

# Eldene Surgery

## 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

Requires improvement



Are services safe?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eldene Surgery on 2 February 2017. The overall rating for the practice was rated as requires improvement. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Eldene Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 2 August 2017 to follow up on a warning notice the Care Quality Commission served following the comprehensive inspection in February 2017. On 6 March 2017 we issued two warning notices. The warning notices served related to Regulation 18 Staffing and Regulation 17 Good Governance of the Health and Social Care Act 2008. The practice was required to correct the regulatory breaches set out in the warning notice relating to Regulation 18 by 31 July 2017. The practice had submitted an action plan detailing the actions they were taking to meet legal requirements. This report covers our findings in relation to those requirements. Due to the focussed nature of this inspection the ratings for the practice have not been updated. We will conduct a comprehensive inspection to follow up on the warning

notice relating to Regulation 17 within the timescales stated in the warning notice and to determine their compliance with all requirements of the Health and Social Care Act 2008.

We found action had been taken in respect of the warning notice, however there were areas within the safe domain which require improvement.

Our key findings were as follows:

- A system was in place for staff to complete eLearning modules for essential training.
- Discussions around training were now a standing item on the agenda at practice meetings to ensure learning became embedded.
- Registration with the appropriate professional body was valid and in place for all relevant members of staff.
- Two members of staff had not completed safeguarding training to the appropriate level.
- There was no evidence that a member of staff conducting patient diabetes reviews had received appropriate training.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure staff receive training and support appropriate to their role.

**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 provider had addressed most of the breaches of Regulation 18 – Staffing, that had been identified during the inspection undertaken in February 2017 and set out in the warning notice sent to the provider. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

At this focused inspection undertaken on 2 August 2017 we found:

- The practice had introduced a system to ensure staff completed the eLearning modules assigned to them. We saw that training in health and safety, information governance and mental capacity awareness and infection control had been completed by staff.
- It was recognised by the practice that there would be benefit in discussing case studies and scenarios at meetings to embed learning and we saw that training was a standing agenda item at the monthly meetings.
- We reviewed 10 personnel files and found records of qualifications and registration with the appropriate professional body.
- Safeguarding training at the appropriate level had been completed by most staff. However, we found that one GP who should have completed level three training and a healthcare assistant that should have completed level two training, had only completed training to level one.
- We saw that the roles for one nurse included wound care, childhood immunisations and diabetes reviews. We saw evidence of training for wound care and childhood immunisations. However no evidence was available which demonstrated training and competencies in relation to diabetes care.

**Requires improvement**



# Eldene Surgery

## Detailed findings

### Our inspection team

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

Our inspection was carried out by a CQC Inspection Manager and a CQC Inspector

## Background to Eldene Surgery

Eldene Surgery is a semi-rural GP practice providing primary care services to patients resident in Swindon and the surrounding area. It is one of the practices within the Swindon Clinical Commissioning Group and has approximately 7,700 patients. The practice building is purpose built with patient services located on the ground floor and includes eight consulting rooms and three treatment rooms. The building is shared with an Ophthalmology clinic run by Great Western Hospitals NHS Foundation Trust. They have a separate receptionist but share the waiting room.

The area the practice serves has approximately 10% of people from different cultural backgrounds particularly Polish, and is in the average range for deprivation nationally, (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 79 and 83 years respectively, which is the same as the national averages.

The practice provides a number of services and clinics for its patients including; childhood immunisations and a range of health lifestyle management and advice including asthma management, diabetes and heart disease.

There are two male and two female GP partners and one salaried GP. They are supported by two practice nurses and an administrative and reception team led by an interim practice manager.

The practice is a teaching and training practice for GPs specialising in general practice and at the time of the inspection were supporting one GP Registrar and four medical students. (A teaching practice accepts medical students while a training practice accepts qualified doctors training to become GPs who are known as Registrars.)

The practice is open between 8.30am and 12.30pm and from 2pm to 6pm Monday to Friday.

Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practice was closed but an emergency care service is offered during these times which patient can access via the practices publicised telephone number.

Appointments were from 8.40am to 12.20pm every morning and 3pm to 5.20pm daily. No extended surgery hours were offered.

The practice had an on line appointments and an online repeat prescription service.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them, although these may

be with a different local practice.

When the practice is closed, patients are advised via the answer phone message and the practice's website to call the out of hour's service by calling NHS 111. Out of hours services are provided by the Great Western Hospitals NHS Foundation Trust.

# Detailed findings

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following sites:

- Eldene Surgery, Colingsmead, Swindon, Wiltshire, SN3 3TQ

## Why we carried out this inspection

We undertook a comprehensive inspection of Eldene Surgery on 2 February 2017 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 in February 2017 can be found by selecting the 'all reports' link for Eldene Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Eldene Surgery Centre on 2 August 2017. This inspection was carried out to review in detail the actions taken by the practice to meet the legal requirements of the Health and Social Care Act 2008 that had been breached in February 2017 and subject to the issue of two warning notices. The warning notice that related to Regulation 18 Staffing was followed up at this inspection.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff, including, one GP, the practice manager, one practice nurse a nurse advisor working with the practice and four members of the administrative team.
- Looked at records relating to staff training.

# Are services safe?

## Our findings

At our previous inspection on 2 February 2017, we rated the practice as requires improvement for providing safe services. The practice was issued a warning notice under Regulation 18: Staffing, of the Health and Social Care Act 2008, which required the practice to ensure staff had received essential training appropriate to their role.

When we undertook a follow up inspection on 2 August 2017 we found the practice had made improvements towards meeting the regulations they had previously breached that had led to the issuing of the warning notice. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

### Overview of safety systems and process

- The practice had introduced a system to ensure staff completed the eLearning modules assigned to them. A member of staff had oversight to ensure modules had been undertaken and completed by staff. An entry was placed into the online diary of each member of staff and we saw that protected time was given for this to be undertaken. We saw that training in health and safety, information governance and mental capacity awareness and infection control had been completed by staff.
- Safeguarding training to the appropriate level had been completed by most staff. However we found that one GP

who should have completed level three training and a healthcare assistant who should have completed level two training, had only completed level one training. This was raised with the practice on the day of the inspection and we were told this would be addressed.

- We spoke with members of staff about the training they had undertaken to assess its effectiveness, for example, chaperone training. We found that although chaperone training had been undertaken, some staff were unsure of the correct procedures and were given conflicting instructions from the clinicians who had asked for the chaperone. It was recognised by the practice that there would be benefit in discussing case studies and scenarios at meetings to embed learning and we saw that training was a standing agenda item at the monthly meetings going forward.
- We reviewed 10 personnel files and found records of qualifications and registration with the appropriate professional body.
- A nurse had been employed and had joined the practice the previous week whose roles were to include wound care, childhood immunisations and diabetes reviews. We saw that the nurse had received support and evidence of training for wound care and childhood immunisations. However no evidence was available which demonstrated training and competencies in relation to diabetes care. This concern was raised with the practice.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not ensure staff received appropriate training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>This was a breach of regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>