Care Quality Commission

Eden Surgery

Quality Report

Cavendish Road
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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 of Eden Surgery on 26 January 2015. We found that effective recruitment procedures were not in place and the governance systems in place were not operating effectively in respect of ensuring risks were mitigated against in respect of infection control, health and safety, medicines management and using feedback to continually improve services.

We carried out an announced focussed inspection at Eden Surgery on 8 December 2015 to check that improvements had been made to meet the legal requirement following our comprehensive inspection. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- There was a clear leadership structure and staff felt supported by management who identified and mitigated risks. The practice proactively sought feedback from its staff which it acted on.

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?

Good

The practice is rated as good for providing safe services.

- We found the practice had strengthened its recruitment procedures to ensure appropriate checks were undertaken for new staff. Procedural changes were also implemented for existing staff which meant that people using the service were protected against the risks of inappropriate or unsafe care.
- We found measures to control and prevent the spread of infection had been improved. Audits had been undertaken which identified areas for improvement; and these were acted on. Discussions regarding infection control were held with all staff and these were documented.
- Robust processes were in place to monitor stored medicines. Emergency medicines were stored securely and records were maintained to identify contents and expiration dates. Detailed records were also maintained relating to the monitoring of fridge temperatures where vaccines were stored. All vaccines were within their expiry date.
- The practice had made an informed decision to no longer hold controlled drug items. These were disposed of in a safe and appropriate manner and in accordance with due process.
- The practice had produced a centralised register of all its electrical equipment. This included its location and when it was due for testing.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. Staff were actively consulted with to obtain their views regarding vision and strategy.
- There was a clear leadership structure and staff were supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice management had given staff training and development opportunities which also helped drive quality improvement within the practice. Arrangements to monitor and

Summary of findings

improve quality and identify risk had been strengthened. The practice had engaged with stakeholders and planned an ongoing audit programme in order to continuously improve patient care.

- The partners encouraged a culture of openness and honesty. Practice staff had been provided with proposals for how communication could be improved amongst staff and management. Staff were informed of an open door policy where any concerns or issues could be raised with practice management.

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 is now rated as good for the care of older people. The concerns which led to the previous ratings applied to everyone using the practice, including this population group.	**Good**
People with long term conditions The practice is now rated as good for the care of people with long-term conditions. The concerns which led to the previous ratings applied to everyone using the practice, including this population group.	**Good**
Families, children and young people The practice is now rated as good for the care of families, children and young people. The concerns which led to the previous ratings applied to everyone using the practice, including this population group.	**Good**
Working age people (including those recently retired and students) The practice is now rated as good for the care of working-age people (including those recently retired and students). The concerns which led to the previous ratings applied to everyone using the practice, including this population group.	**Good**
People whose circumstances may make them vulnerable The practice is now rated as good for the care of people whose circumstances may make them vulnerable. The concerns which led to the previous ratings applied to everyone using the practice, including this population group.	**Good**
People experiencing poor mental health (including people with dementia) The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia). The concerns which led to the previous ratings applied to everyone using the practice, including this population group.	**Good**

Care Quality Commission

Eden Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Eden Surgery

Eden Surgery is a suburban practice on the Nottinghamshire and Derbyshire border.

The practice provides primary medical services from a single location to 3 709 patients in Ilkeston and Stanton. The practice population is predominantly white British with 93.4% of patients under the age of 75 years. The location where services take place is: Cavendish Road, Ilkeston, Derbyshire, DE7 5AN.

The practice is led by three GP partners, two male and one female. They are supported by a practice nurse who is also a partner, a practice manager, reception manager, one health care assistant, a phlebotomist, eight administrative staff and a cleaner. Eden surgery is a teaching practice for medical students in years one, two and five as well as nursing students.

The practice is open from 8am until 6:30pm each weekday. Appointments are available from 8am to 5:30pm Mondays and Thursdays. On Tuesdays, Wednesdays and Fridays early morning surgery is available from 7:30am to 8am with appointments then available until 5:30pm. The practice provides a range of services including minor surgery, maternity care, blood testing, vaccinations and various clinics for patients with long term conditions.

