to assure themselves of oversight for checking emergency medicines and equipment required reviewing and improving.

There was no action plan to ensure that issues identified during infection control audits were dealt with within an agreed timescale.

Significant event identification, analysis and dissemination of learning to all staff required improvement.

This announced focused inspection was carried out on 16 October 2018 to check whether the provider had taken steps to improve safety.

The full comprehensive report on the 1 May 2018 inspection can be found by selecting the 'all reports' link for Priory Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This report covers our findings in relation to those requirements.

Our key findings were as follows:

Improvements had been made with respect to safety following our last inspection on 1 May 2018. For example:

The system in place and oversight for checking emergency medicines and equipment had been reviewed and improved.

An action plan had been implemented to ensure that issues identified during infection control audits were dealt with within an agreed timescale.

The practice had taken steps to develop a culture of significant event identification, analysis and learning for all staff.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.

## Background to Priory Medical Centre

Primary Medical Centre is part of a larger group with eight branches and the Provider is Priory Medical Group. Primary Medical Centre is situated at Cornlands Road, Acomb, York, YO24 3WX. ([www.priorymedical.com](http://www.priorymedical.com)). There are currently approximately 57,700 patients registered with the group and 10202 on the practice list at Priory Medical Centre. All patients registered with the group can access all locations. The head office is based at Cornlands Road which houses the patient call handling team, administration team, management team, human resources team and urgent care centre, as well as staff providing care for routine appointments.

Priory Medical Centre is open from 8.30am-6pm Monday-Friday. The telephone lines are open from 8am until 6pm. There is extended opening available Monday to Thursday from 6.30pm until 8pm and on Saturday morning from 8.30am -11.15am for pre-bookable appointments. Priory Medical Group operate two Urgent Care Centres, one in the east and one in the west of the city. Patients who require an urgent same day appointment ring the central call handling team based at Priory Medical Centre and are booked into the nearest centre for them.

The practice website and leaflet provides information for patients on accessing care when the surgery is closed. They are directed to the Out of Hours Service provided by Northern Doctors Urgent Care.

The practice provides Primary Medical Services (PMS) under a locally agreed contract with NHS England. The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostics and screening procedures
- Surgical Procedures
- Family Planning

The practice is housed in a modern purpose-built premise and is a teaching practice for medical students who are studying at Hull and York Medical School (HYMS). It is also a training practice for qualified doctors training to be GPs.

The Public Health General Practice Profile shows that approximately 6.4% of the practice population are of Black and Minority Ethnicity. The level of deprivation within the group population is rated as eight, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. The age/sex profile of the practice is largely in line with national averages. The average life expectancy for patients at the practice is 79 years for men and 83 years for women which is the same as the national averages.

At this inspection we checked, and saw that the previously awarded ratings were displayed, as required, on the practice website and in the practice premises.

# Are services safe?

**We rated the practice as requires improvement for providing safe services at the previous inspection in May 2018. At this inspection we found improvements had been made and the rating is now good.**

## Safety systems and processes

At the previous inspection in May 2018 we found that there was a system to manage infection prevention and control; however, there was no action plan to ensure that identified issues were followed up.

At this inspection we found;

- There was a system to manage infection prevention and control; there was an action plan to ensure that identified issues were followed up within an agreed timescale. For example; we saw that the practice had replaced 50% of the lever taps identified from the infection control audit and the pedal bins. We were told that issues and progress of the action plan were discussed at the weekly management meeting and we saw evidence of minutes of meetings where these issues were discussed.

## Appropriate and safe use of medicines

At the previous inspection in May 2018 we found there were gaps in practice systems for the safe handling of medicines. Specifically;

- The systems for managing and storing medicines, including emergency medicines and equipment, were not effective. This was because the system in place to ensure the emergency medicines and de-fibrillator were checked was not robust. We also found evidence of out of date eye care medicine.

At this inspection we found;

- There were systems in place for the safe handling of medicines and equipment.
- The systems for managing and storing medicines, including emergency medicines and equipment, were effective and kept patients safe. We were told that there was a designated person who checked and recorded that emergency medicines were in date and equipment was working. There was a deputy who covered in their absence. We saw examples of this recording and that it was updated on the shared computer system. We found that there was a robust system in place on the computer system which highlighted any medicines that were due

to expire. The practice had arrangements to ensure that facilities and equipment were safe and in good working order and we saw evidence that checks had been completed. There was also a weekly system in place for a designated member of staff to oversee that the equipment had been checked.

At the previous inspection in May 2018 we found systems for prescription safety were not thorough enough. Prescriptions for use in printers were not appropriately monitored and stored; and an additional supply of prescription pads was not stored appropriately.

At this inspection we found;

- Systems for prescription safety were in place. All surgery teams (clinical and reception staff) had been reminded to follow the practice policy on prescription security. We were told that the practice had modified their process to reduce the number of prescriptions in circulation at any given time to reduce the risk of prescriptions going missing.

## Track record on safety

At the previous inspection in May 2018 we identified some gaps in the safety record in the practice. Specifically;

- Risk assessments in relation to health and safety issues in the practice premises were in evidence. However, we found that the practice did not have an up to date legionella risk assessment.

At this inspection we found;

The practice had reviewed some of the systems in place to improve safety.

- The practice had reviewed their internal legionella risk assessment policy and updated it to reflect the national guidance provided by the Health and Safety Executive (HSE). Where a risk had been identified, regular periodic monitoring had been implemented and added to routine surgery checklists.

## Lessons learned and improvements made

At the previous inspection in May 2018 we found the practice displayed limited learning and implementation of improvements when things went wrong. Specifically;

- Staff understood their duty to raise concerns and report incidents and near misses. However, we found that only four significant events had been reported. Some staff

## Are services safe?

told us that learning from the significant events was not routinely shared with them and that meetings where significant events were discussed were infrequent. We were told that the practice had only held 2 meetings in the last twelve months but that relevant staff were emailed the outcomes of investigations. We were told that the minutes from these meetings were available on the computer for staff to access but did not see evidence of this on the day.

- There were systems for reviewing and investigating when things went wrong. However, the practice had limited evidence of learning and sharing lessons and did not identify themes.

At this inspection we found;

There were systems for reviewing and investigating when things went wrong. The practice displayed evidence of learning and implementation of improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. The significant event policy had been updated and was available on the shared computer for all staff to access. There was a form on the shared computer system for staff to document significant events and advice to do this within a certain timescale. Leaders and managers supported them when they did so. The recording of significant events had increased to on average four per month.
- The practice had set up regular significant event meetings with clearly documented learning points. These were monthly meetings at Priory Medical Centre where significant events were shared and discussed. We saw evidence of minutes of meetings where learning from the events was shared. Staff not present at the meetings were sent a reminder with a read receipt to ensure they had accessed the information. All staff had access to the shared computer system to read minutes of meetings.