

# The Elms Surgery

## Inspection report

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Date of inspection visit: 12 Feb 2019  
Date of publication: 14/03/2019

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

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 Elms Surgery on 12 February 2019 as part of our inspection programme.

At the last inspection completed in February 2016 we rated the practice as good overall.

Our judgement of the quality of care at this service is based 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.

The practice is rated as **requires improvement** overall.

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

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

- People who used the service were generally protected from avoidable harm and abuse, however legal requirements in relation to recruitment of staff were sometimes not met.
- The practice did not have safe and effective systems and processes to manage medicines and equipment.
- Patient consent was not recorded appropriately.
- There was a lack of audit and quality monitoring of systems.
- Some staff felt unsupported and some clinical staff had not received an appraisal.

This means that:

- Patient safety was not always assured, management of medicines and equipment were not always safe.

- Patients generally had good outcomes because they received effective care and treatment that met their needs.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- Patients' needs were met by the way in which services were organised and delivered.
- The leadership, governance and culture of the practice did not always promote the delivery of high quality person-centred care and staff were not always supported.

There were areas where the provider **must** make improvements:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

There were areas where the provider **should** make improvements:

- Review internal building security and confidentiality arrangements at the reception desk.
- Update the practice safety alerts records with any results of action taken.

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

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

## Background to The Elms Surgery

The Elms practice is part of the NHS West Lancashire Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice had approximately 5,387 patients on its register. The Elms practice provides services from a two-storey building at 16 Derby Street, Ormskirk, Lancashire L39 2BY. The practice provides a full range of services including GP appointments, nurse led health screening clinics and baby clinics.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The percentage of the population with a longstanding health condition is lower than the local and national averages at 47.9% as compared with 55.1% and 51.2% respectively. The practice's unemployed patient population is lower, 2.2% compared with the CCG average of 2.7% and the England average of 4.3%. The patient numbers in the

younger age groups are higher than both the CCG and England averages. For example, 3.4% of the patient population is aged 0-4 years (CCG and England average 4.4 and 5.6% respectively).

The practice has one lead and one long-term locum GP (both male). The practice employs a practice manager, an advanced nurse practitioner, two nurse practitioners and a healthcare assistant (HCA). In addition, the practice employs a team of secretarial, reception and administrative staff.

The Elms practice is open Monday to Friday 8am to 6.30pm. Patients may also book appointments at other local practices until 8pm on weekdays and at weekends via the GP federation.

Patients are asked to contact NHS 111 for Out of Hours services.

The practice provides the following regulated activities: treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and maternity and midwifery services.

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> <p>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:</p> <p>there was no protocol in place to manage the analysis of skin samples following minor surgery, there was no evidence of any samples having been sent for histology investigation,</p> <p>processes for checking medicines and medical equipment were fit for use were not effective,</p> <p>the majority of staff had not received training in infection control and prevention,</p> <p>the majority of staff had not received training in the identification and action needed in the case of sepsis,</p> <p>there was no evidence of formal care planning, with no care plans available for examination.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were 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:</p>

This section is primarily information for the provider

## Requirement notices

there was no evidence of structured audit having taken place, documents provided purporting to be audits were simple data collection,

there was no evidence of patient consent having been recorded for example, before minor surgery or joint injections were completed,

there was no evidence of any systems to check consent was being obtained and recorded,

some significant events documented by clinicians, were not communicated to the management team for recording and hence, analysis, review and learning opportunities were lost,

some patient group directives and patient specific directives had not been signed, dated and authorised appropriately, with some expired,

some staff felt unsupported by the lead GP and were reluctant to ask for advice,

there was no evidence of recent appraisals having taken place for clinical staff,

There was little evidence of the practice planning for future development and improvement.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that only persons of good character were employed.

The registered person's recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed.

This section is primarily information for the provider

## Requirement notices

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

This was in breach of Regulation 19 (1) (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014