

Petroc Group Practice

Inspection report

Trekenning Road
St Columb
TR9 6RR
Tel: 01637880359
www.petrocgrouppractice.co.uk/

Date of inspection visit: 13 June 2023
Date of publication: 18/09/2023

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced focused inspection of Petroc Group Practice at St Columb Major, on 13th June 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement.

Caring – rating of good carried forward from previous inspection.

Responsive - requires improvement.

Well-led - inadequate

Following our previous inspection on 12 March 2019 the practice was rated good overall and for all key questions, but the practice is now rated inadequate for providing safe and well-led services and requires improvement for effective and responsive.

The full reports for previous inspections can be found by selecting the 'all reports' link for Petroc Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection.

We carried out this inspection to follow up concerns reported to us. During the inspection we reviewed the safe, effective, responsive and well led key questions.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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.

Overall summary

We found that:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse. Not all processes for the safe recruitment of staff were formalised and recorded and mandatory staff training was not up to date for all clinical and non-clinical staff.
- The management of documents relating to care and treatment was not managed in a timely manner and the system for patient records waiting for summarisation was unclear to staff and therefore, the process to access to records urgently was not clear. There were some delays in processing patient correspondence records and unclear systems to ensure urgent referrals were actioned.
- Safety systems and risk management was not embedded to ensure that environmental risks were well managed.
- The procedures and systems relating to medicine management had not been consistently followed to ensure the security of prescriptions and safe management of all emergency equipment.
- Patients had not received effective care and treatment that met their needs. Monitoring processes, and the oversight of these processes, had not been carried out appropriately to ensure patients were in receipt of effective correct care and treatment for their long-term conditions.
- The provision of cervical screening for eligible women did not meet national targets.
- The practice had a limited system to learn and make improvements when things went wrong.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centred care due to a lack of consistent oversight of systems and processes. The practice did not have clear and effective processes for managing governance, risks, issues and performance.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences,
- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Review the mandatory training so that all staff have the skills, knowledge and experience to carry out their roles.

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

- Consider informing patients of the use of CCTVs outside the building.
- Consider improving patient satisfaction around access to the service.

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

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and a further CQC inspector who spoke with staff using video conferencing facilities and undertook 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 Petroc Group Practice

Petroc Group Practice has a main location in St Columb:

St Columb Major

Trekenning Road

St Columb

Cornwall

TR9 6RR

The practice has a branch surgery at:

St Columb Road Surgery

Parka Road

St Columb Road

St Columb

Cornwall

TR9 6PG

Petroc Group Practice is also registered to provide services from another location:

The Medical Centre (Padstow)

Boyd Avenue

Padstow

Cornwall

PL28 8ER

The Medical Centre has a branch surgery at:

The Merryn Surgery

St Merryn

Padstow

Cornwall

PL28 8NP

We visited the main location at St Columb Major as part of our inspection. Further information about the practice can be found at www.petrocgrouppractice.co.uk.

The provider does not currently have a CQC registered manager.

The provider is registered with CQC to deliver the following Regulated Activities, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from three sites and the main location is currently a dispensing practice. The St Merryn site was currently used for clinical dispensary work.

Petroc Group Practice is situated within Kernow Integrated Care Board (ICB) and provides services to 16,940 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice is currently part of a wider emerging clinical network of GP practices, which included two other practices in the mid Cornwall area.

The index of multiple deprivation 2015, which is the official measure of relative deprivation for areas in England, ranks the practice as six (with one being the most deprived and ten the least).

The practice age profile is in line with local and national averages, with some exceptions. For example, 16% of patients were aged over 70 years.

According to the latest available data, the ethnic make-up of the practice area is 98.7% White and 0.4% other.

There are more male patients registered at the practice compared to females.

The practice is a training practice for medical students and doctors and nurses undertaking general practice speciality training. Four of the GPs were accredited trainers. Two nurses were accredited nurse mentors. At the time of the inspection, three GP registrars (trainee GPs) and one student nurse were working at the practice.

There is a team of eight GP partners, there are also six salaried GPs and three GP registrars who work across the 2 locations and branches. The GP team are supported by a practice manager, a finance manager, administration manager, eight practice nurses, a dispensary manager, four health care assistants and a team of reception/administration staff. The practice manager works across the 2 locations and branches, to provide managerial oversight.

The practice is open between 8:30 am to 8pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has opted out of providing Out of Hours services to their own patients. Patients can access a local Out of Hours GP service via 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
Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services Family planning services Diagnostic and screening procedures	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Safe Staffing</p> <p>How the regulation was not being met:</p> <p>Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider did not always ensure that all mandatory training including safeguarding training had been completed by all staff. <p>This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider did not always assess the risks to the health and safety of patients receiving the care or treatment.• The provider did not always ensure that the premises used were safe to use.• The provider did not always ensure the proper and safe management of prescriptions.• The provider did not always ensure that incidents that affect the health, safety and welfare of people using services must be reported internally and to relevant external authorities/bodies. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Care and treatment must be provided in a safe way for service users.</p>

Enforcement actions

How the regulation was not being met:

- There were limited and ineffective systems and processes to make sure the provider assessed and monitored their service. For example, there were no risk management systems.
- There were limited risk assessments to monitor and reduce risks to patients and staff. Providers did not have systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who use the service.
- There was a lack of risk assessments and clinical audits to assess, monitor and improve quality and safety of the service. For example: clinical and non-clinical audits of the service.
- Records relating to people employed did not contain the required information. This applied to all staff, not just newly appointed staff. This included references and risk assessment for those staff not having a DBS check.
- There was a lack of governance and systems for monitoring and prescribing for individuals with long term conditions that required ongoing care.
- The provider did not actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service.
- Not all complaints received were reviewed and monitored to ensure oversight of investigations and necessary and proportionate actions taken in response to any failure identified by the complaint or investigation.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment must be provided in a safe way for service users.

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

How the regulation was not being met:

Assessments of the needs and preferences for service user care and treatment were not being carried out.

In particular:

- The provider did not always ensure that systems to support care and treatment were used. For example, the reviews of long-term conditions diabetes, hyperthyroidism and asthma were not always coded correctly and completed.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.