

# Evelyn 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



Are services well-led?

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 at Evelyn Medical Centre on 26 May 2016. Overall the rating for the practice was rated as requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a follow-up focused inspection at Evelyn Medical Centre on 16 December 2016 in order to assess improvements and to review the outcomes from their action plan. The overall rating for this practice following the focused inspection is good.

Our key findings across all the areas we inspected were as follows:

- Following our previous inspection in May 2016, the practice submitted an action plan to address the requirements that the provider was not meeting. At our second inspection we observed that the action plan had been fully completed, and the practice was now meeting all legal requirements.
- The practice held a developmental event for the whole practice team in October 2016 to look at smarter ways of working as a consequence of our previous inspection.
- Our previous inspection had highlighted concerns regarding the daily operation of the practice dispensary, and the management of medicines and prescriptions within the practice. Action had been taken to address these issues and we observed a well-managed practice dispensary, and effective medicines management arrangements, during our inspection in December 2016.
- Staff numbers within the dispensary had been improved with the appointment of a new dispensary assistant and temporary increased hours from an existing member of the team.
- There was a system in place for the reporting and recording significant events. Learning was applied from events to enhance the delivery of safe care to patients. Significant event review forms provided documented evidence that agreed actions had been finalised.
- Risks to patients were assessed and well managed. The practice had strengthened its approach in identifying and managing ongoing and emerging risks. Documentation was in place to support this.
- Governance processes had been strengthened since our inspection in May 2016. For example, meetings were routinely documented; action plans were updated providing evidence of the improvements made; and policies and procedures had been reviewed and updated to reflect the latest guidance.

# Summary of findings

**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?

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements for the practice dispensary and the oversight of risk management required strengthening. The inspection on 16 December 2016 provided us with assurances that these issues had been addressed, and the practice is now rated as good for providing safe services.

- The practice had fully addressed the issues identified with the dispensary at our previous inspection. The appointment of a new dispensary assistant had improved staffing levels to enable core duties to be fulfilled safely.
- There was an effective system in place for reporting and recording significant events, and learning was applied from incidents to improve safety in the practice. Documentation was available to demonstrate that any agreed follow-up actions were completed.
- Risks to patients and the public had been identified with systems in place to control these, for example, in relation to infection control, fire and the control of legionella. Action plans were produced to provide assurance that any identified issues were being appropriately managed.
- Infection control policies were in the process of being updated. The practice had clear cleaning schedules in place and standards were monitored on an ongoing basis.
- The practice had effective systems in place to deal with medical emergencies on site.

Good



### Are services well-led?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing well-led services as internal governance arrangements required strengthening. This included having a system of regular practice and clinical staff meetings which were supported by documented evidence; reviewing and updating practice policies and action plans; and ensuring that significant events reviews clearly showed agreed actions had been finalised. The inspection on 16 December 2016 provided us with assurances that these issues had been addressed, and the practice is now rated as good for providing well-led services.

Good



# Summary of findings

- Arrangements for identifying, assessing and monitoring risks had been significantly strengthened since the comprehensive inspection. The practice had effective systems to ensure they identified new risks, which were then assessed with mitigating actions to minimise their occurrence or impact.
- The practice maintained a premises check log which identified any work required with an identified lead, a target date to complete any actions, and an update on progress.
- We observed that meetings were documented, and written action plans were in place and updated to address the outcomes of appropriate site checks, audits, and risk assessments. A comprehensive log of actions taken in response to alerts received by the practice was in place and kept updated. This also included responses taken in respect of any new or updated clinical guidance, for example, NICE guidance.
- The practice had developed a range of policies and procedures to govern activity which had been reviewed over the last six months to ensure they reflected current guidance and best practice.
- The practice was reviewing plans for their future practice management arrangements.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements made all six population groups are rated as good.

Good



### People with long term conditions

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements made all six population groups are rated as good.

Good



### Families, children and young people

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements made all six population groups are rated as good.

Good



### Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements made all six population groups are rated as good.

Good



### People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements made all six population groups are rated as good.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements made all six population groups are rated as good.

Good



# Evelyn Medical Centre

## Detailed findings

### Our inspection team

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

Our inspection team consisted of a CQC Lead Inspector and a CQC Pharmacy Inspector.

## Background to Evelyn Medical Centre

Evelyn Medical Centre provides care to approximately 5,947 patients over 90 square miles in the Hope, Hathersage, Edale and Castleton areas within the Derbyshire Peak District. It has a branch surgery based in nearby Hathersage. The surgery provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG). The practice operates from a purpose-built building constructed in 1990.

The practice is run by a partnership of three GPs (two males and one female), and they employ three salaried GPs (two male and one female).

The practice directly employs a community matron and a care co-ordinator. The nursing team also comprises of three practice nurses, and three health care assistants. The clinical team is supported by an assistant practice manager, and a team of ten administrative and reception staff. The practice also employs a team of four cleaning staff. The practice is currently reviewing their arrangements for practice management following the departure of their practice manager in December 2016.

