

# Egremont Medical Centre - JJM Hickey

## Quality 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 service

Good 

Are services safe?

Good 

Are services responsive to people's needs?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Egremont Medical Centre -JJM Hickey on 24 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 24 June 2016 inspection can be found by selecting the 'all reports' link for Egremont Medical Centre -JJM Hickey on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 23 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 24 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection. Appropriate recruitment checks were in place for GP locums including Disclosure and Barring Service (DBS) checks.
- There were systems in place to ensure non-clinical complaints were appropriately investigated and acted upon.

In addition, the practice had made the following improvements:

- A system was in place to report and analyse incidents to identify any trends.
- The cleaning of the premises was monitored.
- Safeguarding training for all staff had been completed.
- The safety and quality of patient care was monitored within clinical meetings.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. The practice had addressed the issues identified during the previous inspection. Appropriate recruitment checks were in place for GP locums including Disclosure and Barring Service (DBS) checks.

In addition, the practice had made the following improvements:

- A system was in place to report and analyse incidents to identify any trends.
- The cleaning of the premises was monitored.
- Safeguarding training for all staff had been completed.
- The safety and quality of patient care was monitored within clinical meetings.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had addressed the issues identified during the previous inspection. There were systems in place to ensure non-clinical complaints were appropriately investigated and acted upon.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for providing safe and responsive services which were identified at our inspection on 24 June 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for providing safe and responsive services which were identified at our inspection on 24 June 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for providing safe and responsive services which were identified at our inspection on 24 June 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe and responsive services which were identified at our inspection on 24 June 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and responsive services which were identified at our inspection on 24 June 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe and responsive services which were identified at our inspection on 24 June 2016 which applied to everyone who used this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Egremont Medical Centre - JJM Hickey

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector.

## Background to Egremont Medical Centre - JJM Hickey

Egremont Medical Centre is situated in a significantly deprived area of Wallasey. There were 4659 patients on the practice register at the time of our inspection.

The practice is a training practice managed by two GP partners, one male and one female. There are two practice nurses, a practice manager, reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on alternate Wednesdays and Thursdays from 7am until 8am. There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours patients are asked to contact the NHS 111 service to obtain healthcare advice or treatment.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations.

## Why we carried out this inspection

We undertook a comprehensive inspection of Egremont Medical Centre - JJM Hickey on 24 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 24 June 2016 can be found by selecting the 'all reports' link for Egremont Medical Centre - JJM Hickey on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Egremont Medical Centre - JJM Hickey on 23 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

The inspector :-

- Carried out a site visit
- Spoke with the practice manager
- Reviewed documents

# Are services safe?

## Our findings

At our previous inspection on 24 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks for locum GPs were not sufficient.

In addition, we found that systems needed improving for the management of significant events and the monitoring of the standards of cleaning for the premises. We also found that a few staff had not completed safeguarding training.

These arrangements had significantly improved when we undertook a follow up inspection on 23 February 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At this inspection we found that the provider had reviewed protocols in place for the management of significant events. Non clinical staff were supported in being able to recognise significant events and record these.

Significant events were scheduled to be reviewed at clinical meetings and staff meetings to enhance shared learning, to ensure actions taken were appropriate; and that trends were analysed to reduce the risks of reoccurrence.

### Overview of safety systems and process

All staff had received safeguarding training appropriate for their role.

The practice only used locum GPs for emergency cover. The practice had updated its locum staff recruitment policy. We reviewed two recruitment files for locum GPs who had previously worked at the practice and found that appropriate recruitment checks had been undertaken.

### Monitoring risks to patients

The practice employed an external cleaning company. The practice manager met with the company on a regular basis and carried out weekly documented monitoring checks.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 24 June 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from non-clinical complaints needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 23 February 2017. The practice is now rated as good for providing responsive services.

### Listening and learning from concerns and complaints

The practice had updated its complaints and comments procedure. There were systems in place to record both written and verbal complaints. The practice manager kept a register of any complaints received which identified the type of complaint so that any themes could be identified. Complaints were scheduled to be discussed as a fixed agenda item at monthly clinical and staff meetings to enhance shared learning.