

Emersons Green Medical Centre

Inspection report

St. Lukes Close
Emersons Green
Bristol
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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 to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Emersons Green Medical Centre on 24 and 26 May 2021. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive – requires improvement

Well-led – requires improvement

Following our previous inspection in January 2020, the practice was rated Requires Improvement overall and for the safe, effective, caring and well led key questions but inadequate for responsive services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Emersons Green Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- The safe, effective, caring, responsive and well led key questions
- The breach of Regulation 17 – good governance of the HSCA (RA) Regulations 2014 identified at a previous inspection in January 2020.
- Ratings carried forward from previous inspection. We carried out a focused inspection in October 2020 but did not rate the service at that time. At the October 2020 inspection we found improvements had been made to meet a breach of Regulation 12 – safe care and treatment of the HSCA (RA) Regulations 2014. A requirement notice had been included in the report for the inspection in January 2020.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider

Overall summary

- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

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 and good for all population groups, with the exception of people with long term conditions which is rated as requires improvement.

We found that:

- The practice had not monitored some groups of patients sufficiently to keep them safe and protect them from avoidable harm. However, the practice provided assurances to us following the inspection that immediate action had been taken to rectify this.
- There was not a consistently robust recruitment process for all newly appointed staff. This meant not all checks, such as the disclosure and barring service check, had been carried out prior to staff starting work at the practice.
- Not all staff had completed their mandatory training to meet the practice targets and requirements.
- Patients generally received effective care and treatment that met their needs. During the pandemic staff had worked consistently hard to ensure routine health checks and procedures had continued where possible.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way. However, three patients had contacted us with concerns regarding not being able to access the service in a timely way. The practice had installed a new telephony system which was closely monitored by the practice to ensure patients were responded to in a timely way. Additional staff had been recruited and trained to respond to patients calls.
- Not all staff used interpretation and translation services, relying instead on families and friends to provide information to patients. This did not ensure the patients confidentiality was consistently respected.
- Effective systems and processes were not evident to ensure the service was consistently monitored, and appropriate action taken to promote the delivery of high-quality, person-centre care.
- The practice did not have a process for monitoring and ensuring staffing levels. Within some teams, staff were required to seek cover themselves for annual leave.

We found two breaches of regulations. The provider **must**:

- Ensure systems and processes are embedded to provide care and treatment in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Improve arrangements for ensuring safe staffing levels to support all teams of staff.

Overall summary

- Review arrangements for checking fridge temperatures to ensure records consistently record full information.
- Review arrangements so that staff receive consistent appraisals, supervision and access to team meetings.
- Review arrangements in order that patients whose first language is not English are supported appropriately.
- Review arrangements to provide staff with information regarding their roles and responsibilities and the agreed line management of teams and individuals.

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 who spoke with staff using video conferencing facilities and undertook a site visit. Two additional inspectors provided support on the inspection. The team included a GP specialist advisor who interviewed staff and completed clinical searches and records reviews without visiting the location.

Background to Emersons Green Medical Centre

Emersons Green Medical Centre is located in Bristol at:

St Lukes Close

Emersons Green

Bristol

Avon

BS1 7AL

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Bristol, North Somerset & South Gloucestershire CCG Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services to a patient population of about 11,500. This is part of a contract held with NHS England.

The practice is part of a wider network of five GP practices in South Gloucestershire.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of ten). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 94% White, 2.8% Asian, 3.2% black, mixed and other.

There is a team of ten GPs. The nursing team is made up of five nurse practitioners, four practice nurses and four health care assistants who provide nurse led clinic's for long-term conditions, wound care, sexual health and vaccinations. The GPs are supported at the practice by a team of care navigators, reception and administration staff. The practice manager and operations manager provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is invited in or if necessary a home visit is carried out.

The service offers extended access to appointments and is open until 6.30pm Monday, Wednesday, Thursday and Friday and on Tuesdays until 8pm. The practice opens each day at 8am.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The recruitment process was not consistently robust to ensure safety for patients.• Systems and processes did not ensure all staff completed appropriate mandatory training.• There was insufficient oversight of systems and processes to ensure that appropriate action had been taken to maintain safety and deliver a safe and effective service. Such as the environmental risk assessment processes, recording of significant events, arrangements for cleaning of the premises and staff training compliance. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>Processes to ensure patients received appropriate monitoring were not consistently followed.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>