

# Emersons Green Medical Centre

# **Inspection report**

St. Lukes Close Bristol BS16 7AL Tel: 01179576006 www.emersonsgreenmedicalcentre.co.uk

Date of inspection visit: 29 October 2020 Date of publication: 23/12/2020

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	Inspected but not rated	
Are services safe?	Inspected but not rated	
Are services effective?	Inspected but not rated	
Are services caring?	Inspected but not rated	
Are services responsive to people's needs?	Inspected but not rated	
Are services well-led?	Inspected but not rated	

# **Overall summary**

We carried out an announced comprehensive inspection at Emerson Green Medical Centre on 9 January 2020. The practice was rated requires improvement overall with inadequate for responsive services. There were breaches of Regulation 12 (1) and 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches were regarding care and treatment not being provided in a safe way and compliance with requirements to demonstrate good governance not evident. The full comprehensive report on the January 2020 inspection can be found by selecting the 'all reports' link for Emersons Green Medical Practice on our website at www.cqc.org.uk

Following on from the inspection the practice submitted to us an action plan outlining how they would make the necessary improvements to comply with the regulations. A follow up inspection was planned for within 12 months of publication.

During the period of April to October 2020 we received intelligence to suggest an increase in risk to patients at this practice. During this timeframe we worked with the practice to seek assurances around these concerns and to mitigate risk in light of the COVID-19 pandemic.

Following an internal review of the information that had been provided by the practice we determined there was insufficient evidence to ensure that adequate progress had been made against the areas identified as regulatory breaches which included new intelligence received in the form of a continued escalation in patient complaints about the service and access to care. We therefore carried out a focussed inspection at Emersons Green Medical Centre on 29 October 2020.

We were mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what type of inspection was necessary and proportionate. We carried out a desk based review of documentation and evidence supplied by the provider and also undertook a short visit to the practice on 29 October 2020 to confirm the practice had carried out its plan to meet the legal requirements in relation to the breaches of regulation that we identified in the last inspection. We also looked at progress made against the areas identified in our previous inspection where the practice should make improvements (but were not breaches of regulation). This inspection only looked at the areas in relation to the breaches in regulation and novel risk and therefore not rated as a consequence.

We based our judgement of the quality of care at this service on this inspection by 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.

#### This was an unrated inspection. We did not review all aspects of each domain.

We found the provider had made improvements in providing **safe** services.

In particular clinical waste disposal for sharps bins was in line with national guidance.

Patient specific directions were managed in line with legal requirements and prescription security had been addressed.

The backlog of summarising patient records had been reduced. However, while improvements had been made to the system for recording and acting on significant events, this was not consistently effective.

We found the provider had made improvements in providing **effective** services.

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# **Overall summary**

Exception reporting was similar to or better than the local CCG and national averages. Cervical screening rates, while not meeting Public Health targets had improved.

We found the provider had taken measures to make improvements in providing **caring** services although patients had contacted the CQC and the practice with concerns regarding how staff communicated with them.

Customer services training had been sourced and booked for staff but had not taken place at the time of the inspection. The provider had carried out a second survey in May 2020, similar to the national GP survey, and had found patient satisfaction had increased.

We found the provider had taken action to make improvements in providing **responsive** services.

A new contract had been arranged with a different company to provide a better functioning telephony system. This was due to be implemented in December and therefore we were unable to assess the impact and efficacy this system would have. At the time of our inspection patients were still experiencing difficulty in accessing the practice.

Additional support was planned to provide clinical support and guidance for the care navigators on a daily basis. This was yet to be implemented and therefore the impact to patients was unknown.

Improvements were required in the handling of complaints.

We found the provider had made some improvements in providing **well led** services. The significant event process had been developed, safety systems had been reviewed and developed and additional training had been provided to staff.

The system for monitoring staff training completion did not provide a process for following up on training not completed.

#### 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	Not inspected	
People with long-term conditions	Inspected but not rated	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

### Our inspection team

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

### Background to Emersons Green Medical Centre

Emersons Green Medical Centre provides a service to over 12,00 patients. The practice serves the populations of Downend, Emersons Green, yate and the surrounding areas.

The South West UK Cencus data (2011) shows 6% of the population are recorded as being from the black or minority ethnic community, Public Health England national general practice profile shows the practice has a significantly lower than England average groups of patients aged 65 or over at 13.9% (England average 27.5% and clinical commissioning group average 29.5%).

The practice population has low levels of deprivation. The index of Multiple Deprivation 2015 is the official measure of relative deprivation for England. The practice population is ranked at decile 10 which is the lowest level of deprivation.

Emersons Green Medical Centre was purpose built and leased by the GP partners. The building is set over two floors with patient services on the ground floor only. It has power assisted door access to the entrance of the building and a large car park with blue badge reserved parking. There is a separate reception area with an automated arrival system and spacious waiting room.

The practice team includes GP partners and salaried GP's (male and female), executive, business and operational managers, advanced nurse practitioners, practice nurses, healthcare assistants, phlebotomist and administration staff.

The practice has opted out of providing out of hours services to their own patients. patients can access NHS 111 and out of hours services from information on the practice website.

The practice is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity services
- Surgical procedures
- Treatment of Disease, disorder or injury.

Further information about Emersons Green Medical Centre can be found at: www.emersonsgreenmedicalcentre.nhs.uk

# **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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	
Surgical procedures	<ul> <li>There were significant constraints on the ability of people to access care and treatment in a timely way</li> </ul>
Maternity and midwifery services	using the telephone system.
Family planning services	This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.