Trescobeas Surgery

Inspection report

Trescobeas Road
Falmouth
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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and the evidence in the report was gathered without entering the practice premises.

We carried out the remote elements of inspection through the GP focused inspection pilot (GPFIP) on 17 December 2020. This was in response to intelligence we received from the Kernow Commissioning Group to suggest an increase in risk to patients at the practice. This information included an email account with over 5,000 emails relating to patients being unopened and one weeks missing consultation records. A whistle-blower also informed us of other failings around governance within the practice. From information and potential concerns considered by CQC there were areas identified that required investigation and review.

We have not rated the practice during this assessment as we did not visit the Provider.

We found that:

The practice did not have clear systems and processes to keep patients safe.

- The practice did not have appropriate systems in place for the safe management of medicines.
- There was not a process in place for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.
- There was no clear system in place to ensure all patients received an annual review of their medicines which meant there was a risk of some patients being missed.
- The practice did not manage safety alerts or provide evidence that patient medical alerts were actioned and managed appropriately.
- Clinicians did not have access to consultation history and previous clinical actions to ensure they were able to deliver safe care and treatment.
- Effective systems and processes to ensure good governance were not in place.

Following this inspection and due to the seriousness of the concerns found the CQC, served a Letter of Intent under Section 31 of the Health and Social Care Act 2008. This was because "the Commission has reasonable cause to believe that unless it acts under this section any person will or may be exposed to the risk of harm". This letter offered the registered provider the opportunity to put forward documentary evidence which may provide assurance that the risks identified had already been removed or were immediately being removed.

Following on from the inspection the practice submitted to us an action plan outlining how they would make the necessary improvements to comply with our findings.

The provider must:

Overall summary

- Ensure that care and treatment is provided in a safe way. (Please refer to the enforcement section at the end of the report for more detail.)

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the enforcement section at the end of

the report for more detail.)

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	**Not inspected**
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 consisted of a lead Inspector and a GP specialist advisor.

Background to Trescobeas Surgery

The main practice is situated in Falmouth in Cornwall. There are also branch practices at Mylor and Flushing. The practice provides a general medical service to 10,000 patients in urban and rural locations covering the whole of Falmouth and east to Penryn and south to Mawnan Smith.

The practices population is in the sixth decile for deprivation; one being the most deprived and ten being the least deprived; when compared to the national average. The practice population ethnic profile is predominantly White British. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matched the national average of 79 years; female life expectancy is 84 years which is slightly higher than the national average of 83 years.

There is a team of six GP partners, four female and two male GPs with five salaried GPs. The Senior Partner and Registered Manager with the CQC is currently off on long-term sickness and another female partner is standing in as lead partner. The team are supported by a practice manager, a lead nurse, two practice nurses, four healthcare assistant/phlebotomists (a person trained to take blood samples) and additional administration staff.

The practice is a training and teaching practice for GPs in training, and medical students. No medical students are at the practice at the current time.

At the Mylor practice, dispensing services are provided to registered patients who lived more than a mile away from a community pharmacy. The dispensary is open during surgery times.

Patients using the practice also have access to community nurses, mental health teams and health visitors and other health care professionals.

The practice is open from 8am to 6.30pm Monday to Friday with extended hours between 6.30pm to 8pm from Monday to Thursday. The practice operates a telephone call-back/telephone consultation system. Outside of these times patients are requested to telephone the practice, where the calls are transferred to the out of hours service on the NHS 111 number.

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

The Trescobeas Surgery provides regulated activities from the main site at Trescobeas Road, Falmouth, Cornwall TR11 2UN and from a branch at Mylor and Flushing.

This section is primarily information for the provider

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 Diagnostic and screening procedures Family planning services Surgical procedures Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had failed to do all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment.** **We found:** **The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.** • In relation to the receipt and management of relevant Patient Safety Alerts, recalls and rapid response reports issued from the MHRA and through the Central Alerts System (CAS). **This was in breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **There was additional evidence that safe care and treatment was not being provided. In particular:** • The practice systems in place to ensure that patients on high-risk medicines were appropriately monitored were not always effective. • The arrangements for the identification and actioning of medicine safety alerts were not fully effective. • The follow up system to improve quality outcomes for patients was ineffective, in particular for those patients with diabetes. **This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

- Records were incomplete due to missing records and unopened email account

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Policies and procedures were not reviewed and updated.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.