The practice also participates in the Erewash Hub service. This includes local GPs providing a GP service to patients within the locality between 4pm and 8pm daily as well as weekends between 9am and 2pm. This service is provided from the local community hospital. The practice holds a Personalised Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver enhanced primary care services to the local community over and above the General Medical Services (GMS) contract.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We undertook a previous comprehensive inspection on 26 January 2015 where we issued compliance actions under Regulation 17 HSCA (RA) Regulations 2014 and Regulation 19 HSCA (RA) Regulations 2014. This was because the provider was not meeting some of the legal requirements in respect of good governance and fit and proper persons employed.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- Is it responsive to people's needs?
- Is it well-led?

We found that the provider was rated as good for providing effective, caring and responsive treatment in our last comprehensive inspection. We found however that they required improvement in the safe and well-led domains.

During our focussed re-inspection, we assessed the practice against two of the five questions we ask about services under the new methodology.

- Is it safe?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Good

Are services safe?

Our findings

Overview of safety systems and processes

During our last inspection on 26 January 2015, we found the provider was not compliant with Regulation 19 HSCA (RA) Regulations 2014 Fit and Proper persons employed. This was because people using the service were not protected against risks of inappropriate or unsafe care by means of the provider operating robust recruitment procedures, including undertaking any relevant checks.

Our last inspection identified that not all members of staff had satisfactory information relating to conduct in their previous employment, their physical and mental health and criminal records checks (DBS) documented on their files. A DBS check helps prevent unsuitable staff from working with vulnerable people, including children.

There was no clear rationale for the decision not to carry out a DBS check on staff and/or follow up any missing information. This included reception staff who undertook chaperone duties. Our review of staff files did not correlate with the practice's recruitment policy which stipulated that medical examinations would be obtained before staff commenced employment.

When we re-inspected the practice, we found that they had undertaken enhanced DBS checks for all clinical and reception/administrative staff. We were also provided with documentation which showed when each member of staff was next due a DBS check and we were shown DBS certificates for these staff. The practice had introduced a process whereby DBS checks would be repeated for each member of staff every two years.

We reviewed the practice's recruitment policy dated March 2015 which included the requirement for all staff to undergo a satisfactory DBS check prior to commencement in post. The policy also included the requirement for successful candidates to complete a medical questionnaire to assess their fitness for work. The practice had also implemented a medical report recruitment procedure dated March 2015. This included information for staff regarding disclosure of their mental and physical health. We found that no new staff had been recruited since our last inspection was undertaken in January 2015.

We found that processes had been implemented to assess the health and wellbeing of existing members of staff. This included a checklist at yearly appraisals which included health check reviews. We reviewed two members of staff's appraisal documentation which evidenced this additional measure. Staff absence return to work forms also included an area for any adjustments to be considered in support of staff's return to work.

The practice had also introduced a recruitment reference requesting protocol dated March 2015. This included reference to the Health and Social Care Act 2008 (regulated activities) Regulations 2014 – schedule 3, information which would be requested as part of a prospective employee's recruitment validation.

We were shown evidence of staff completion of chaperone training which was undertaken as part of a formalised online training programme.

Monitoring risks to patients

During our inspection in January 2015, we received assurance the practice had undertaken testing of all electrical equipment to ensure it was safe to use and clinical equipment had been checked to ensure it was working properly. The practice had not however maintained a register of all its equipment. This meant they could not be assured that all items had been checked and tested. When we re-inspected the practice, we were provided with a log which identified equipment, storage location and testing date. Staff had been informed by the practice manager to report any faulty equipment.

Are services well-led?

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

Our findings

Vision and strategy

The practice's statement of purpose encompassed key values such as partnership working with patients and health professionals, delivery of high quality care, mutual respect between patient and staff, as well as improvement of services. When we inspected the practice in January 2015, we found the practice leadership was able to demonstrate commitment to improving the quality of care and services provided to patients. However, discussions with staff showed some were not clear about the overall vision of the practice; and they told us insufficient time was allocated to the future planning of an overall strategy for service development. We found no records to evidence that the leadership had discussed and agreed the practice vision and areas of development with all staff.

