

Emmett Carr 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 | Good |  |
| Are services safe? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 6 |

Detailed findings from this inspection

| | |
|------------------------------------|---|
| Our inspection team | 7 |
| Background to Emmett Carr Surgery | 7 |
| Why we carried out this inspection | 7 |
| How we carried out this inspection | 7 |
| Detailed findings | 9 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Emmett Carr Surgery on 8 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report dated 8 November 2016 can be found by selecting the 'all reports' link for Emmett Carr Surgery on our website at www.cqc.org.uk.

We undertook an announced focused inspection on 8 May 2017 to confirm that Emmett Carr Surgery had carried out their plan, to meet the legal requirement in relation to the breach in regulation that we identified in our previous inspection. This report covers our findings in relation to the requirement 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 completed their action plan to meet the legal requirement.
- The practice had adopted a more proactive approach to assessing and managing risks. For example robust procedures had been put in place for managing significant events and Medicines and

Healthcare products Regulatory Agency (MHRA) alerts to ensure that all required actions had been completed, and that learning was shared with the practice team to prevent further incidents.

- Recruitment processes had been strengthened to ensure that appropriate pre-employment checks were obtained for all staff, along with evidence of their immunity status.
- The cleaning records had been updated to detail all tasks carried out and to show that regular spot checks were completed, to ensure that appropriate standards of cleanliness and hygiene were maintained.
- The practice had strengthened the governance arrangements for overseeing the quality of care and to mitigate risks. For example the clinical audit system had been developed to include more full cycle audits to drive improvements in patient care.
- The practice had established more formal meetings including regular clinical and business meetings, to aid communication, learning opportunities and improve the performance. All meetings were recorded to outline the issues discussed and responses and action points.

Summary of findings

- A succession plan had been put in place which set out the arrangements to cover unforeseen illness or departure of key members staff, to ensure continuity of care and the future security of the practice.

In addition the provider should:

Further review documentation relating to induction and the appraisal process to ensure staff receive appropriate training and development to carry out their work.

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 had adopted a more proactive approach to assessing and managing risks. For example robust procedures had been put in place for managing significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure that all required actions had been completed, and that learning was shared with the practice team to help prevent further incidents.
- New documentation had been put in place to record significant events and MHRA alerts, which was checked and signed off by senior managers on completion.
- Records relating to recent significant events were clear and detailed follow up actions and learning applied, to show that agreed actions had been completed.
- The recruitment policy did not detail all pre-employment checks and information obtained, although the processes followed in practice had been strengthened to ensure that appropriate checks were obtained for all staff, along with evidence of their immunity status.
- The cleaning records had been updated to detail all tasks carried out and to show that regular spot checks were completed, to ensure that appropriate standards of cleanliness and hygiene were maintained.

Good



Are services well-led?

- The practice had strengthened the governance arrangements for overseeing the quality of care and to mitigate risks, including staff recruitment, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Policies relating to the management of significant events and MHRA alerts had been updated to ensure these detailed the procedures followed at the practice. Records showed that all staff had been made aware of the updated processes and their responsibility to follow these.
- The clinical audit system had been developed to include more full cycle audits to drive improvements in patient care. The practice had established more formal meetings including regular clinical and business meetings, to aid communication, learning opportunities and improve the performance. All meetings were recorded to outline the issues discussed and responses and action points.

Good



Summary of findings

- A succession plan had been put in place which set out the arrangements to cover unforeseen illness or departure of key members staff, to ensure continuity of care and the future security of the practice.
- Staff development was actively encouraged and individuals were being upskilled and trained to take on new roles with the support of the partners and senior staff.

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 safety and well-led identified at our inspection on 8 November 2016, which applied to everyone using 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 safety and well-led identified at our inspection on 8 November 2016, which applied to everyone using 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 safety and well-led identified at our inspection on 8 November 2016, which applied to everyone using 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 safety and well-led identified at our inspection on 8 November 2016, which applied to everyone using 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 safety and well-led identified at our inspection on 8 November 2016, which applied to everyone using 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 safety and well-led identified at our inspection on 8 November 2016, which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

Good



Emmett Carr Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the focused inspection of Emmett Carr Surgery.

Background to Emmett Carr Surgery

Emmett Carr Surgery provides care to approximately 4,500 patients and is situated in north-east Derbyshire between the villages of Eckington and Barlborough. The main practice is situated in the village of Renishaw, and there is also a branch surgery approximately two miles away within Eckington Health Centre, Gosber Road, Eckington, Sheffield. S41 4BZ.

