

# Dr Andrew Garrod

## Inspection report

The Medical Centre  
Churchfield  
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Date of inspection visit: 29 June 2022  
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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 well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Dr Andrew Garrod – Camelford Medical Centre on 29 June 2022. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 19 January 2018, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Andrew Garrod on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- Key questions inspected
- The ratings for Caring and Responsive were carried forward from the previous inspection. Both are rated Good.

## 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
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Talking with patients on the telephone

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

# Overall summary

- 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

We found that:

- The practice had not consistently provided care in a way that kept patients safe and protected them from avoidable harm. Clinical record searches highlighted a number of patients potentially at risk due to a lack of monitoring or missed diagnosis.
- Controlled drugs had not been disposed of correctly.
- Environmental risk assessments identified risks which had not been addressed.
- Patients medical information was not consistently accessible to clinicians and not all paper medical records had been stored securely.
- Patient's needs were not consistently assessed.
- The practice had not reached the national targets for cervical screening and baby immunisations.
- Staff were proactive in helping patients to live healthier lives.
- The practice worked well together and with external providers to receive person centred care.
- Patient's needs were not consistently assessed.
- 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.
- There was visible, approachable and inclusive leadership within the practice. The provider had not formally developed visions, values and a strategy to provide sustainable care.
- There was an open culture within the practice.
- The overall governance arrangements had not ensured systems and process were followed consistently.
- Not all processes for managing risks, issues and performance were formalised.
- The practice complied with digital and information security standards.
- Patient and staff views were welcomed and when necessary acted upon.

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

- Ensure care and treatment is provided in a safe way to patients.
- Embed effective systems and processes to ensure good governance and assurance in accordance with the fundamental standards of care.

The provider **should**:

- Review the system for the provision of health checks for patients to consistently meet patient need.
- Review the system regarding the use of interpretation and translation services to promote patient confidentiality.
- Continue to promote screening and immunisations for patients to meet national targets
- Continue to review and promote staff safety and wellbeing.
- Review the environmental risk assessments and develop to include all risks and formulate action plans to reflect the action taken to reduce the risks.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## 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. The team included a GP specialist advisor, a member of the CQC pharmacy team who attended the onsite inspection.

## Background to Dr Andrew Garrod

Dr Andrew Garrod - Camelford Medical Centre is located in Camelford at:

The Medical Centre

Churchfield

Camelford

Cornwall

PL32 9YT

The practice has a branch surgeries at:

Delabole Surgery

46 High Street

Delabole

PL33 9AE

And

St Breward Surgery

Rowe

St Breward

PL30 4LN

The branch surgeries each had a dispensary which were visited as part of this inspection.

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. These are delivered from each site.

The practice offers services from a main practice and two branch surgeries. Patients can access services at either surgery.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 3200. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). 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 99% White and 1% Mixed.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of one GP supported by two locum GPs who provide cover at each site. The practice has practice nurse who provides nurse led clinics for long-term condition of use of both the main and the branch locations. The clinicians are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight.

The practice is open between 08:30am to 17:30 pm Monday to Friday with clinics distributed between the three practices. Opening hours are displayed on the practice website for each site. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Kernow Out of Hours, where late evening and weekend appointments are available.

## 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
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>• Environmental risk assessments had not been consistently completed and some risks identified had not been addressed.</li><li>• There had been a lack of oversight regarding the storage of patients' personal and confidential information.</li><li>• There was no formalised action plan to reduce the backlog of summarisation of patient records.</li><li>• The provider had not taken appropriate action to ensure patients' medical information was accessible to clinicians when required.</li><li>• Systems and processes regarding the security, storage, recording and disposal of medicines including controlled drugs had not been updated.</li></ul>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>Patients prescribed high risk medicines had not received the necessary monitoring within the required timescales.</li><li>Safety alerts from the Medicines and Health care products Regulatory Agency (MHRA) had not been effectively acted upon.</li></ul>