

Probus Surgery

Inspection report

The Surgery
Tregony Road, Probus
Truro
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www.probusurgery.co.uk

Date of inspection visit: 21 April 2022
Date of publication: 20/06/2022

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Probus Surgery on 21st April 2022. Overall, the practice is rated as Good

Safe - Good

Effective - Good

Well-led – Good

The ratings from the previous inspection for caring and responsive pulled through and were not inspected as part of this inspection.

Following our previous inspection on 26 August 2021 the practice was rated Good overall for all key questions but requires improvement for providing safe services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Probus surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection to follow up on the previous inspection in August 2021 when the key question of safe was reported as requires improvement. A breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment was recorded.

Outline focus of this inspection included:

- The key questions of safe, effective and well led
- Follow up of breaches of regulation 12 and ‘shoulds’ identified in previous inspection
- The ratings for caring and responsive were carried forward from the previous inspection

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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 facilities
- Speaking with staff during the visit to the practice
- 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 staff questionnaire.
- A short site visit

Overall summary

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 had clear systems, practices and processes to keep people safe and safeguarded from abuse. Staff had the information they needed to deliver safe care and treatment and the practice learned and made improvements when things went wrong.
- There were adequate systems to assess, monitor and manage risks to patient safety and appropriate standards of cleanliness and hygiene were met.
- The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. Ongoing monitoring was being maintained with actions taken to follow up late reviews.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. Staff worked together and with other organisations to deliver effective care and treatment.
- The practice always obtained consent to care and treatment in line with legislation and guidance.
- There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care. The practice had a clear vision and credible strategy to provide high quality sustainable care and had a culture which drove high quality sustainable care
- There were clear responsibilities, roles and systems of accountability to support good governance and management and clear and effective processes for managing risks, issues and performance.
- The practice involved the public, staff and external partners to sustain high quality and sustainable care. There were systems and processes for learning, continuous improvement and innovation.

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

- Continue to review, audit and organise the recruitment process to ensure a management overview of all records.
- Include within all audits, including infection prevention and control audits, a timescale for completed actions.
- Review the management of medical test results and letters to ensure that all results are seen by the appropriate staff in a timely way.
- Ensure systems for managing patients with long term conditions continue to be monitored to maintain an effective overview of patient care and treatment.

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 another CQC inspector who spoke with staff using video conferencing facilities and during a site visit. The team 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 Probus Surgery

The probus Surgery is in Truro at:

The Surgery

Tregony Road

Probus

Truro

Cornwall

TR2 4JZ

The practice has branch surgeries at:

Tregony Surgery

Roseland Parc

Fore Street

Tregony

TR2 5PD

Summercourt Surgery

Summercourt Memorial Hall

School Lane

Summercourt

Truro

TR8 5DY

Probus Surgery has a dispensary and patients can use and access the medicines delivery service provided by the practice.

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 the registered location. The practice offers services from both 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 9,200. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Arbennek Health Primary Care Network (PCN) The PCN includes four providers of GP services.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh decile (seven 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 98.8% white, 0.3%Asian, and 0.9%

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

There is a team of eight GPs who provide cover at the main (registered) location and the branches. The practice has a team of four registered nurses and four health care assistants, who provide nurse led clinic's at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The business and strategic manager, practice manager and assistant practice manager are based at the main 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, GP appointments were offered as 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. Data provided by the practice identified that in the past 12 months 6,730 telephone consultations and 8,405 face to face visits had been provided to patients.

Extended access is provided by the practice with appointments available from 08.30 to 18.00 each weekday. Out of hours services are provided by the Cornwall out of hours doctors service and 111.

According to the latest available data, the ethnic make-up of the practice area is predominately white British, with 0.3% being another ethnicity

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

At the time of the inspection Tregony Surgery and the Merlin Centre were open and Summercourt surgery was closed. We did not visit the branch sites during this inspection.