

St Peter's Medical Centre

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 

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

We carried out an announced comprehensive inspection at St Peter's Medical Centre on 17 August 2016. The overall rating for the practice was good. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for St Peter's Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 October 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 previous inspection on 17 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

At the inspection on 17 August 2016, the practice was rated overall as 'good'. However, within the key question safe, areas were identified as 'requires improvement', as the practice was not meeting the legislation around ensuring adequate arrangements were in place to ensure

care and treatment to patients was provided in a safe way in relation to the provision of medical equipment. The practice was issued a requirement notice under Regulation 12, Safe care and treatment.

Other areas identified where the practice was advised they should make improvements within the key question of safe included:

- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit.
- Review staff records to confirm pre-employment reference checks are documented for all staff.
- Secure with the landlord of the premises, the implementation of action arising from the latest fire risk assessment.

At our October 2017 inspection we reviewed the practice's action plan submitted in response to our previous inspection and a range of supporting documents which demonstrated they are now meeting the requirements of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice also demonstrated improvement in the other areas identified in the report from August 2016

Summary of findings

which did not affect ratings. These improvements have been documented in the safe section, showing how the registered person has demonstrated continuous improvement since the full inspection.

Areas identified at the August 2016 inspection where the practice was advised they should make improvements within another key question of caring included:

- Consider making information on display at the practice more visible to patients.
- Review the arrangements for the storage of patient records to mitigate potential security risks.

At our October 2017 inspection we found significant improvements in the display and content of information to patients. Patient information leaflets, the practice leaflet and patient booklet had been updated and were available within the patient waiting room; the layout of

the patient information board had been improved; the patient information screen had been updated and the practice manager trained in its use; and the practice website had been updated and its content managed at practice level to ensure information is kept accurate and current. We saw the minutes from the July 2017 PPG meeting, where members commented positively regarding changes.

The practice had also improved the security of patient records previously kept in unlocked cabinets and boxes. All such records, including confidential waste, were now stored in lockable cabinets or boxes and secure key management arrangements were in place.

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.

Concerns identified at our previous inspection of August 2016 had been addressed in all respects.

- Appropriate arrangements were in place for the management of emergency medicines. This included a documented risk assessment of the reasons for not stocking medicine recommended in national guidance.
- The practice had up to date fire risk assessments and carried out regular fire drills. The latest risk assessment action plan had been implemented in full.
- There were appropriate recruitment policies and procedures in place including arrangements for pre-employment checks.
- The potential risks of storing liquid nitrogen had been removed because the practice no longer provided cryosurgery services and the cryogenic storage tank had been disposed of. A risk assessment for the control of substances hazardous to health had been completed and actions implemented.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in August 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 August 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 August 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

Are services well-led?

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

This rating was given following the comprehensive inspection in August 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 August 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 August 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 August 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 August 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 August 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

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).

This rating was given following the comprehensive inspection in August 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



St Peter's Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who carried out a focused inspection visit.

Background to St Peter's Medical Centre

St Peter's Medical Centre provides primary medical services through a Personal Medical Services (PMS) contract within the London Borough of Harrow. The practice is part of NHS Harrow Clinical Commissioning Group. The services are provided from a single location to around 7960 patients. The practice serves a wide ethnic, cultural, demographic and socio-economic mix. It has higher than average numbers of 'non-white UK' patients and patients in the 25-39 age groups and lower than average numbers age 65 and over.

At the time of our inspection, there were three permanent GP partners (two male and one female). The practice also employed an advance nurse practitioner (1 whole time equivalent (WTE)), a practice manager (1 WTE), four part-time practice nurses, including an enhanced practice nurse (1.5 WTE), two healthcare assistants (0.8 WTE), a reception manager, four receptionists and a bank worker (3.2 WTE) and six administrative staff and a bank worker (2.5 WTE).

