

# The Friendly Family 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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at The Friendly Family Surgery on 27 January 2020 as part of our inspection programme. The inspection was triggered by a change in registration status with the Care Quality Commission (CQC). The practice was previously registered as a partnership but became a single-handed GP provider which registered with the CQC in May 2019.

Previous inspections of this location under the previous service provider can be found on our website at .

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 in the safe, effective and well-led domains, and rated as good for providing caring and responsive services.

We rated the population groups of long-term conditions as requires improvement, whilst the other population groups were rated as good. This was due to lower outcomes achieved for the management of diabetes.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- The arrangements to review child safeguarding concerns with the practice team, and the wider health and social care team, were not in place at the time of our inspection.
- Professional registrations were not being reviewed on an annual basis.
- The process for risk assessing the environment, incidents, and some internal procedures required strengthening to provide greater assurance that risk was being managed proactively.

- Infection control management needed a stronger focus. This included supplementary training for infection control leads to support the process of infection control audits, and procedures such as the cleaning of medical equipment.
- Oversight of some processes relating to medicines management required strengthening. This included adherence to Patient Specific Directions (PSDs), the oversight of non-medical prescribers, and the management of vaccines and emergency medicines.
- The distribution of safety alerts, for example Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were not inclusive of all prescribing clinicians. Whilst we saw evidence that these had been followed up, these were largely managed by the lead GP and we did not find assurances that the wider team participated in this process.
- Some consumable items including specimen pots, wound irrigation solution and ECG pads which were found to have past their expiry dates.

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

- Staff appraisals for nursing staff and the practice manager were out of date.
- Assurances that update training for nursing staff including cervical sample taker training updates and immunisations training updates were not available at the time of the inspection.
- Outcomes from the Quality Outcomes Framework for patients with diabetes were below local and national averages. This impacted on the long-term condition population group.

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

- Our inspection identified that partners and managers needed a more proactive approach to address the requirement to produce clear evidence of their compliance with our regulations.
- The responsibilities, roles and systems of accountability to support good governance and management were not always effective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

# Overall summary

- 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 practice **should**:

- Continue to implement the changes made to the in house approach to the management of long-term conditions, and improve patient outcomes in line with local and national averages.

- Improve engagement with national cancer screening and childhood immunisation programmes.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser, a nurse specialist adviser, and a new specialist adviser in an observation role.

## Background to The Friendly Family Surgery

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

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

The Friendly Family Surgery is situated in Bolsover in North East Derbyshire. The practice serves a former mining area, and the catchment area incorporates rural areas as well as those living in the town of Bolsover and nearby villages.

The practice has approximately 3,471 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 26.2% is above the CCG average of 20.8%, and the national average of 17.3%.
- The percentage of people in the under 18 age group at 15.8% is below the local average of 19.3%, and the national average of 20.6%.

Average life expectancy is 77.7 years for men and 81.5 years for women, compared to the national average of 79.3 and 83.2 years respectively.

The general practice profile shows that 64.8% of patients registered at the practice have a long-standing health condition, compared to 54.4% locally and 51.4% nationally.

The practice scored four on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The National General Practice Profile describes the practice ethnicity as being predominantly white at 98.4% of the registered patients, 0.5% mixed race, 0.6% Asian, 0.4% black, and 0.1% other race.

There are two GPs working at the practice (one female GP and one salaried male GP). The nursing team consists of an advanced nurse practitioner, a practice nurse, and an assistant health practitioner.

The non-clinical team is led by a practice manager with a team of eight administrative and secretarial staff. Two members of the reception team are currently providing cover for the practice care coordinator role. The practice also employ their own domestic worker.

The practice opens Monday to Friday from 8am until 6.30pm and patients can access a local extended access scheme which provides appointment until 8pm on weekdays and also provides some appointments on Saturdays, Sundays and bank holidays.

The surgery closes on a Wednesday 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The arrangements to review child safeguarding concerns with the practice team, and the wider health and social care team, were not in place at the time of our inspection.</li><li>• Professional registrations were not being reviewed on an annual basis.</li><li>• The process for risk assessing the environment, incidents, and some internal procedures required strengthening to provide greater assurance that risk was being managed proactively.</li><li>• Infection control management needed a stronger focus. This included supplementary training for infection control leads to support the process of infection control audits, and procedures such as the cleaning of medical equipment.</li><li>• Oversight of some processes relating to medicines management required strengthening. This included adherence to Patient Specific Directions (PSDs), the oversight of non-medical prescribers, and the management of vaccines and emergency medicines.</li><li>• The distribution of safety alerts, for example Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were not inclusive of all prescribing clinicians. Whilst we saw evidence that these had been followed up, these were largely managed by the lead GP and we did not find assurances that the wider team participated in this process.</li><li>• Some consumable items including specimen pots, and ECG pads which were found to have past their expiry dates.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

- Staff appraisals for nursing staff and the practice manager were out of date.
- Assurances that update training for nursing staff including cervical sample taker training updates and immunisations training updates were not available on the day of the inspection.
- Our inspection identified that partners and managers needed a more proactive approach to address the requirement to produce clear evidence of their compliance with our regulations.
- The responsibilities, roles and systems of accountability to support good governance and management were not always effective.
- The practice did not have clear and effective processes for managing risks, issues and performance.