

Peel House Medical Practice

Inspection report

Accrington Pals Primary Care Centre
1 Paradise Street
Accrington
BB5 2EJ
Tel: 01254282080

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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 at Peel House Medical Practice, the registered location for the extended access service provided by Lancashire EU of GPs Limited on 11 and 12 June 2019 as part of our inspection programme. We rated the service as good overall with requires improvement for providing safe services.

At our inspection in June 2019 we rated the practice as requires improvement for providing safe services because:

- Records demonstrating satisfactory evidence of conduct in previous employment such as professional and personal references were not available nor was evidence of staff identity available.

We also indicated improvements should be made as follows:

- Implement a quality assurance system to monitor compliance with the service level agreements that are in place with host locations and with staff.
- Make sure appropriately signed patient group directions (PGDs) are available at the relevant host locations.

The full comprehensive report on the June 2019 inspection can be found by selecting the 'all reports' link for Peel House Medical Practice on our website at www.cqc.org.uk.

On 6 March 2020, we carried out a focused, desk-based review of the safe key question. We reviewed evidence submitted by the service to confirm it had carried out the plan to meet the legal requirements in relation to the breach of regulation identified in our previous inspection on 11 and 12 June 2019. This report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

At this inspection, we found that the provider had satisfactorily addressed all legal requirements and were implementing action as appropriate in response to the suggestion for improvements.

We have rated this practice as **good** for providing safe services.

We found that:

- The service had reviewed and updated its recruitment policy and taken action to ensure appropriate records were obtained for the existing employees and for newly employed staff.
- The service had reviewed and updated its service level agreements with the host locations and with the GPs that worked within the service. The provider undertook opportunistic quality monitoring visits to the locations from which it provided extended access services from and these were logged within a diary. Going forward from April 2020, a more formalised system of monitoring will be implemented.
- The service had reviewed all available guidance alongside the role and responsibilities of the nurses it employed and assured themselves that patient group directions were not required.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

A Care Quality Commission (CQC) lead inspector conducted a desk-based review of the evidence supplied to us by the service.

Background to Peel House Medical Practice

The provider, Lancashire EU of GPs Limited generally known as “EU of GPs” is a healthcare federation created by an amalgamation of 38 GP practices with about 235000 registered patients. The service was registered with the CQC in 2018 when the GP membership formed the limited company. The service operates under a contract with the East Lancashire Clinical Commissioning Group (CCG) and provides healthcare services to over 380,000 patients across the whole CCG footprint.

The service headquarters is co-located with the Peel House Medical Practice, Accrington Pals Primary Care Centre, 1 Paradise Street, Accrington, BB5 2EJ. In addition to the registered location at Peel House Medical Practice, the service also operates from four hub locations.

These locations are at:

Burnley Group Practice, St Peters Centre, Church Street
Burnley BB11 2DL

Reedyford Healthcare, Yarnspinners PHCC, Carr Lane,
Nelson BB9 7SR

Dr Mackenzie & Partners, Haslingden Health Centre, 27
Manchester Road, Haslingden BB4 5SL

Clitheroe Health Centre, Railway View Road, Clitheroe,
BB10 2JG

The service provides patient appointments to support primary care services by enabling patients to obtain a

pre-booked appointment outside of their own GP practice’s core opening hours. The service does not accommodate walk-in patients. Appointments can be booked through a patient’s GP practice and are available five evenings each week, between 6.15 pm and 8.45 pm Monday to Friday at all five locations. All five locations offer Saturday appointments from 9.45am until 1.15pm, at two locations and until 4.15pm at three locations. Sunday appointments are offered from two locations between the hours of 9.45am until 4.15 pm.

The service weekday surgeries operate using either one or two GPs or one GP and one advanced nurse practitioner. A phlebotomy service is also provided on a rota basis at each surgery. Practice nurses are also available at weekends at two locations and appointments for long term condition reviews or cytology smear checks are available.

During operational times, each location has the support of two receptionists and a support team that includes an on-call senior administrator and a manager if required. GPs, reception staff and practice nurses are generally sourced from local practices. The advanced nurse practitioners are sourced from an agency.

The provider is registered to provide two regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

Are services safe?

We rated the service as good for providing safe services.

At our previous inspection on 11 and 12 June 2019, we rated the practice as requires improvement for providing safe services as recruitment records to demonstrate satisfactory evidence of conduct in previous employment and staff identity had not been obtained.

We also identified areas where the service should improve, and these included implementing a quality assurance system to assure themselves that the host locations were complying with the service level agreements and ensuring patient group directions were available and signed to support the nursing team.

We reviewed the information provided by the service to demonstrate the actions they had taken. The assessment of this information confirmed the service was meeting regulation 19 Fit and proper persons employed (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Safety systems and processes

The service had clear systems to keep people safe.

- The extended access service did not directly employ most of the staff working in the service. However, they did employ five members of staff who provided administrative oversight and support for the service. At our inspection in June 2019 we noted recruitment files for the four staff directly employed did not contain all the required information, including evidence of conduct in previous employment and evidence of identity. For

this desk top based review the registered manager for the service provided information that confirmed recruitment records such as references, and evidence of identity had been obtained and this information was stored electronically on the service's record management system. The service had also reviewed their recruitment procedures to ensure these were appropriate and up to date.

- At our inspection in June 2019 we noted that a formal system to monitor and check compliance with the service level agreements with each host location where the extended access service was provided was not established. The registered manager provided details of the monitoring of the service provision at the host sites since the last inspection. In addition we were provided with the updated service level agreements that will be implemented from April 2020. The updated service level agreement included reference to quarterly visits to the host location to ensure the smooth operation of the service, formalising regular monitoring of service delivery.
- We identified at our last inspection the lack of patient group directions (PGDs). Following that inspection the service had reviewed the activities of their clinical nursing team and concluded that the activities undertaken by the service did not require PGDs to be available and signed. However, the registered manager confirmed that should the situation change in that nursing staff members did administer medicine, then PGDs would be obtained and signed before this was undertaken