Evelyn Medical Centre dispenses medicines to 4,069 (68%) of its registered patients. This service is only available for patients who reside a mile or more from a local pharmacy. The practice has a dispensing manager and three dispensary assistants.

The practice is a teaching practice for both medical and nursing students. Evelyn Medical Centre hosts third year medical and nurse student placements, and supports the 'early years' medical student training programme. The practice was previously a training practice supporting GP registrar placements, and had plans to reinstate this in the longer term.

The registered practice population are predominantly of white British background. The practice is ranked in the lowest decile for deprivation status, and is generally considered an area of high affluence, with a deprivation index of 10.3 (England average is 26.6). The major local employment is within farming and tourism, with a small number of workers based at a local cement works. The practice age profile has higher numbers of patients aged over 50. For example 27.7% of the practice populations are aged 65 and above, compared to the CCG average of 21.7%, and the national average of 17.1%.

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP morning appointments times are available from approximately 9am to 11.30am, and afternoon surgeries run approximately from 2.30pm to 5.30pm (these times vary slightly each day). The practice closes on one Wednesday afternoon on eight occasions during the year for staff training. Extended hours opening is available on a Monday evening until 7.30pm.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via



## Detailed findings

the 111 service. Urgent care could be obtained via the minor injuries unit at Buxton, or the out of hours' service based in either Sheffield or Chesterfield, when the practice is closed.

### Why we carried out this inspection

We undertook a comprehensive inspection of Evelyn Medical Centre on 26 May 2016 as part of our new comprehensive inspection programme. The practice was rated as 'requires improvement' for providing safe and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. All of our reports are published at [www.cqc.org.uk](http://www.cqc.org.uk).

We issued a requirement notice to the provider in respect of good governance, and safe care and treatment. We informed the partners that they must provide us with an action plan to inform us how they were going to address the issues of concern. An action plan was received from the practice in August 2016.

We undertook a further focused inspection at Evelyn Medical Centre on 16 December 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements. This inspection was carried out following a period of six months to ensure improvements had been made and to assess whether the practice's ratings could be reviewed.

# Are services safe?

## Our findings

### Safe track record and learning

At our previous inspection on 20 May 2016 we rated the practice as requires improvement for providing safe services as the arrangements for medicines management, risk management, and incident reporting required strengthening.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 16 December 2016.

We observed that the management of significant events had been reviewed, and the practice policy had been updated. Whilst an effective incident reporting system had been in place at our previous inspection, the practice was not routinely documenting that actions had been fully addressed. At our follow up inspection, we observed the practice had revised their reporting forms and the outcomes of actions were being recorded and signed off as completed. The practice was able to evidence that the incidents were discussed with the practice team at regular meetings, and all events were reviewed at least annually to identify any recurrent trends. Events, outcomes and applied learning were summarised on a log which was kept updated. We were assured that the practice had enhanced their systems and were able to provide evidence of this work

The practice had a process to review and cascade medicines alerts received via the Medicines Health and Regulatory Authority (MHRA). When alerts raised concerns about specific medicines, searches were undertaken to check individual patients and ensure effective action were taken to ensure they were safe, for example, a review of prescribed medicines. At our previous inspection in May 2016, the practice had been unable to provide any documented evidence to demonstrate that alerts had been addressed, or evidence of the actions that had been taken to minimise risks to patients. At our focused inspection visit in December 2016, we observed that the practice had instigated a comprehensive process to provide clear and accessible evidence of their response to all types of alerts. This included evidence that staff had signed that they had

received the specific information, details of the actions undertaken and the outcomes achieved. The procedure in place was well-organised and provided assurance that the systems in place were effective.

### Infection Control & Prevention

- The practice had taken action to address some concerns identified at our inspection on May 2016 with regards to the oversight of infection control arrangements. There were infection control policies in place, and the practice was in the process of updating these to reflect current guidance and best practice. There was a written schedule of cleaning tasks with arrangements in place for monitoring cleaning standards. Documentation of clinical waste consignment notes was well maintained.

### Medicines management

- Prescriptions were dispensed for patients who lived more than one mile from a pharmacy and we observed that appropriate arrangements were in place for managing medicines at the practice.
- At our previous inspection, we found that staff shortages within the dispensary had created some safety concerns regarding the daily operation of this facility. For example, dispensed items did not always receive a second check by a member of staff, increasing the risk to patients from dispensing errors. At our follow up inspection in December 2016, we found that the situation had significantly improved. The practice had recruited a new full time dispenser, and this had increased the number of staff working within the dispensary to four. In addition, one of the dispensing staff who had a split role, working across the dispensary and as a Health Care Assistant, was working full time in the dispensary as an interim measure whilst two dispensary assistants completed the necessary training to support their role.
- Standard Operating Procedures (SOPs) covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were reviewed annually, and were signed by the staff using them so the practice could be assured staff were working in line with these policies. Dispensing staff were aware prescriptions should be signed before being dispensed and a procedure was in place to ensure this

# Are services safe?

occurred. Dispensed items received a second check by another member of staff to ensure they were correct. We observed that prescriptions ready to be collected were signed.

