

# Eyam Surgery

## Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services responsive?

Outstanding



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced focused inspection at Eyam Surgery on 13 August 2019 as part of our inspection programme.

We carried out an inspection of this service due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- Safe
- Effective
- Responsive
- Well-led

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Caring

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 this practice as requires improvement overall.** The practice was rated as requires improvement for providing safe and well-led services. It was rated as outstanding for responsive and good for effective services. All population groups were rated as being outstanding.

We rated the practice as **requires improvement** for providing safe services because:

- The management of systems within the practice dispensary required review with closer monitoring and greater clinical oversight.
- Some processes had insufficient evidence to provide assurances that they operated safely. This included the tracking of prescription stationery, reviews of the entries on the child safeguarding register, and an effective fail-safe system for cervical cytology screening results.
- The practice had not considered all areas of potential risk and implemented measures to control these effectively. Where risk assessments had been completed, follow up actions and dates of completion were not consistently documented.

- Staff files did not always provide sufficient evidence of safe recruitment and immunisation status.

We rated the practice as **requires improvement** for providing well-led services because:

- The practice did not have effective systems to identify, manage and mitigate risk. This was particularly evident within the practice dispensary.
- We found that the oversight of some systems required additional assurances to ensure they were working effectively. For example, we identified issues that required stronger managerial and clinical oversight relating to systems and processes within the practice.

We rated the practice as **outstanding** for providing responsive services because:

- The national GP patient survey demonstrated that the practice had performed significantly higher than average in relation to questions relating to appointment availability.
- The practice had focused on the Accessible Information Standard and had made a number of changes to the environment and ways of working to meet the identified needs of different patient groups.
- The patient responded to the needs of their patients, for example, by the introduction of a mini-bus service for patients in recognition of the rurality of the area and associated poor transport links with a predominantly older registered patient list.

The high performance in providing outstanding access to care for patients led to all population groups being rated as outstanding.

We rated the practice as **good** for providing effective services.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see the specific details on action required at the end of this report).

In addition, the provider **should**:

# Overall summary

- Provide clear evidence and assurance that all safety alerts are received and acted upon.
- Consider the approach to how new and revised guidance (including NICE) is reviewed collectively by the clinical team, for example via an established clinical audit programme.
- Review staff induction programmes to ensure this incorporates all necessary information, training and competencies.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Eyam Surgery

Eyam Surgery is registered with the Care Quality Commission as a single-handed GP provider, and it is registered to carry out the following regulated activities - diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services, and the treatment of disease, disorder or injury.

Eyam Surgery is a rural dispensing practice situated within the Derbyshire Dales in the Peak District, covering a large area of approximately 180 square miles. It is in purpose-built premises which opened in 1996. There is a branch site based at Bradwell and Eyam Surgery also utilises the Village Hall at Litton for half an hour a week. The area is in the Hope Valley with the nearest major town being Chesterfield located 15 miles away.

The practice has a contract with NHS Derby and Derbyshire CCG to provide General Medical Services (GMS) and offers a range of local enhanced services.

The practice has approximately 3,425 registered patients. The age profile demonstrates a higher proportion of older patients, and lower numbers of younger patients compared to local and national averages:

- The percentage of people in the 65+ year age group at 27.4% is above the CCG average of 20.5%, and the national average of 17.3%.

- The percentage of people in the under 18 age group at 16.2% is below the local average of 19.3%, and the national average of 20.7%.

Average life expectancy is 83 years for men and 86 years for women, compared to the national average of 79 and 83 years respectively.

The general practice profile shows that 44.5% of patients registered at the practice have a long-standing health condition, compared to 54% locally and 51% nationally.

The practice scored ten on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. However, the catchment area included pockets of economic and rural deprivation.

The National General Practice Profile describes the practice ethnicity as being predominantly white at 98.7% of the registered patients, with estimates of 0.8% mixed race, 0.5% Asian and 0.1% other groups.

There are four part-time GPs working at the practice (one male GP and three female salaried GPs). The nursing team consists of a nurse practitioner, and a practice nurse who also works as a community matron. The nursing team is supported by two healthcare assistants who also work as care coordinators.

The non-clinical team is led by two members of the practice management team (the management team includes the lead GP) with a team of 13 administrative, secretarial and dispensary staff. Due to the small size of the practice, staff work flexibly to cover other roles. One of the practice managers is also the dispensary manager.

The practice opens Monday to Friday from 8am until 6.30pm with extended hours on a Monday evening until 7.00pm at the main site. Branch opening hours are different but an extended hours session is available at Bradwell Surgery until 7pm on a Thursday evening.

The surgery closes for one afternoon on most months for staff training. When the practice is closed, out of hours cover for emergencies is 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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>Safe recruitment checks and evidence of staff immunity status could not be evidenced in staff files</li><li>An effective fail-safe system was not in operation for the receipt of cytology results.</li><li>Action plans for risk assessments did not include documented evidence of follow up actions being completed in a timely manner.</li><li>Systems to monitor the internal distribution of prescription stationery were not effective.</li></ul>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The practice did not have appropriate systems in place for some processes relating to the dispensary.
- There was insufficient clinical and managerial oversight of processes creating a potential risk to patient safety. Processes were not always supported by appropriate evidence.