

# St Peter's Road Surgery

## 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 19 April 2016.

During our inspection we found a breach of legal requirements relating to the overview of systems and processes and the monitoring of risks to patients. After the comprehensive inspection, the practice wrote to us, to say what they would do to meet the legal requirements in relation to meeting Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements and should be read in conjunction with the full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Peter's Road Surgery

on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We found the practice had made improvements since our last inspection on 19 April 2016 and they were meeting the regulation that had previously been breached.

Specifically the practice was operating safe systems in relation to the overview of systems and processes and the monitoring of risks to patients. This included:

- Ensuring systems and processes for the processing of results and correspondence were reviewed and acted upon in a timely way.
- The process for recalling and issuing repeat prescriptions for patients on high risks medicines were reviewed to ensure those patients were monitored in line with current guidance.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

**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 provider was providing safe services.

Since our last inspection in April 2016, systems and processes had been reviewed and new measures implemented.

- The practice reviewed the way results and correspondence were processed. They had introduced a number of measures to ensure these were processed and actioned in a timely way.
- Monitoring of patients on high risks medicines had improved. The practice carried out a monthly audit to ensure patients on these medicines have had the required blood test and had introduced systems to ensure patients were recalled four weeks prior to their blood tests being due.

**Good**



# St Peter's Road Surgery

## Detailed findings

### Why we carried out this inspection

We undertook an announced focused inspection of St Peter's Road Surgery on 26 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 April 2016 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 some legal requirements.

This report should be read in conjunction with the full inspection report.

### How we carried out this inspection

We reviewed information given to us by the practice, including updated records, audits and policies. We also spoke with the practice manager and one of the GPs.

# Are services safe?

## Our findings

### Overview of safety systems and processes

During our comprehensive inspection on the 19 April 2016, we found that not all patients on high risks medicines were reviewed regularly in line with national guidance. We found the system for monitoring those patients was not effective.

Following the last inspection we received an action plan from the provider informing us of the action they had taken. The practice confirmed that they had updated their policy and implemented new systems, to ensure patients on high risks medicines were reviewed in line with national guidelines.

On 26 October 2016, the practice showed us evidence of revised systems for the monitoring of patients on high risks medicines and examples that demonstrated that these systems were embedded into the practice. For example:

- Monthly audits were carried out to check for patients who were overdue a blood test. We saw that actions taken were clearly documented.
- The practice had added a message to the patients' notes which included the medicines they were taking and the rules around those medicines.
- Practice staff had been instructed how to access results where patients had blood tests in secondary care and how these were documented in the patient's clinical records.
- The practice had revised its letter to inform patients on high risks medicines of the importance of having regular blood tests.
- The prescribing clerk was responsible for checking if patients had received a blood test before issuing a repeat prescription, and where the patient was due a blood test in the next four weeks, a letter and blood forms were sent to the patient inviting them to attend the practice.

- There were processes in place for following up patients who had not had a blood test. For example, where a patient had not attended the practice for a blood test after they had been sent invitation letters, the patient's usual GP was tasked to contact the patient.

### Monitoring risks to patients

During our comprehensive inspection on the 19 April 2016, we found that there was a considerable amount of correspondence that had not been actioned. We found the system for processing correspondence and results were not effective.

Following the last inspection we received an action plan from the provider informing us of the action they had taken. The practice confirmed that they had updated their policy and implemented new systems to ensure correspondence and results were processed in a timely way.

On 26 October 2016, the practice showed us evidence of revised systems to ensure correspondence and results were processed in a timely way. For example:

- The practice had reviewed cover arrangements when a GP was on leave to ensure this was consistent.
- There was a lead member of the reception team who oversaw correspondence and results that needed processing and carried out daily checks. The practice had purchased a laptop so that a GP could log onto the system from home to check and file correspondence that had not been actioned during the practice opening times.
- Regular audits were carried out to ensure the system was effective and improvements made. The practice shared examples of how they had arranged for further training for staff to ensure all tasks were fully completed.

These actions had ensured that the practice was operating safe systems and was now ensuring that requirements relating to the overview of systems and processes and the monitoring of risks to patients were now being met.