

# Eldene Surgery

## Inspection report


Colingsmead  
Swindon  
Wiltshire  
SN3 3TQ

Date of inspection visit: 17 April 2019  
Date of publication: 02/07/2019

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

In September 2018, Eldene Surgery began working collaboratively with five other practices in the Swindon area with the support of Integral Medical Holdings (IMH), who provide back-office services such as payroll, Human Resources, finance and management support. This collaboration was formed to maintain the services provided by these practices, and to look to develop new ways of working in line with the Government's plan for primary care, the 'General Practice Five Year Forward View'. The group is now known as the Better Health Partnership following a change of registration with CQC in March 2019. This was predominately a business and legal entity change with the same people being responsible for the running of the practice with the old provider IMH.

We carried out an announced comprehensive inspection at Eldene Surgery on 17 April 2019. We also received concerns raised by the public and other sources in relation to accessing the service by telephone and for appointments. We also received information that suggested a backlog of administration tasks and correspondence were impacting upon patient care.

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 inadequate overall.**

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

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did demonstrate fully how they learnt and made improvements when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

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

- Patients were unable to access services in a timely manner and there was a lack of continuity of care.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups; therefore, all population groups were rated as **inadequate**.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Ensure that care and treatment is provided in a safe way.
- 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).

The areas where the provide **should** make improvements are:

- Review arrangements for accepting Disclosure and Barring Service checks from previous employers

# Overall summary

- Review arrangements for using family members as interpreters.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

## Population group ratings

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

## Our inspection team

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

## Background to Eldene Surgery

The provider, Better Health Partnership LP, delivers regulated activities from its five main locations (and two branch locations). The addresses for these main sites are:

### **Moredon Medical Centre**

Moredon Road,  
Swindon.

SN2 2JG

Tel: 01793 342000

### **Eldene Surgery**

Colingsmead,  
Swindon

SN3 3TQ

Tel: 01793 522710

### **Phoenix Surgery**

Dunwich Drive,  
Swindon

SN5 8SX

Tel: 01793 600440

### **Taw Hill Medical Centre**

Aiken Rd,

Swindon

SN25 1UH

Tel: 01793 709500

### **Abbey Meads Medical Group**

Village Centre,  
Elstree Way,

Swindon

SN25 4YZ

Tel: 01793 706030

We inspected the location Eldene Surgery and visited the hub based at Moredon Medical Centre on 16 April 2019 to see how this part of the service linked with Eldene Surgery. It is one of the practices within the NHS Swindon Clinical Commissioning Group and has approximately 7,800 patients. Data from Public Health England shows that the practice has a similar to local and national figures for all age groups. This data also shows that that 8% of the population within the area are of unemployed status compared to a local figure of 4% and a national figure of 5%. The practice has a relatively high proportion (10%) of patients who have English as a second language.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between Swindon Clinical Commissioning group and the practice for the provision of medical services.

Eldene Surgery provides the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Maternity and midwifery services

- Surgical procedures
- Family planning

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

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	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Warning notice
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Care and treatment must be provided in a safe way for service users
Treatment of disease, disorder or injury	<b>How the regulation was not being met</b>  The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.  In particular: <ul style="list-style-type: none"><li>• Fire safety and safety of electrical installations.</li></ul> The practice could not demonstrate fully how significant events and alerts were acted upon and how learning was effectively shared with relevant members of staff to drive improvement and support continuous learning.  Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely.  In particular: <ul style="list-style-type: none"><li>• The practice was unable to fully demonstrate that staff had received training on safeguarding patients and infection control.</li><li>• Non-clinical staff knew what to do in an emergency but could not recall specific information on sepsis awareness. Staff were not aware that they could use the emergency button to summon help if needed, they thought it was to be used if they personally were at risk.</li><li>• Reception staff said that they did not work to a process or protocol to assist in helping them prioritise patient need, if a patient presented as being acutely unwell.</li></ul> There was no proper and safe management of medicines. In particular:

This section is primarily information for the provider

## Enforcement actions

- Patient groups directions and patient specific directions used for administering medicines were not appropriately signed and authorised.
- Emergency medicines and equipment was not checked in line with practice policy.
- Temperature checks on medicine fridges were not carried out consistently in line with practice policy.
- Safety alerts related to high risk medicines were acted upon, but there was not ongoing monitoring of this.

There was limited assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

In particular:

- There were shortfalls in Legionella management. We found that water temperatures checks had been carried out. However, the practice could not fully demonstrate that all risks had been minimised as far as possible. Records related to water temperature checks were incomplete.

**This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Warning notice

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- There was a lack of resilience to provide continuity of care, due to the reliance on locum staff and inadequate arrangements to ensure that test results and correspondence were handled in a timely manner at all times.

## Enforcement actions

- The practice was unable to demonstrate that all relevant information was available to be shared with other services when needed. A backlog of unreviewed hospital letters, and correspondence from other sources, meant information was not always accurate, valid, reliable and timely.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency equipment and medicines, medicines management as a whole and staff training.
- The provider did not have an effective policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents.
- Staff reported that they had insufficient time to completed training required by the practice and they did not consider that communication was effective with the leaders of the practice.

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:

- Risk assessment related to health and safety in the practice were not fully effective and did not demonstrate that risk was mitigated when possible.
- Information sharing on significant events and alerts and learning from these was not fully shared with all relevant members of staff.
- Action plans from audits of areas such as infection control and fire safety did not indicate timescales for when actions would be completed to ensure patient and staff safety.

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