

Drs Atkinson and Thornton

Inspection report

8 Dean Street
Liskeard
PL14 4AQ
Tel: 01579343133
www.rosedeansurgery.co.uk

Date of inspection visit: 02 March 2022
Date of publication: 10/05/2022

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?

Good



Overall summary

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Kernow. 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 Dr Atkinson & Thornton on 3 March 2022. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are:

Safe - Requires Improvement

Effective – Requires Improvement

Well-led - Good

Following our previous inspection on 6 June 2018, the practice was rated Outstanding overall. This was due to the Responsive and Well-Led key questions being rated as Outstanding, whilst Safe, Effective, Caring were rated Good.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Atkinson & Thornton on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection as part of our routine regulatory activity.

During our inspection we inspected:

- Safe
- Effective
- Well-led
- Risk in access to Urgent and Emergency Care (UEC) in Kernow

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

Overall summary

- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

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 Requires Improvement overall

We found that:

- There were gaps in the system for monitoring safety alerts.
- There were actions which had not been addressed from the fire safety risk assessment.
- There were shortfalls in structured medicines reviews for patients on repeat medicines.
- There were gaps in the process for monitoring of patients with long term conditions.
- There was approximately four months backlog of summarising records.
- The percentage of female patients eligible for cervical cancer screening who were screened within a specified period was below the England average.
- 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.
- There were governance processes in place but oversight of risk management was not always fully embedded.
- The practice had a clear vision and strategy with effective leadership and culture that put patient care at the priority of its values.
- Staff were proud to work for the practice and felt supported in their role.

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

- Ensure care and treatment is provided in a safe way to patients.

The provider **should** also:

- Implement the planned system to catch up with the backlog of records summarising.
- Conduct the plan to improve the uptake of cervical cancer screening to eligible patients.

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

Our inspection team

Our inspection team was led by a CQC lead inspector and an inspection manager who spoke with staff using video conferencing facilities and undertook a site visit. The team also included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Drs Atkinson and Thornton

Dr Atkinson & Thornton also known as Rosedean House Surgery, is located at:

8 Dean Street

Liskeard

Cornwall

PL14 4AQ

The practice has a dispensary which was included as part of this inspection.

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures; maternity and midwifery services; family planning; treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to an approximate patient population of 9,400. The practice provides dispensing services for patients who live further than one mile away from a pharmacy. This is approximately half of its population. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices under East Cornwall Primary Care Network (PCN), which consists of seven GP practices serving approximately to 33,725 patients.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others. The practice has a significantly higher than average number of patients aged over 75 and 85 years, (10% of the practice list are over the age of 75 years compared to the national average of 8% and 3.3% of the patient list are over the age of 85 compared with the national average of 2%). The practice distribution average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females living to an average of 83 years.

According to the latest available data, the ethnic make-up of the practice area is 98.5% White, 0.5% Asian, 0.2% Black, 0.7% Mixed, and 0.1% Other.

There is a team of four GPs. Of which, two are partners and two are salaried. The practice has a team of two advanced nurse practitioner and two practice nurses who provide nurse-led clinics for long-term conditions. The practice also employs one clinical pharmacist and three healthcare assistants. The GPs are supported at the practice by a team of 18 administration staff. The practice manager, assistant practice manager and practice co-ordinator are also based at the location to provide managerial oversight.

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.

The practice is open on Mondays to Fridays 8.30am to 6.30pm. The dispensary is open on Mondays to Fridays 8.30am to 6.00pm. Extended access is provided locally by a virtual online platform called LIVI, where patients can book video consultations with a GP. Out of hours services are provided by NHS 111.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The system for monitoring and actioning safety alerts was not sufficient to provide detailed information of the patients affected, the actions taken and how this was shared with staff.• There was a lack of oversight for the monitoring of patients on high risk medicines, causing patients to be overdue their required monitoring, in line with national guidance.• There were gaps in the process for monitoring of patients with long term conditions.• Actions identified from the fire risk assessment were not fully addressed. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>