

# Peeler House Surgery

## Quality Report

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Hessle  
East Riding of Yorkshire  
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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

## Contents

### Summary of this inspection

Overall summary

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Peeler House Surgery

3

Why we carried out this inspection

3

Detailed findings

4

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Peeler House Surgery on 19 January 2017. The overall rating for the practice was good. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Peeler House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 9 March 2018 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 19 January 2017. This report covers our findings in relation to those requirements.

Overall the practice is rated as good.

Our key findings were as follows:

Recruitment procedures were in place and all necessary pre-employment checks had been carried out for newly recruited staff.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Peeler House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

an inspector who carried out this desk based focussed inspection.

## Background to Peeler House Surgery

Peeler House Surgery occupies a converted building in Ferriby Road, Hessle, East Riding of Yorkshire HU13 0RG. The practice has a General Medical Services (GMS) contract. There are 2453 patients on the practice list and the majority of patients are of white British background. The proportion of the practice population in the under 18 years age group is comparable to the local CCG and England average. The proportion of the practice population in the 65 years and over age group is below the local CCG average and comparable to the England average. The practice scored six on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has one male GP and one female GP. There is one practice nurse and one phlebotomist. There is a practice manager, assistant practice manager/secretary and three receptionist/ admin staff.

The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am to 10.30am every morning and 3.30pm to 6pm daily. In addition to pre-bookable appointments that could be made in advance, urgent appointments are also available for people that need them.

When the practice is closed, patients are directed to NHS 111. The Out Of Hours service is provided at a GP Emergency Centre. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

## Why we carried out this inspection

We undertook a comprehensive inspection of Peeler House Surgery on 19 January 2017 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 requires improvement in the safe domain. The full comprehensive report following the inspection on 19 January 2017 can be found by selecting the 'all reports' link for Peeler House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk based focused inspection of Peeler House Surgery on 9 March 2018. 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.

# Are services safe?

## Our findings

### Safety systems and processes

At our previous inspection on 19 January 2017 there had been concerns that whilst the practice had clearly defined processes and practices in place they were not always followed in regard to recruitment of staff. We looked at three staff files and found that there was not always proof of

pre-employment checks being carried out. One file had no evidence of references having been taken; another had no record of employment and the third had no record of registration having been checked.

These arrangements had significantly improved when we undertook a follow up desk based focused inspection on 9 March 2018. The practice sent us a copy of their recruitment policy and recruitment checklist which covered all the pre-employment information required. The check list included current DBS check, two references, satisfactory documentation of relevant qualifications and registration with a professional body and information about any health conditions which could be relevant to the person's ability to work.

We also saw information relating to a member of non clinical staff that had been recruited since our last inspection which showed that required pre-employment checks had been undertaken.

At our previous inspection in January 2017 there were four areas identified where the provider should improve. The cold chain policy needed to reflect current practice and guidance. Following the inspection we received an updated copy of the cold chain policy which reflected current practice and guidance.

All staff were not up to date with appropriate safeguarding training. We received a copy of the training records for safeguarding children and adults and found that all staff had received appropriate training.

We found no policies or protocols for the management of high risk medicines. We received copy of the policy which outlined how patients on high risk medicines would be managed and monitored.

Systems were not in place to ensure safety alerts were routinely followed up records kept to show safety alerts had been actioned. The practice sent us a copy of the log to demonstrate safety alerts received have been actioned.