

# The Village Surgery

## Inspection report

The Hub  
Shiners Way, South Normanton  
Alfreton  
DE55 2AA  
Tel: 01773811469

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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 location		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an announced comprehensive inspection at The Village Surgery on 25 and 27 October 2022. Overall, the practice is rated as requires improvement. We rated the key questions safe, responsive and well-led as requires improvement and effective and caring as good.

Following our previous inspections on 4 April 2022 and 13 December 2021, the practice was rated inadequate overall and placed into special measures. At our inspection on 4 April 2022 we rated the key questions for safe and well-led as inadequate, effective as requires improvement and caring and responsive as good.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Village Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out a comprehensive inspection because the practice was in special measures and to follow up on breaches of regulation from our previous inspection.

- We inspected the key questions safe, effective, caring, responsive and well-led.
- Breaches of regulations relating to safe care and treatment and good governance.
- Shoulds identified in the previous inspection.
- Ratings carried forward from the previous inspection.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Staff questionnaires

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated the practice as requires improvement overall.**

**We rated the practice as requires improvement for providing safe care and treatment because there had been significant improvements. In particular:**

# Overall summary

- Monitoring to ensure professional registrations were in date was in place.
- Systems to verify PCN staff working within the practice were appropriately recruited and supported were in place.
- Recruitment files were organised.
- There was a system in place for monitoring staff immunisation and, risk assessments had been completed for non-clinical staff where required.
- Action plans had been put in place to mitigate issues identified in risk assessments, for example fire prevention.
- Test results were reviewed in a timely manner.
- Systems to monitor the prescribing and consultations of non-medical prescribers had been implemented.
- Patients on high risk medicines were monitored appropriately.
- Themes and trends related to significant events had been identified although this was not formally documented.

However, we found ongoing issues:

- A clinical member of staff had not completed training in safeguarding children and infection prevention.
- Recruitment checks were not fully carried out in accordance with regulations for some staff.
- A risk assessment was not in place for a clinical member of staff whose immunity status to hepatitis B was unknown.
- Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS) alerts were not always followed.
- Some Patient Specific Directions (PSD) were not always authorised by a prescriber before a medicine was administered.
- Systems to manage the prescribing of a high number of short acting asthma inhalers were not effective.

## **We rated the practice as good for providing an effective service because:**

- There had been significant improvements in the monitoring of patients with potential diabetes or chronic kidney disease (CKD).
- Patients with diabetes, CKD or hypothyroidism had either received the appropriate monitoring or been invited to receive the appropriate monitoring.
- Systems to address poor staff performance had been put in place.
- Whilst cervical screening rates remained slightly below the national target, the provider was able to describe the action they had taken to try and address it.

## **We rated the practice as good for providing a caring service because:**

- Staff treated patients with kindness, respect and compassion.
- There were systems in place to support carers.

## **We rated the practice as requires improvement for providing a responsive service because:**

- Ward rounds for patients living in care homes had been provided by a GP at a time that was convenient to the homes.
- Response letters to patients' complaints had been updated to inform patients of their right to complain to the Parliamentary and Health Service Ombudsman if they were unsatisfied with the practice's response to their complaint.
- In response to patient feedback, the practice had recruited more staff to support access to appointments and changed their appointment booking system.

However:

- The National GP Patient Survey results in relation to access to appointments had deteriorated, specifically in relation to patient experience of making an appointment, and satisfaction with appointments offered.

# Overall summary

**We rated the practice as requires improvement for providing a well-led service because there had been significant improvements. In particular:**

- There were systems in place to review the accuracy of policies and compliance with them.
- Risk assessments had been completed and action plans put in place to mitigate potential risks.
- Systems for managing poor staff performance had been put in place.
- Staff were aware of the practice's vision.

However:

Governance structures and systems were not fully embedded into practice. In particular systems for:

- Ensuring recruitment checks were in line with regulations.
- Managing Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS) alerts.
- Ensuring Patient Specific Directions were authorised prior to administration of a medicine.
- Managing the repeat prescribing of short acting asthma inhalers.
- Ensuring a risk assessment was completed for a clinical member of staff whose immunity status to hepatitis B was unknown.

We found two breaches of regulations. The provider **must**:

- Ensure specified information is available regarding each person employed and where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Continue to review and identify ways to improve the uptake of cervical screening.
- Support all clinical staff to complete mandatory training.
- Embed into practice the new system for tracking prescription stationery throughout the practice.
- Monitor the impact of the changes made to improve patient access to appointments and respond accordingly.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Village Surgery

The Village Surgery is located in Derbyshire at:

The Hub

Shiners Way

South Normanton

Derbyshire

DE55 2AA

There is a branch practice at:

Pinxton Surgery

108 Victoria Road

Pinxton

Derbyshire

NG16 6NH

The provider is a partnership registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery. We visited both practices as part of this inspection.

The practice is situated within the Joined Up Care Derbyshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of approximately 9,447 people. This is part of a contract held with NHS England.

The practice is part of the South Hardwick Primary Care Network (PCN), a wider network of 8 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the fifth lowest decile (5 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.6% of the registered patients, with estimates of 0.9% mixed, 1% Asian and 0.5% black.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 3 GP partners, 2 salaried GPs, a triage nurse who prescribes, a clinical pharmacist, 4 practice nurses, 2 healthcare assistants, a phlebotomist and a care co-ordinator. The clinical staff are supported by an operational manager and a human resources manager and a team of reception and administrative staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by South Hardwick Primary Care Network, where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United (DHU).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none"><li>• Satisfactory written explanation of gaps in employment.</li><li>• Satisfactory information about any physical or mental health conditions which are relevant to a person's ability to work.</li></ul> <p>This was in breach of Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Managing Medicines and Healthcare products Regulatory Agency and Central Alerting System alerts.</li><li>• Ensuring patient specific directions were authorised prior to administration of a medicine.</li><li>• Managing the repeat prescribing of short acting asthma inhalers.</li></ul>

This section is primarily information for the provider

## Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- A risk assessment had not been completed for a clinical member of staff whose immunity status to hepatitis B was unknown.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.