The practice is a training practice allowing for the attachment of F2 (foundation year 2) and ST3 (speciality trainee year 3) doctors to the practice. The practice also has student nurses, and medical students who come to the practice from time to time as part of their training.

The practice is open between 8am to 6.30pm Monday to Friday. Morning appointments are from 8am to 1pm Monday, Wednesday and Thursday and 8am to 12 noon Tuesday and Friday; and afternoon appointments from 2.30pm to 6.30pm Monday, and 2.30pm to 6pm Tuesday to Friday. Extended hours appointments are offered from 6.30pm to 8pm every Wednesday. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them. Pre-bookable telephone consultations with a GP are offered by contacting reception to arrange this.

There are also arrangements to ensure patients receive urgent medical assistance when the practice was closed. Out of hours services are provided by a local walk in and urgent care centres. Patients are provided with details of the address, opening times and numbers to call.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Why we carried out this inspection

We undertook a comprehensive inspection of St Peter's Medical Centre on 17 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and

Detailed findings

requires improvement for providing safe services. The full comprehensive report following the inspection in August 2016 can be found by selecting the 'all reports' link for St Peter's Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection visit of St Peter's Medical Centre on 12 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and advanced nurse practitioner.
- Reviewed action taken to address areas where improvements were necessary in response to our previous inspection in August 2016.
- Looked at a selection of records, practice policies, procedures and information relevant to the areas of follow up.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 17 August 2016, we rated the practice as requires improvement for providing safe services as there were deficiencies, in particular with regard to ensuring the safety of medical equipment.

Other areas identified where the practice was advised they should make improvements in providing safe services included the need to complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit; review staff records to confirm pre-employment reference checks are documented for all staff; and secure with the landlord of the premises, the implementation of action arising from the latest fire risk assessment.

The provider had addressed these concerns in all respects when we undertook a follow up inspection on 12 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The deficiencies in pre-employment documentation found at our August 2016 inspection had been addressed in all respects and appropriate checks were recorded on the personnel files of the four most recently recruited staff we reviewed.

Monitoring risks to patients

At our previous inspection the practice had an up to date fire risk assessment dated June 2016 and carried out regular fire drills. The latest risk assessment action plan had not been implemented but the practice was in discussion with the building's landlords about this. At our inspection on 12 October 2017 we saw that the practice had implemented the action plan including updated fire

safety documentation covering fire health & safety policy; fire evacuation procedure; fire wardens; signage of actions in the event of a fire (placed on inside of all doors); and fire exit daily checks. We saw too from visual inspection that the practice also had in place safety signage in place for storage of flammable gas, waste materials and sharp waste; documented fire evacuation drills; and a fire safety log book. In addition arrangements were in place for refresher staff training in fire safety and the fire evacuation procedure and the inspection of all fire equipment which was up to date.

At our August 2016 inspection we said the practice must take action to review the system in place for the use and storage of liquid nitrogen to ensure that the practice is fully compliant with national guidance, including a risk assessment for Control of Substances Hazardous to Health (COSHH). The practice had since completed this action and as a result of its review had made the decision to no longer use Nitrogen as a method of treatment. The decision had been taken in consultation with NHS England. The cryogenic storage tank was therefore drained and removed from the practice. We saw the full documentation relating to the practice's review including the COSHH risk assessment which remained in place.

Arrangements to deal with emergencies and major incidents

In response to the action we said the provider should take at our August 2016 inspection, the practice had completed and recorded a risk assessment of its decision not to stock analgesic medicine for acute pain, excluded from the emergency medicines kit. The practice decided as a result not to keep such medicine at the practice but in the event of an emergency would offer alternative pain relief pending the arrival of an ambulance.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the August 2016 comprehensive inspection report for this service that is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the August 2016 comprehensive inspection report for this service that is available on our website at: <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 follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the August 2016 comprehensive inspection report for this service that is available on our website at: <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 follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the August 2016 comprehensive inspection report for this service that is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>