- Stocks of Controlled Drugs (CDs are medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and SOPs set out how they were managed. These were followed by the practice staff. Balance checks of controlled drugs had been reviewed since our previous inspection, and these were now undertaken on a monthly basis. There were appropriate arrangements in place for destruction of CDs.
- The practice participated in the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP partner responsible for the dispensary, and staff told us that this GP had an active presence within the dispensary. Members of staff involved in the dispensing process had attended appropriate training, and that they received annual appraisals and competency assessments.
- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at dispensary team meetings, and learning shared with the whole practice team to prevent recurrence. Staff told us they responded appropriately to national patient safety alerts and we saw that appropriate action had been taken in response to these.
- We checked medicines stored in the treatment rooms, doctors bag, and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.
- Blank prescription forms were kept securely prior to them being distributed to clinic rooms. Prescription logs were maintained to track the distribution of prescriptions within the practice.

## Monitoring risks to patients and staff

- The practice had revised its approach to risk assessment following our comprehensive inspection in May 2016. We observed that arrangements for identifying, assessing and monitoring risks had been significantly strengthened during our focused inspection in December 2016.

- The practice had received a comprehensive fire risk assessment of the premises from an independent expert in September 2016. This had resulted in an action plan to address the issues that were identified. We observed that the practice had completed some of the actions, and for others a plan had been identified to address these. For example, the practice had submitted a bid to their CCG to assist funding some structural work on site. The action plan had been updated to reflect the current status of progress.
- Further to our inspection in May 2016, the practice had arranged for an updated expert risk assessment to control legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). This was undertaken in June 2016, and we saw a detailed action plan had been developed in response to the assessment. Some work had been organised to address issues with internal plumbing systems and periodic checks of water temperatures had been organised. The practice had implemented systems to run sources of infrequently used water supplies at regular intervals and documented records were maintained to evidence this.
- We observed that consulting room doors had been fitted with locks since our previous inspection to prevent unauthorised access.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The issues we identified in May 2016 regarding the need for more staff within the dispensary had been addressed.

## Arrangements to deal with medical emergencies

The practice had arrangements in place to respond to medical emergencies.

- A new emergency medicines box had been purchased for each of the two sites following our inspection in May 2016. This ensured that all staff including locum GPs had access to all the medicines that would be required in a medical emergency. The emergency medicines were easily accessible to staff in a secure area of the practice and all of the medicines we checked were in date. Oxygen and a defibrillator were available for use at the practice and were easily accessible.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

- The practice had produced a mission statement and developed core practice values. These were clearly displayed within the main reception area.
- The partners did not have a written strategy document, although the partners were able to articulate the future planning arrangements being explored. This included a focus on developing collaborative working with other local practices.
- The practice held a partners' meeting which took place monthly. This reviewed key issues including the premises and performance. These meetings were documented, and there was an action log to ensure issues were followed up. There was also a weekly business meeting, and notes were documented.

### Governance arrangements

At our inspection in May 2016, some systems were not fully effective and did not support the provider in demonstrating effective governance arrangements. However, on our inspection in December 2016, we observed:

- Arrangements for identifying, assessing and monitoring risks had been significantly strengthened since the comprehensive inspection. The practice had effective systems to ensure they identified new risks, which were then assessed with mitigating actions to minimise their occurrence or impact. For example, we saw that a risk assessment had been produced to manage the vacant practice manager position, until new arrangements had been put in place. In addition, the practice had completed two self-assessment checklists to review tasks that were considered important from a safety

perspective, and identified appropriate follow-up actions. The practice also maintained a premises check log which identified any work required with an identified lead, a target date to complete any actions, and an update on progress.

- The systems in place to provide documented evidence had greatly improved since our comprehensive inspection. We observed that meetings were documented, and written action plans were in place and updated to address the outcomes of site checks, infection control audits, and legionella and fire risk assessments. A comprehensive log of actions taken in response to alerts received by the practice was in place and kept updated. This also included responses taken in respect of any new or updated clinical guidance, for example, NICE guidance.
- A comprehensive range of practice policies were in place, and the majority of these had been reviewed and updated since our inspection in May 2016. We looked at a sample of the policies and found these were well written, concise, and reflected current guidance. The policies were readily available to staff and there was a process to ensure that all staff were aware of policies and signed to say this. Some staff had been included in reviewing policies and procedures to ensure this accurately reflected what was happening, and also to provide greater ownership of the policies by the practice team.
- The practice had held a developmental event for the whole practice team in October 2016 to look at smarter ways of working as a consequence of our previous inspection. This was hosted by an external facilitator. The outcomes of this event produced some ideas on revised ways of working and there were plans in place to build further on this.