When we re-inspected the practice, we found significant improvements had been made in respect of practice management engagement with staff. For example, in practice team meeting minutes we reviewed, staff were asked to sign and provide comment on the practice's statement of purpose. The practice management had allocated some of its staff with areas to focus on quality improvement. For example, an infection control champion, a repeat prescribing process champion and QOF/DES champion roles had been allocated. These staff were expected to disseminate their acquired knowledge to other staff and support the clinical team with monitoring, auditing and improving procedures.

We were provided with information which showed how the practice was supporting these staff. For example, one of the champions had started undertaking a structured training programme and was receiving management support in the undertaking of their role.

Governance arrangements

During our last inspection on 26 January 2015, we found the provider was not compliant with Regulation 17 (HSCA (RA) Regulations 2014 Good Governance. This was because robust systems were not always in place to provide assurances that practice policies were being followed in line with recommended guidance. This included audits related to infection control checks and monitoring the storage of vaccines and other medicines.

When we revisited the practice in December 2015, we were provided with evidence of two infection control audits undertaken in April 2015 and October 2015. The practice had initially utilised support from the clinical commissioning group (CCG) infection control lead to ensure ongoing compliance with infection control standards. The audits showed the practice had identified its risk areas and implemented action plans to ensure corrective measures were deployed. For example, a sharps bin was not labelled. This resulted in a focus on staff training which included awareness of correct procedures for operational infection controls.

We found robust processes in place for the monitoring of stored medicines when we re-inspected the practice. We found emergency medicines were stored securely and records were maintained to identify contents and expiration dates.

We checked fridge temperatures where vaccines were stored and found these to be in accordance with the manufacturer's recommendation of between two and eight degrees. We reviewed completed log sheets for the last four months which recorded the fridge's temperature. We found all vaccines were within expiry date and a member of staff was responsible for the management and monitoring of this process. This was overseen by a lead GP.

We were advised that the practice had sought guidance and made a decision to no longer hold controlled drugs on their premises. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The medicines were disposed of following due process and procedure which was documented.

We were provided with updated documentation relating to staff Hepatitis B status. The Hepatitis B vaccine is administered to those people who are at increased risk of contracting the virus such as health professionals. The documentation included the immune status of all staff and when boosters were due. The practice had incorporated the checking of Hep B status into its newly updated induction programme for new staff which we were shown during our re-inspection.

In January 2015, we found there was no strategic plan as to how the practice intended to include completed audits as part of its process to continually improve quality. For

Are services well-led?

Good

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

example, the practice offered minor surgery as a service and no clinical audits had been undertaken to audit the results, complications and diagnostic accuracy of treatment provided.

When we re-inspected the practice, the practice told us they had planned to undertake audits in response to CCG data, compliance with Care Quality Commission essential standards, significant events, feedback from staff and patients and any applicable updates and alerts. We were provided with a plan of work and examples of these audits and reviews. For example, a review of the repeat prescribing process involved collaboration with clinical and non-clinical practice staff and the CCG pharmacist. Dedicated sessions were convened to consider improvement of the prescribing process. As an outcome, a repeat prescribing policy was developed and implemented.

We were provided with several clinical audits where rationale and outcomes were demonstrated. These included an antibiotic prescribing audit, annual prescribing review and a review of care home residents' medication. Learning outcomes were shared amongst staff.

We were also provided with evidence relating to a minor surgery audit which commenced in July 2015. The audit sought to evaluate five patients pre and post minor surgery. The audit findings showed that there were no post-surgery complications. We were told this work was continuous.

Leadership and culture

There was a clear leadership structure in place and staff felt supported by management.

We reviewed documented staff meeting minutes where one of the GPs updated staff with proposed strategies for improving communication amongst the practice team. The proposals included setting time aside for holding informal discussions, use of a communications book and convening staff meetings at particular intervals throughout the year. We noted that staff had raised a request to be engaged with and notified of future changes to policy and procedure as early as possible and management were responsive to this. For example, practice management were seeking to engage with staff in respect of a task policy.

Practice management had told staff that there was an open door policy in place for staff to provide any feedback. Our review of documented records supported this open and transparent approach.