Mevagissey Surgery

Inspection report

River Street
Mevagissey
St. Austell
PL26 6UE
Tel: 01726843701
www.veorsurgery.co.uk

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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

We carried out an unannounced responsive comprehensive inspection at Mevagissey Surgery on 12 and 13 February 2020 following information received from stakeholders and a review of the information available to us.

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 inadequate overall. All population groups are rated as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- Systems and processes do not keep patients safe.
- Clinicians did not have access to consultation history and previous clinical actions to ensure they were able to deliver safe care and treatment.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong. Safety is not a sufficient priority.
- Patients were at risk of harm or abuse as background checks had not been carried out on staff in clinical roles.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to deliver good quality care.
- There was limited monitoring of patient's outcomes of care and treatment. Patient's outcomes were worse than expected when compared with similar services. Necessary action was not being taken to improve these outcomes. The practice did not have adequate systems in place to monitor, review and provide care and treatment for patients.
- Some performance data was significantly below local and national averages, which showed that patients were not being supported to live healthier lives.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- There was minimal evidence of systems and processes for learning, continuous improvement, innovation or reflective practice.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice as **requires improvement** for providing responsive services because:

- Staff lacked the relevant knowledge to book patients in with the appropriate clinician resulting in delays to appointments.
- Patients were not able to access care and treatment in a timely way.
- Complaints and concerns were not handled appropriately. Patient's concerns did not lead to improvements in the quality of care.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, supervision and appraisal necessary to enable them to carry out the duties.

Overall summary

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Improve uptake of cervical screening.
- Improve identification of registered patients who are carers.

Following this inspection, we undertook enforcement action against the provider, Veor Surgery.

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.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, an inspection manager and a second CQC inspector.

Background to Mevagissey Surgery

Mevagissey Surgery is located at River Street Mevagissey St Austell PL26 6UE. There is a dispensary at the location, Mevagissey Surgery.

There is also a branch located at Gorran Haven branch, Old Line Kiln, Gorran Haven, St Austell, PL26 6JG.

We visited the location, Mevagissey Surgery and the branch during this inspection.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Mevagissey Surgery is situated within the Kernow Clinical Commissioning Group (CCG) and provides services to approximately 5,270 pts 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 provider, Veor Surgery, who are formed of two partners (one of whom is a GP and the other is a managing partner) took over the practice in August 2019.

There was a salaried GP, a pharmacist who worked at the practice two days per week, two paramedics wit extended skills, six dispensers, two nurses, an assistant practitioner and a phlebotomist. The practice also employed a centre manager and five administrators.

Mevagissey Surgery was open form 8.30am until 1.15pm and the from 2pm until 5.30pm. Appointments were available at the branch on Monday and Thursday mornings. Outside of these times patients are directed to contact the out-of-hours service by using the NHS 111 number.

Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents a higher level of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the

national average of 79 years. Female life expectancy is 86 years compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: • There was not a safeguarding lead. • The practice register of vulnerable adults had not been kept up to date. • The practice did not have a system to identify vulnerable patients on the patients' records, to notify all relevant staff and clinicians who may have contact with those patients to promote their safety. • Not all staff, including clinicians, had undertaken relevant safeguarding training. Not all staff who had completed safeguarding training had received annual refresher training. This was in breach of Regulation 13 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • Not all staff had a completed training record to evidence that they had received the required

This section is primarily information for the provider

Requirement notices

knowledge and skill to undertake their role. Training identified included safeguarding, infection control and mental capacity act training amongst others. This included clinical and non-clinical staff.
- Not all staff had received an induction at the start of employment. One staff member had an incomplete record of induction.
- Not all staff spoken to had received an appraisal within the past 12 months.

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular: • Three clinicians, who had already commenced employment, did not have a Disclosure and Barring Service check. • For one of the clinicians who had commenced employment but did not have a DBS check in place, the practice had not appropriately sought references. • The practice had not checked the registration status for three clinical staff. This was in breach of Regulation 19 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** The provider had failed to ensure the proper and safe management of medicines; • The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery and when they were distributed through the practice. • The provider did not have effective arrangements to ensure expired medicines, stock and equipment were disposed appropriately. • The practice did not have effective arrangements in place to ensure all required emergency medicines and equipment were accessible, available and were regularly checked to ensure they had not expired. • The practice did not have a defibrillator at the Gorran Haven branch and had not undertaken a risk assessment regarding the decision to not have one. • We found the dispensary had been left unlocked, unattended and accessible to patients. There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: • The practice did not have an infection prevention and control lead and had not delegated responsibility a staff member to ensure the practice was compliant with the practice's infection prevention and control policies. • The practice was not able to demonstrate that there was a record of infection prevention and control audits.

This section is primarily information for the provider

Enforcement actions

- There was no oversight of general cleaning. There was no record of cleaning at the branch or for specialist equipment.
- A carpeted room was being used by the phlebotomist to take blood.
- We found two sharps bins that were not disposed of in line with the practice's statutory duty of care that requires all reasonable measures to be taken to deal with waste appropriately from the point of production to final disposal.
- Not all staff had completed infection prevention and control training.

The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:

- The provider had not completed a documented health and safety/ premises and security risk assessments.
- Systems and processes to support fire safety had not been implemented effectively.
- The practice did not have a legionella policy and procedure. The practice had no record of an external or internal risk assessment and not have a record of water temperature checks.

This was in breach of Regulation 12 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	**Care and treatment must be provided in a safe way for service users**
Maternity and midwifery services	**How the regulation was not being met:**
Surgical procedures	There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

- The provider did not have effective oversight of significant events. There was no evidence that significant events were logged, discussed or demonstrated lessons learned.
- The provider did not have effective oversight of complaints; There was not a comprehensive system to record complaints received. There was limited evidence of what actions had been taken in response to complaints, that complaints had been discussed in team meetings or that subsequent learning had been shared with relevant staff.
- The provider was not able to demonstrate effective communication between leaders and staff through the process of formalised meetings. There were no processes in place for staff to get together to discuss key issues and share learning pertinent to the practice.
- There was not effective oversight of policies and procedures.
- The practice did not have policies and procedures for some areas of governance. Not all policies and procedure had not been reviewed or updated annually. Policies and procedures were not accessible to staff.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.