

# Chacewater Health Centre

## Quality Report

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Date of inspection visit: 21 July 2016  
Date of publication: 19/09/2016

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 effective?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at the Chacewater Health Centre on 21 July 2016. This was to review the actions taken by the provider as a result of our issuing two legal requirements. In January 2016 the practice did not have safe systems in place for the safe management of medicines and appropriate risk assessments were not in place to ensure staff within the practice had received appropriate checks and up to date mandatory training.

Overall the practice has been rated as Good following our findings, with safe, effective and well led now rated as good. This report should be read in conjunction with our report published on 20 April 2016 where the responsive and caring domains were rated as Good.

Our key findings across all the areas we inspected were as follows:

- The provider had carried out Disclosure and Barring checks (DBS) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) for all staff working within the practice.

- A new training policy had been written, including induction training for all new staff and a spreadsheet demonstrating training completed by existing staff.
- A comprehensive induction programme and protocols for the pre-employment of Locum GPs had been put in place.
- New procedures had been put in place to ensure that national guidance was followed for the safe storage of blank prescription forms and medicines being stored at the correct temperatures.
- New procedures had been introduced for the dispensary staff to follow regarding the National Reporting and Learning System (NRLS) reporting system. This system enables patient safety incident reports to be submitted to a national database. The data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

### 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 is rated as Good for providing safe services having implemented new processes and systems to ensure patients were kept safe.

- We found all staff who acted as chaperones had been trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- New induction processes for new staff were in place.
- Prescription forms were monitored and stored safely.
- New processes were in place to ensure dispensary staff were able to use national reporting systems. Processes were in place for staff to check that medicines were stored at the appropriate temperature.

At the last inspection, we found

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment, new procedures and checks had been put in place to ensure that staff completed mandatory training

At the last inspection, we found

- Data from the Quality and Outcomes Framework 2014/2015 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Good



# Summary of findings

- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had reviewed and updated their policies and procedures to govern activity and held regular governance meetings.
- New policies and procedures had been put in place to ensure recruitment and chaperone processes followed safe procedures.
- New recruitment and induction checks on locum GPs were in place and effectively recorded.

At the last inspection, we found

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# 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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



### Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



### People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Effective and Well-led domains mean the rating for this population group is now Good.

Good



# Chacewater Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focussed inspection was carried out by a CQC lead inspector.

## Background to Chacewater Health Centre

The Chacewater Health Centre was inspected on the 21 July 2016. This was a focussed inspection to check if areas identified as requires improvement in January 2016 had been actioned.

The main practice is situated in the rural village of Chacewater, Cornwall. There is also a branch surgery in Devoran. The practice provides a general medical service to 5,700 patients of a diverse age group. The practice is a teaching practice for medical students.

There is a team of four GPs partners, two male and two female. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a deputy practice manager, a nurse practitioner, four nurses, two healthcare assistants and additional administration staff.

The practice also has a dispensary at each location, overseen by a dispensary manager.

Patients using the practice also have access to community nurses, community matron and midwife who are based at the practice. Other health care professionals visit the practice on a regular basis.

Both practices are open between the NHS contracted opening hours 8am until 6.30pm Monday to Friday.

Appointments are offered anytime within these hours. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours surgeries are offered every Saturday morning at the Chacewater Health Centre for pre-bookable appointments between 8.30am and 11.30am.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice have a General Medical Services (GMS) contract with NHS England.

The Chacewater practice provides regulated activities from the main site at Chacewater as well as the smaller branch at Devoran Surgery, Quay Rd, Devoran TR3 6PW. During our inspection we visited the main site at Chacewater.

## Why we carried out this inspection

We carried out an inspection of the Chacewater Health Centre on 27 January 2016 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the regulation they were not meeting. We inspected the practice to ensure the actions stated had been completed.

## How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focussed inspection at short notice. We looked at management and governance arrangements and a sample of patient records and spoke with two staff.

# Are services safe?

## Our findings

### Overview of safety systems and processes

In January 2016, we found that not all the staff who acted as chaperones had received training for their role and not all staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A written risk assessment for not requiring DBS checks had not been produced. There was therefore a risk that patients may be supported by staff who may be unsuitable to work in that role.

At this focussed inspection we found the practice had carried out a DBS check on all the staff within the practice. A new protocol had been put in place for all new staff to undergo this check prior to employment. All staff had undertaken e-learning for chaperone training as well as face to face specific training from a GP within the practice. Staff were able to describe this role and responsibilities so that patients were better protected.

In January 2016, we noted dispensary staff were not fully aware of National Reporting and Learning System (NRLS) reporting system and were not fully competent to use it. We also noted the practice did not have a consistent approach to errors and near misses by the dispensing team across both sites.

At this inspection we found that new policies and procedures had been put in place for staff to follow and the dispensary. Staff had received training on the National Reporting and Learning system to improve patient safety through improved learning and effective use of the system.

In January 2016, the practice did not have in place procedures and protocols in place to ensure that blank prescription forms for use in printers, and also pre-printed prescription pads were kept securely at all times.

At this inspection we found that new procedures for the safe storage and handling of blank prescriptions had been put in place to ensure they were handled in accordance with national guidelines. This included all serial numbers of blank prescriptions forms being recorded before being placed in printers so they could be tracked through the practice and also all printers had been fitted with a lock for additional security.

In January 2016, we found that there was no written protocol for checks required for locum GPs when being used. At this inspection, we saw evidence of the new pack used by the practice prior to using a locum GP. This included pre-employment checks for example, DBS checks and proof of being on the performers list as well as a comprehensive induction that included local protocols, health and safety and a tour of the building.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

In January 2016, we found staff had access to and made use of e-learning training modules and in-house training. However, not all staff had undertaken this training and there was no formal process in place to check training was being completed. New staff did not receive induction training.

At this inspection, we saw a new training policy had been written which included the induction of new staff and a list of all mandatory training that had to be completed. A spread sheet had been created to monitor and plan the training throughout the year and a designated staff member was made responsible of ensuring that this training had been completed by all staff. We looked at records from the previous two months and saw that these were completed.



# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

In January 2016, we found areas of governance were less well managed and required reviewing. These were;

- Recruitment and chaperone processes did not follow safe procedures;
- Checks on locums were not effectively recorded;
- Aspects of the dispensary processes and medicines management were not robust; and

- Training was not monitored effectively to ensure all staff had completed basic learning or annual updates.

At this inspection, we were shown how the practice had reviewed its policies for governance. New procedures had been put in place. These procedures had been discussed at staff meetings and we viewed minutes of these meetings to confirm this. Written minutes were now being distributed to all staff within the practice through email and a communication file.