

Trescobeas Surgery

Inspection report

Trescobeas Road
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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		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced inspection at Trescobeas Surgery on 23 June 2021. Overall, the practice is rated as Requires Improvement

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Requires Improvement.

Caring - Good

Responsive - Good

Well-led – Requires Improvement

We carried out a focused 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. In order to seek assurances around potential risks to patients, we undertook a remote inspection and gathered evidence without entering the practice premises. We found unsafe care and treatment and poor governance and issued two requirement notices to drive improvement.

We did not rate the practice during this assessment as we did not visit the provider.

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

How we carried out the inspection.

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 Questionnaires

Our findings

Overall summary

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, good for responsive, and caring and requires improvement for safe, effective and well led. We rated all population groups as good, except people with long term conditions and families, children and young people which we rated requires improvement.

We found that:

The service is now rated as requires improvement for providing safe services because:

- Clinical coding in the past had not always been completed effectively and there was a need for consistency to ensure patient safety.
- Not all clinical staff had undertaken safeguarding training appropriate for their role.
- The practice did not have an effective system to respond to all patient safety alerts..

The service is now rated as requires improvement for providing effective services because:

- There was a limited programme of quality improvement activity.
- The practice's data for the care of patients with some long term conditions had not been managed effectively.

The service is rated as requires improvement for providing well led services because:

- New processes put in place needed to be embedded and audited for assurance.
- There was a new leadership team who acknowledged that improvements were required to promote delivery of high-quality care and had taken some action to

address this. However, not all actions had been embedded and further improvements were required.

However we also found:

- 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 areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

- Continue to audit previous records to ensure coding and other entries are reviewed to ensure that care and treatment is provided in a safe way.

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

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Review and monitor cervical screening uptake rates and continue to encourage eligible women to attend for screening.
- Review processes to improve uptake for childhood immunisations.

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	Good	
People with long-term conditions	Requires Improvement	
Families, children and young people	Requires Improvement	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

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 who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Trescobeas Surgery

The main practice is situated in Falmouth in Cornwall. There are also branch practices at Mylor and Flushing. The branch at Flushing is currently not being used.

The practice provides a general medical service to 10,800 patients in urban and rural locations covering the whole of Falmouth and east to Penryn and south to Mawnan Smith. The practice 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 seven GP partners, three female and four male GPs with two 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
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	<p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <p>Audit and governance systems were not always effective.</p> <p>The provider did not have effective systems to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on appropriately.</p> <p>There was limited monitoring of the outcomes for patients with long term conditions.</p> <p>Cervical screening and childhood immunisation data was below target.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>