

Eyam Surgery

Inspection report

Church Street
Eyam
Hope Valley
S32 5QH
Tel: 01433630836
www.eyamsurgery.co.uk

Date of inspection visit: 12 and 13 December 2022
Date of publication: 06/01/2023

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive at Eyam Surgery on 12 and 13 December 2022 and carried out our remotes searches on 9 December 2022. The practice is rated as good overall and in effective, caring, responsive and well-led and requires improvement in safe.

We inspected the previous provider of Eyam Surgery on 29 April 2021. At that inspection we rated the practice as good overall and in all key questions except for responsive which we rated as outstanding.

At the previous inspections on 29 April 2021 and 13 August 2019 we rated the practice as outstanding for providing **responsive care** because:

- The national GP patient survey demonstrated that patient satisfaction with access to appointments was above local and national averages.
- The practice had made changes to the practice in line with Accessible Information Standards.
- The practice had responded to the rural transport needs of their patients.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Eyam Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection due to a change of legal identity from a partnership to a single-handed GP practice on 20 October 2021. It was a comprehensive inspection to follow up on:

- The key questions safe, effective, caring, responsive and well-led.
- Three best practice recommendations made at our 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 patients' records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- An on-site visit.

Our findings

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

- What we found when we inspected.

Overall summary

- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall.

We found that:

- Patients received effective care and treatment that met their needs.
- Patients with long-term conditions were reviewed in line with national guidance and patients were followed up appropriately. The practice had embraced local initiatives to support and improve outcomes for patients with long-term conditions.
- All nine indicators from The National GP Patient Survey for caring and access to appointments were above local and national indicators.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- There was a system in place for responding to and investigating complaints. However, patients were not always informed of their right to complaint to the Parliamentary Health Service Ombudsman when it was appropriate to do so.
- The practice provided a weekly, free of charge, bus service for patients living in rural areas to support them to access appointments at the practice.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

However, we rated the practice as requires improvement for providing safe care and treatment. This was because the practice had systems in place to provide care in a way that kept patients safe and protected them from avoidable harm. However, some of the systems were not always fully embedded into practice. In particular:

- Alerts were not added to the records of people living in the same household as a child with known safeguarding concerns.
- All of the required recruitment information was not available for some staff working at the practice.
- Legionella risk assessments had been completed however the provider was unable to demonstrate that the issues identified had been addressed.
- Fire drills had not been carried out at the branch practice.
- A formal system of audit and clinical supervision for non-clinical prescribers had not been carried out as identified as a best practice recommendation at our previous inspection in April 2021.

We found a breach of regulations. The provider **must**:

- Ensure specified information is available regarding each person employed.

In addition, the provider **should**:

- Add alerts to the records of people living in the same household as a child with known safeguarding concerns.
- Risk assess the frequency in which Disclosure and Barring Service checks should be reviewed.
- Embed into practice checks that professional registrations are in date for clinical staff working within the practice.
- Address issues identified in the legionella risk assessments.
- Carry out fire drills at the branch practice.
- Embed into practice the new policy to provide audit and clinical supervision for non-clinical prescribers.
- Adhere to their complaints policy and include details of the Parliamentary Health Service Ombudsman in response letters to people who have complained.

Overall summary

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. A member of the CQC pharmacy team who spoke with staff using video conferencing facilities.

Background to Eyam Surgery

Eyam Surgery is a rural, dispensing practice located in the Derbyshire Dales in The Peak District at:

Church Street

Eyam

Hope Valley

Derbyshire

S32 5QH

There is a branch practice at:

Netherside

Bradwell

Hope Valley

Derbyshire

S33 9JL

The provider is a single-handed GP practice registered with the 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 the main practice 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 3,440 people. This is part of a contract held with NHS England.

The practice is part of the Derbyshire Dales Primary Care Network (PCN), a wider network of 7 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 10th lowest decile (10 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 98.7% of the registered patients, with estimates of 0.5% Asian.

The age distribution of the practice population demonstrates a higher proportion of older patients and lower number of younger patients compared to local and national averages.

There is a lead GP and 4 salaried GPs, a practice nurse, a community matron, 3 healthcare support workers, 2 care-coordinators and 4 dispensers. The clinical staff are supported by 2 practice managers 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 Derbyshire Dales PCN, 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">• Disclosure and Barring Service checks for 2 GPs and a nurse working within the practice.• Satisfactory information about any physical or mental health conditions which are relevant to a person's ability to carry on, manage or work for the purposes of the regulated activity. <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>