We visited the main practice at Renishaw during our inspection. The practice provides primary care medical services via a Personal Medical Services (PMS) contract commissioned by NHS England and NHS Hardwick Clinical Commissioning Group.

The registered patient population are predominantly of white British background. The practice age profile demonstrates slightly higher numbers of children and younger people and people aged 40-50 years old, whilst there are generally lower numbers of patients aged 65 and over in comparison to the local and national averages. The practice is ranked in the fourth least deprived decile and serves a mix of residential and semi-rural areas.

The main surgery operates from purpose built premises built in 1993, which is shared with the branch site of another local GP practice. All patient services are provided on the ground floor of the building, whilst the upper floor is used for administration.

The practice is run by a partnership of two full-time female GPs. The partners employ a practice nurse, a health care assistant, a phlebotomist and a care co-ordinator. The clinical team is supported by a practice manager with a team of nine administrative and reception staff, with some of these staff undertaking dual roles due to the nature of being a small practice. A self-employed advanced nurse practitioner works for two days on most weeks. A regular male locum GP also provides a session on Mondays.

The practice accommodates medical student placements from Sheffield University.

The main site opens from 8am to 6.30pm Monday to Friday. GP consultations commence each morning at Emmett Carr Surgery from 9am until 11am, and afternoon GP appointments are available from 3pm (from 2.40pm on Mondays) until 5.20pm.

Extended hours consultations are available to see the nurse on a Wednesday evening from 6.30pm until 7.30pm, and early morning GP surgeries are available from 7-8am each Wednesday. The practice closes on ten afternoons throughout the year at 1.30pm for staff training.

The branch surgery at Eckington opens from 8.30am to 6pm on Monday and Thursday and from 8.30am to 1pm on Tuesday, Wednesday and Friday.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Healthcare United via the 111 service.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Emmett Carr Surgery on 8 November 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 can be found by selecting the 'all reports' link for Emmett Carr Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Emmett Carr Surgery on 8 May 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care, and to confirm that the practice was now meeting the legal requirements.

How we carried out this inspection

Before our inspection, we reviewed various information that we hold about the practice including the provider's

action plan linked to the last inspection. We visited the practice on 8 May 2017 as part of this focused inspection. We spoke with the practice manager, a senior receptionist and assistant practice manager. We also checked various records; this involved reviewing evidence that:

- The governance systems had been strengthened to ensure the delivery of high quality care.
- The clinical audit system had been developed to include more full-cycle audits where appropriate.
- Relevant policies and procedures had been updated.
- The practice had adopted a proactive approach to assessing and managing risks.
- Recruitment processes had been strengthened to ensure that and appropriate pre-employment checks were obtained for all staff.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 8 November 2016, we rated the practice as requires improvement for providing safe services as the systems in place for assessing and mitigating risks required strengthening. For example effective procedures were not followed relating to staff recruitment, significant events and the management of the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

These arrangements had significantly improved when we undertook a follow up inspection on 8 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- The practice had adopted a more proactive approach to assessing and managing risks. For example robust procedures had been put in place for managing significant events to ensure that all required actions had been completed, and that learning was shared with the practice team to help prevent further incidents.
- The practice had recorded three significant events since our previous inspection in November 2016. All correspondence and records relating to events were now kept with the completed incident form. To aid communication a hard copy of all significant events was kept in the reception office at both surgeries, in addition to the electronic events folder which was available on the desktop of all computers. The records relating to recent events were clear and detailed follow up actions and learning applied to show that agreed actions had been completed.
- The records showed that significant events were effectively managed, and that lessons were shared with the staff team and wider to ensure action was taken to improve patient safety. For example, a hospital had discharged a patient from the diabetic clinic for not having attended an appointment when they had. The patient had also not received their blood tests results. The practice wrote to the hospital to raise the issue, resulting in the patient receiving their test results and a further clinic appointment. The hospital systems were reviewed to improve the service.

- The practice had adopted a more proactive approach to the management of MHRA alerts. Staff followed a new protocol and guidance to ensure that any risks to patients were appropriately identified and managed. To prevent a delay in identifying risks to patients, alerts were forwarded to the practice manager, assistant manager and senior receptionists via a generic email. They forwarded a copy to the GPs. The practice manager or acting senior staff ran a report on the day of receipt, to search for any patients who had been prescribed the named medicines, or if the practice held a stock of the medicines. Any patients at risk were contacted immediately and advised of changes/risks, and consultations were documented. Hard copies of the alerts were also printed off and available for view at both sites on the GPs work stations. An action slip and sign off sheet recording the date a search was undertaken and actions completed was attached to each alert.

