

Stillmoor House Medical Practice

Inspection report

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PL31 2JJ
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Date of inspection visit: 23 February 2022 to 1 March 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cornwall. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

We carried out an announced inspection at Stillmoor House Medical Practice between 23 February and 1 March 2022. Overall, the practice is rated as good

The ratings for the key questions are:

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 5 January 2016, 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 Stillmoor House Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook this inspection at the same time as Care Quality Commission (CQC) inspected a range of urgent and emergency care services in Cornwall. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system-wide feedback.

This inspection was a focused inspection:

Key questions covered were:

Safe

Effective

Well-led

Ratings for the Caring and Responsive key questions were carried forward from the previous inspection.

How we carried out the inspection

Overall summary

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
- Staff surveys

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 good overall

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Actions from health and safety risk assessments had been completed.
- Patients received effective care and treatment that met their needs.
- There were systems and processes in place to review and monitor patients appropriately.
- 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.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Whilst we found no breaches of regulations, the provider **should**:

- Review the protocol in use for when patients could not be contacted to make sure all actions needed were detailed.
- Continue with work on improving performance, such as cervical screening uptake and the action plan developed to address the delays in undertaking reviews and monitoring of patients' conditions.
- Continue with plans to provide staff with appropriate training and appraisals, in particular training on gaining consent and providing positive feedback to staff on their performance. Review process to see if time can be protected more effectively for staff to complete mandatory training.

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 and a member of the CQC pharmacy team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Stillmoor House Medical Practice

Stillmoor House Medical Practice is located at:

Bell Lane

Bodmin

PL31 2JJ

The practice has a dispensary onsite and provides primary medical services to around 11,300 patients who live in Bodmin and the surrounding villages in Cornwall.

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 offers services from one location.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and is part of a wider network of GP practices.

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 predominantly White British (98%), with the remaining patients identifying as Asian, Black, Mixed, and Other ethnicities.

There are two full time GPs partners and three part time GP partner; and a salaried GP. There are two emergency care practitioners; a minor illness nurse; two practice nurses; and two assistant practitioners. In addition, there is one health care assistant and a phlebotomist.

Also, part of the extended clinical team are a clinical pharmacist and a discharge care co-ordinator; who work with the GPs and clinical team to provide support in relation to medicines management and care planning for patients discharged from hospital.

Clinicians are supported by a practice manager; an operations manager and a team of reception and administration staff.

The practice provides medical support to a local community hospital. There is a dispensary offering a service for patients who live more than one mile from a pharmacy. The practice is involved in a shared initiative with other practices in the town, providing a drop-in service at the local college, offering advice and treatment to young people.

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 offered a choice of either the main GP location or the branch surgery.

The practice is open Monday to Fridays from 8.30am to 6pm. Extended opening on alternate Saturday mornings from 8am, and alternate Wednesday and Thursday evenings from 6.30pm is available for pre-booked appointments for patients with on-going medical conditions.

Out of hours GP services can be accessed via the NHS 111 service.