

Care Quality Commission

Inspection Evidence Table

St Peter's Medical Centre (1-547280055)

Inspection date: 29 June 2021

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At our previous inspection in October 2019, we rated St Peter's Medical Centre requires improvement for providing safe services. This was because:

- Staff recruitment files did not always contain evidence of appropriate pre-employment checks,
- Records of staff vaccinations were not always complete
- The practice could not demonstrate there was an effective system for the production of Patient Specific Directions (an instruction to supply and/or administer a medicine, written and signed by a prescriber, to individually named patients).

At this inspection we found all of our concerns had been addressed. Therefore, St Peter's Medical Centre is now rated good for providing safe services.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	
At our last inspection in October 2019, we told the practice they should review and update their policies regarding Disclosure and Barring Scheme (DBS) check requirements. We found that the practice had not always ensured a DBS check was carried out for staff who acted as a chaperone.	
At this inspection we found the practice had reviewed and updated their recruitment policy, and their chaperoning policy. These consistently stated that all staff must receive a DBS check. We looked at the personnel file for a staff member who acted as a chaperone. We saw the DBS check had been completed and stored into the record.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes

Explanation of any answers and additional evidence:

At our last inspection in October 2019, we found the practice had not ensured recruitment checks were carried out in accordance with regulations. We found staff files that did not contain evidence that all appropriate recruitment checks had been completed.

At this inspection, we saw the practice had reviewed and updated their recruitment policy. This clearly set out the pre-employment checks required, which aligned with regulations. We looked at the recruitment records within two staff files. These staff members had been recruited since our last inspection. We saw evidence that all pre-employment checks had been carried out, in accordance with their recruitment policy.

At our last inspection in October 2019 we found the practice could not demonstrate that staff received the immunisations that were appropriate to their role, in line with national guidance.

At this inspection, the practice described their new processes to record and monitor staff vaccinations. We saw the practice had reviewed and updated their staff immunisation policy and their occupational health policy. They had developed a new staff member documentation checklist, including immunisation information at the time of employment. We saw the practice had recently started using a new human resources (HR) software system, which had streamlined their processes and was helping them to monitor compliance across the practice. We saw evidence that this system was used to record and monitor staff vaccinations. We saw examples of staff records that demonstrated the information had been obtained and stored appropriately. We saw the practice conducted an appropriate risk assessment if staff declined vaccination, and this was recorded in their Human Resources (HR) system.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Additional evidence:

At our last inspection in October 2019 we told the practice they should review and strengthen the training provided to staff on sepsis and serious infection. We found non-clinical staff had received an in-house sepsis awareness session, but formal training had not been arranged.

At this inspection we saw the practice had reviewed and updated their staff training and development policy. All staff received annual training about sepsis, and this was part of their mandatory training requirements. We saw the practice's new HR system delivered e-learning for the practice staff. We saw 92% of staff had completed their sepsis training; those remaining were new staff members or those on long term leave. Training completion was regularly monitored.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in October 2019, we told the practice they should strengthen the systems to monitor and track blank prescriptions through the practice. We found they were not always tracked once they had been separated and placed into printers within consulting rooms throughout the practice.</p> <p>At this inspection, we found the practice had improved their processes and recorded the details of each prescription that was distributed. We saw evidence of this. They also limited the number of blank prescriptions that were placed in each room, and removed them at the end of the day, to improve security.</p> <p>At our last inspection in October 2019, we found the practice had not always ensured staff had the appropriate authorisations to administer medicines. We found the practice did not always have an effective system for the production of Patient Specific Directions (PSDs). A PSD is an instruction to supply and/or administer a medicine, written and signed by a prescriber, to individually named patients.</p> <p>At this inspection we saw the practice had reviewed and updated their PSD protocol. We saw clear guidance that described the process to ensure PSDs were produced for all appropriate medicines. Patients were reviewed on an individual basis by a prescriber, prior to the staff member supplying and administering the medicine. There was also a process for monitoring patients' health in relation to these medicines. We spoke with staff from the nursing team who demonstrated their understanding of the PSD protocol. We looked at two individual patient records, where we saw evidence that PSDs had been produced and recorded in accordance with the protocol.</p>	

Any additional evidence
<p>At our last inspection in October 2019, we told the practice they should continue to explore options to ensure leaders receive regular appraisal.</p> <p>At this inspection, we found the practice had reviewed and updated their training and development policy. They had started to use their new HR system to monitor and record all staff appraisals to ensure they were consistently completed. The practice described their actions to ensure leaders received regular appraisal. This included an appraisal by an external organisation, as appropriate.</p> <p>At our last inspection in October 2019, we told the practice they should continue to monitor and take action to improve performance for areas that were not in line with targets or England and local averages. This included the GP patient survey results, patients prescribed dependency forming medicines, and the uptake of childhood immunisation and cervical screening.</p> <p>At this inspection we looked at the most recent GP patient survey results (01/01/2020 to 31/03/2020). We saw that the practice performance had improved for all areas that were below England and local averages at our last inspection.</p>

We looked at the most recent data relating to the prescribing of dependency forming medicines. We saw the practice had made improvement as there had been a reduction in prescribing. However, the practice was still prescribing more of these medicines when compared to the CCG and England averages. The average daily quantity of dependency forming medicines prescribed had reduced from 1.59 (01/07/2018 to 30/06/2019) to 1.30 (01/04/2020 to 31/03/2021). We spoke with the practice pharmacist who was also the educational lead for the primary care network of local practices. We saw evidence that actions were being taken to improve prescribing. This included a series of audits and regular monitoring of the practices' performance. The practice pharmacist was also focusing on education for all staff and clinicians. They had conducted staff surveys to determine reasons for prescribing and set up targeted learning groups as a result. They had liaised with local addiction groups and other practices in the area for shared learning about innovative policies across the city of Brighton and Hove. As a result, they had a vision for the future of the practice, which included an ambition to have zero patients prescribed dependency forming medicines. The practice had started this process by implementing a new policy where it had been agreed that no new patients would be initiated onto these medicines. They had also written to all patients prescribed dependency forming medicines to encourage them to discuss their treatment with the practice.

We looked at the most recent data for childhood immunisations. Although there had been some improvement, the practice had not met the minimum 90% target for the four childhood immunisation uptake indicators. The practice was aware of their performance and explained they were taking action to improve their uptake rates. They described the local area and that there was a large cohort of parent/guardians who were reluctant to immunise their children. They continued to encourage all parents/guardians to speak with a GP about their concerns or to book an appointment for their child.

We looked at the most recent data for cervical screening. We saw the practice performance was continuing to decline. The percentage of women eligible for cervical screening that had been screened had decreased from 68% (01/04/2017 to 31/03/2018) to 61% (Snapshot date: 31/12/2020). The coverage target for all GP practices is 80%. The practice explained they had a patient engagement worker for their primary care network, who had recently been working with the practice. We saw a document that outlined the strategy for increasing cervical screening uptake, and to address health inequalities for the practice and within the network. This included actions to improve engagement with patients, specialist groups or agencies, clinicians and staff. They also planned to organise out of hours cervical screening clinics for evenings and weekends, along with on-line webinars and drop-in groups about women's/general health. The practice felt confident these actions would improve performance in the future.