Overview of safety systems and process

- A lone worker risk assessment had been completed in regards to the early morning and evening clinics held. There were always two members of staff on duty. The assessment showed that appropriate safety measures were in place to mitigate risks to the staff on duty.
- The recruitment policy did not detail all pre-employment checks and information obtained, although the processes followed in practice had been strengthened to ensure that appropriate checks were obtained for all staff, along with evidence of their immunity status. Staff files had been reviewed to ensure they contained the required information. The practice manager completed a checklist to ensure that all required pre-employment information had been requested and received for newly appointed staff.
- Staff turnover remained low at the practice. Only one member of staff had been appointed since our previous inspection. We checked the file of the new member of staff. This contained appropriate pre-employment checks, except for satisfactory information about any relevant health conditions. Information received following the inspection, showed that the practice had addressed the above issues.
- The practice directly employed a cleaner to carry out their cleaning each day. The cleaning records had been

Are services safe?

updated to detail all tasks carried out, which the cleaner signed. Records showed that weekly spot checks were carried out to ensure that appropriate standards of cleanliness and hygiene were maintained.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 8 November 2016, we rated the practice as requires improvement for providing well-led services, as there were some areas where the governance arrangements required strengthening relating to staff recruitment, significant events and MHRA alerts. For example the records did not always show that all required actions had been completed following safety incidents and alerts. Also not all internal meetings held were minuted and included discussion and learning from events and complaints.

These arrangements had significantly improved when we undertook a follow up inspection on 8 May 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

- The partners and practice manager had established more formal meetings to discuss the business and review on-going improvements. These were held most weeks. The practice manager maintained a notebook to record issues discussed and agreed action points, which were reviewed.
- A succession plan had been put in place which set out the arrangements to cover unforeseen illness or departure of key members of staff, to ensure continuity of care and the future security of the practice. A written business plan was not in place, as the senior managers felt this was not required as a small practice. Senior staff we spoke with were clear as to the short and medium term plans for the service, and were able to demonstrate a commitment to on-going improvements.
- The practice had a small staff team who worked across the two surgeries and undertook various roles, with transferrable skills to cover staff absences and emergency situations. As part of the succession plan, the practice manager had completed a review of staff roles and transferrable skills to ensure sufficient cover was maintained.

Governance arrangements

The governance arrangements had been strengthened in the following areas to ensure the delivery of high quality care:

- Policies relating to the management of significant events and MHRA alerts had been updated to ensure these detailed the procedures followed at the practice. Records showed that all staff had been made aware of the updated processes and their responsibility to follow these.
- The clinical audit system had been developed to include more full cycle audits to drive improvements in patient care. The GPs had reviewed all single cycle audits completed in the last two years, to identify ones where a second cycle audit was required to monitor improvements made. Since January 2017 a further two full-cycle audits had been completed relating to the early management of diabetic retinopathy, and the prevention of coronary heart disease. The reports showed overall improvements to screening, treatment and follow up. The audits had been shared with all clinical staff.
- A new member of staff had recently been appointed. Senior staff we spoke with told us that the new employee had received a three week induction, which included shadowing experienced staff. Their completed induction plan provided evidence that all listed topics had been covered with sign off from the employer and employee. However, the induction plan was not comprehensive and specific to staff roles. The practice manager agreed to review this.
- Staff continued to receive an annual appraisal including a review of the previous year's performance, and discussion about their training needs. The practice manager was updating the appraisal form to include a personal development plan and objectives for all staff. The new form would be developed with involvement of the staff.
- The practice had established more formal meetings including regular clinical meetings, to aid communication, learning opportunities and drive improvements. We saw that all meetings were recorded to outline the issues discussed and related responses and action points.
- Staff we spoke with told us that full team meetings continued to be held at least five times each year, during which they had the opportunity to raise any issues and to discuss learning from incidents and complaints. The practice manager had explored ways of increasing the

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

frequency of these meetings but this was difficult due to attendance at Clinical Commissioning led training events, working across two sites, and the part-time status of employees. Staff felt that in view of the small size of the team effective communications were in place, and there were regular opportunities to discuss any issues between the full team meetings.

Continuous improvement

Staff development was actively encouraged and we saw how individuals were being upskilled and trained to take on new roles, with the support of the partners and senior staff. For example, the assistant practice manager was being trained to complete the accounts, payroll, QOF reporting, GP rotas and support the day to day running of the practice. The Health Care Assistant had attended recent training to complete basic wound dressings, and was booked on training to carry out flu vaccinations and B12 injections.