

# The Priory 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 10 December 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us with an action plan to say what they would do to meet legal requirements in relation to:

- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.
- Regulation 12 HSCA (RA) Regulations 2014 Safe Care and treatment

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. This report only covers our

findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Priory Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection. Disclosure and Barring Service (DBS) checks and professional registrations had been completed for all necessary staff.
- The practice had updated its fire risk assessment and carried out health and safety risk assessments.

### 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. The practice had addressed the issues identified during the previous inspection. Disclosure and Barring Service (DBS) checks had been completed for all necessary staff. The practice had updated its fire risk assessment and carried out health and safety risk assessments.

**Good**



# The Priory Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC inspector.

## Background to The Priory Medical Centre

The Priory Medical Centre is based in a purpose built building in a residential area of Anfield, Liverpool close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The building is also occupied by a pharmacy. There were 11,800 patients on the practice list at the time of inspection. The practice has seven partners, (five male and two female) and two salaried GPs, one practice nurse and a healthcare assistant, a practice manager, reception and administration staff.

The practice offers extended hours each day and is open Monday to Friday from 8am to 7pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hours service. Outside of this time the practice uses UC24.

## Why we carried out this inspection

We undertook an announced focused inspection of The Priory Medical Centre on 8 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 December 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting legal requirements.

## How we carried out this inspection

The inspector :-

- Visited the practice on 8 July 2016.
- Spoke with the practice manager
- Reviewed documents

# Are services safe?

## Our findings

At our previous inspection on 10 December 2015, we identified some concerns with regard to recruitment checks and health and safety risk assessments.

We found one clinical member of staff had no record of a disclosure and barring service (DBS) check. However, this had been applied for at the time of inspection. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The DBS check was available at re-inspection on 8 July 2016. The practice already had a recruitment policy which outlined the need for DBS checks for all clinical staff.

We also found one nurse did not have a professional registration check on file but we were informed on re-inspection the practice nurse had her own copy. The practice manager now kept a calendar reminder of when to check professional registrations for all staff.

We also found no photographic ID on file. However, at re-inspection we were told by the practice manager that all staff had their passports checked and at least three means of identification checks prior to being given access to the practice. The staff had their photographs taken for their ID badges/SMART cards and we saw evidence of this.

At our previous inspection on the 10 December 2015, we did not see evidence of a fire risk assessment. At this inspection we saw the practice did have a fire risk assessment carried out annually by an external company

and the last record we saw was from 2008. The practice had then had fire equipment checks carried out annually by another company, but there was no documented fire risk assessment from 2008. The practice had not had any alterations to the building since 2008. After our inspection the practice commissioned an external company to carry out an up to date fire risk assessment in February 2016. It is best practice to review fire risk assessments on an annual basis to keep up to date with relevant legislation.

At our previous inspection on the 10 December 2015, we did not see evidence of an overall environmental risk assessment. At the follow up inspection we saw the practice did have an assessment in place dated November 2015. In addition the practice had commissioned an external company to carry out regular health and safety audits for the practice in February 2016.

At our previous inspection, the practice had relied on the local infection control team to carry out an external audit of their infection control arrangements. The last audit had been carried out two years prior to our inspection as the practice was deemed a low risk and had scored high marks; the next assessment was not due for three years. After our inspection, the practice asked for the infection control audit to be brought forward. The infection control audit was completed in March 2016 along with handwashing audits.

All staff could access policies and procedures via the practice computer and risk assessments were available in the practice manager's office. In addition there was a staff handbook which covered fire safety and health and safety.