

Port Isaac The Surgery

Quality Report

The Surgery
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Date of inspection visit: 6 July 2016

Date of publication: 18/08/2016

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 service

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at the Port Isaac, The Surgery on 6 July 2016. This was to review the actions taken by the provider as a result of CQC issuing one legal requirement. In September 2015, the practice did not operate effective audit and governance systems to evaluate, improve and mitigate risks relating to the health, safety and welfare of patients and others. The practice sent us a plan showing how these issues would be addressed and we have monitored this with the practice. At this inspection, we reviewed the actions taken since the last inspection.

Overall the practice has been rated as Good following our findings, with well led now rated as Good.

Our key findings across all the areas we inspected were as follows:

- The provider had introduced systems to regularly assess and monitor the quality of all services provided and identify, assess and manage all risks related to health, welfare and safety.
- The level of clinical audit had increased at the practice with an audit programme in place for the whole year. Prescribing data was now being used to drive audits to improve safety and patient health outcomes.
- The practice had implemented a system to review all policies and procedures in a rolling programme to ensure that these were in line with current legislation. For example, the child safeguarding policy and procedures had been reviewed with the Clinical Commissioning Group lead

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services well-led?

The practice is now rated as Good for well led services having improved their governance frameworks.

Since the last inspection, the practice had set up systems to identify any potential risks so that these could be mitigated in a timely way. A rolling program was in place to review policies and procedures so that these reflected current guidelines. For example, the child safeguarding policy and procedures had been reviewed and now reference current guidelines. All clinical staff had agreed which audits should be undertaken and the practice was proactive in making improvements for patients based on these findings.

Our findings in September 2015 were that the team was committed to delivering integrated, high quality care and promote good outcomes for patients. The practice proactively sought feedback from patients and had acted on this. Staff were well supported and there was a strong commitment towards innovation and integrated care. Port Isaac, The Surgery had played a key role in improving communication and integrating mental health services in North Cornwall. Respiratory services had been set up at the practice to be proactive and educational. High levels of patient engagement in the effective management of their own health condition were being achieved. There was an integrated community nursing team based at the practice which shared communication systems, expertise and access to training. This had reduced any potential barriers for patients to experience integrated care.

Good



Port Isaac The Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP.

Background to Port Isaac The Surgery

Port Isaac, The surgery has five branch surgeries. Of these, Port Isaac, St Kew Surgery (branch) and Bridge Medical Centre (branch) have dispensaries. The other branch surgeries are based at Blisland, Delabole and Polzeath. On 6 July 2016, we inspected Port Isaac, The Surgery only.

The practice has approximately 8000 patients and covers up to 90 square miles of coastal and rural areas. The practice provides a minor injury service at Port Isaac and Bridge Medical Centre during surgery hours. More than 50% of patients registered at the practice are older people, which is higher than the national average. The total patient population falls within the mid-range of social deprivation.

There are five GP partners and two salaried GP (three male and four female). The nursing team consists of six female nurses with one holding prescribing qualifications. There is also a female health care assistant in the clinical team who is seconded from the community nursing team. The entire team of clinical staff works across the practice, including the branch surgeries. They are supported by a practice manager and a team of administrative and reception staff. The dispensaries based at Port Isaac, St Kew (branch surgery) and Bridge Medical (branch surgery) are managed by a dispensary manager supported by dispensary assistants.

The practice is EEFO accredited (an organisation working with Young People in Cornwall) and is able to provide friendly, confidential support that is focussed on the needs of young people. These include emergency contraception, coils and implants, free condoms, contraceptive advice and any health and wellbeing advice needed.

The practice at Port Isaac is open between 8.30am until 6pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 2pm to 6pm daily. Extended hours surgeries are offered every Saturday between 8am and 11am at the St Kew Surgery. Early morning appointments are offered by arrangement to working age patients at Port Isaac and all the other branch surgeries. The practice website contains other information about opening hours for all the branch surgeries linked with this practice. When the practice is closed there is an answerphone message which directs patients to the out of hours service. This is in line with contractual agreements with Kernow Clinical Commissioning Group (CCG).

Why we carried out this inspection

We carried out an inspection of Port Isaac, The Surgery on 29 September 2015 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the regulation they were not meeting. The report from 29 September 2015 is published on our website.

This was a focussed inspection to follow up the actions taken by the practice.

Detailed findings

How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focussed inspection carried out at short notice. We looked at management and governance arrangements sampled patient records and spoke with two staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

In September 2015, the practice did not operate effective audit and governance systems to evaluate, reduce risks and improve outcomes for patients. After the inspection, the practice sent us a plan showing how these issues would be addressed and we monitored this with the practice.

At this focussed inspection, we looked at the changes made by the practice. The practice had set up a governance drive on the computer system. All records about complaints, business continuity and development, policies and procedures, significant events, alerts and audits were held in this drive. For example, the practice had a system in place to monitor that actions were taken by staff when patient safety alerts had been disseminated to senior staff for further action. This information was held on a spreadsheet, which we saw and was accessed by the practice manager and GP partners for monitoring.

The leadership team had reviewed all lead roles and staff we spoke with knew who was accountable for each area of governance. For example, the safeguarding lead GP had reviewed the safeguarding policy and procedures so that they were in line with current national guidelines. We tested these procedures to ensure they were embedded in practice and tracked two examples of safeguarding children. We found that the practice was referring patients to the 'Early Help Hub', which ensured they were following current guidelines. The safeguarding lead GP recognised that there were further improvements that could be made given that the practice worked across several surgeries. This involved moving from paper based to electronic recording systems for all safeguarding information held about patients. The practice manager verified that this was implemented immediately after this focussed inspection.

We saw that the practice now had a rolling programme of policy and procedure reviews underway and planned for the whole 12 months. The lone working policy had been reviewed as part of this programme and risks identified and actions taken to reduce these for any staff involved.

Since the last inspection, the audit programme at the practice had been overhauled. The practice had acknowledged the need to strengthen learning, audit and quality improvement systems. In September 2015, data showed that the practice had a lower ratio of prescribing other non-steroid based medicines (NSAIDs) over using Diclofenac (an anti inflammatory medicine) when compared with other GP practices. We highlighted that national guidance indicated that there were increased risks in using this medicine for people with known or suspected cardiac conditions. Since then, the GPs had undertaken a complete cycle of audit looking at their prescribing patterns. Individual lists of patients had been disseminated to GPs so that medicine reviews were undertaken with them and changes made where needed. Prompts had been set up and actions taken were monitored by the practice manager and prescribing lead GP to ensure improved outcomes for patients.

We looked at another audit completed since September 2015, which focussed on the prescribing of antibiotics. A GP showed us data demonstrating that the practice had addressed this and prescribing had significantly reduced. This also ensured that the practice was following current guidelines to reduce the risks associated with overuse of antibiotics for patients.

Clinical meeting arrangements were strengthened to ensure that when significant events and complaints were discussed, learning and actions from these was shared across the whole team for learning. For example, we saw minutes for the meeting held in July 2016 demonstrating that there was an in-depth discussion about each complaint received and any learning from these shared. We saw minutes for a meeting held in January 2016, at which the entire team had discussed a significant event about an emergency situation involving a child. This led to a complete review of all emergency equipment to improve labelling and access in an emergency and raised awareness for reception staff about when to escalate concerns to a GP if a patient's health appeared to be deteriorating.