

# St Agnes Surgery

## Quality Report

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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 service

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 

# 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 St Agnes Surgery on 30 August 2016. This was to review the actions taken by the provider as a result of our issuing two legal requirements. In October 2015 the practice did not have safe systems in place for the safe management of medicines and appropriate risk assessments were not in place to ensure staff within the practice had received appropriate checks and up to date mandatory training.

Overall the practice has been rated as Good following our findings, with safe and well led now rated as good. This report should be read in conjunction with our report published on 4 February 2016 where the effective, responsive and caring domains were rated as Good. This can be done by selecting the 'all reports' link for St Agnes Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

- New procedures following the national guidelines for storing and recording the use of blank prescriptions were in place to ensure national guidance is followed.

- New arrangements for prescribing under Patient Group Directives had been put in place to ensure all were authorised for use in the practice.
- We found all staff who acted as chaperones had been trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- New processes had been put in place to ensure recruitment arrangements included all the necessary employment checks for all staff.
- The provider had put in place processes and records to demonstrate risks to health, safety and welfare of people are well managed in relation to calibration of equipment and the testing of electrical equipment.

### 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 safe?

At our inspection in October 2015 we found that the provider needed to make improvements in;

- Storing and recording blank prescriptions
- Reviewing arrangements for prescribing under patient group directions
- Carrying out recommended employment checks for all staff.
- Ensuring risk assessments were in place for all staff in roles deemed not to need a Disclosure and Barring Service check particularly for staff undertaking chaperone duties.

The practice is rated as good for providing safe services.

At this inspection, we found:-

- New procedures following the national guidelines for storing and recording the use of blank prescriptions were in place to ensure national guidance is followed.
- New arrangements for prescribing under Patient Group Directives had been put in place to ensure all were authorised for use in the practice.
- We found all staff who acted as chaperones had been trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- New processes had been put in place to ensure recruitment arrangements included all the necessary employment checks for all staff.
- The provider had put in place processes and records to demonstrate risks to health, safety and welfare of people are well managed in relation to infection control and the calibration of equipment and the testing of electrical equipment.

At the last inspection, we found:

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.

Good



# Summary of findings

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

## Are services effective?

Not inspected as previously rated as good.

Good



## Are services caring?

Not inspected as previously rated as good.

Good



## Are services responsive to people's needs?

Not inspected as previously rated as good.

Good



## Are services well-led?

At our inspection in October 2015 we found that the provider needed to make improvements in;

- Having systems and processes in place, that demonstrate risks to health, safety and welfare of people were well managed in relation to the governance of risks to staff and patients.

The practice is rated as good for providing well led services.

At this inspection we found:

The provider had put in place effective systems to monitor safety risks in regards to fire safety, infection control, and recruitment policies.

New systems had been put in place to centralise all staff training undertaken to assist with the management and monitoring of staff development.

All complaints, both verbal and written were recorded to allow for the identification of themes and trends.

At the last inspection, we found:

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well led domains means the ratings category for this population group is now Good

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well led domains means the ratings category for this population group is now Good

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well led domains means the ratings category for this population group is now Good

Good



### Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well led domains means the ratings category for this population group is now Good

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well led domains means the ratings category for this population group is now Good

Good



### People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well led domains means the ratings category for this population group is now Good

Good



# St Agnes Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focussed inspection was carried out by a Lead CQC Inspector.

## Background to St Agnes Surgery

The St Agnes Surgery provides primary medical services to people living in St Agnes and surrounding areas including Mount Hawke, Porthtowan, Blackwater and Perranporth.

There is also a branch practice at Mount Hawke and patients can choose which practice they would prefer to attend.

The local population is rated as being in the seventh decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British. The average male life expectancy for the practice area is 80 years which matches the national average of 79 years; female life expectancy is 84 years which also matches the national average of 83 years.

At the time of our inspection there were approximately 7,900 patients registered at the St Agnes Surgery. There are four full time GP partners and two part time partners, four male and two female and one part time female salaried GP. In addition the GPs are supported by five practice nurses, a healthcare assistant, a practice manager, and additional administrative and reception staff. The practice also has a dispensary at each location staffed by five dispensing staff within the practice. The practice is a training practice for doctors training to become GPs.

Patients using the practice also have access to community staff including district nurses, health visitors, midwives, physiotherapists and counsellors.

The practice is open from Monday to Friday, between the hours of 8.30am and 6.30pm. Appointments are available between these times and could be booked up to eight weeks in advance. There are early appointments on Wednesdays and Fridays for people unable to access appointments during normal opening times. GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice also holds a morning surgery between 8:30am to 11:30am in the branch practice in Mount Hawke.

The practice has a General Medical Services (GMS) contract. With this contract the NHS specifies what the GPs, as independent providers, are expected to do and provides the funding for this.

The St Agnes Surgery provides regulated activities from the main practice at Pengarth Road, St Agnes, Cornwall TR5 0TN and their branch practice at Mount Hawke, Short Cross Road Truro TR4 8UE

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an inspection of the St Agnes Surgery on 8 October 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. We inspected the practice to ensure the actions stated had been completed.

## How we carried out this inspection

We reviewed information sent to us by the practice. We carried out a focussed inspection at short notice. We looked at management and governance arrangements and a sample of records, and talked to one staff member.



# Are services safe?

## Our findings

At our inspection in October 2015 we found that the provider needed to make improvements in;

- Storing and recording blank prescriptions
- Reviewing arrangements for prescribing under patient group directions
- Carrying out recommended employment checks for all staff.
- Ensuring risk assessments were in place for all staff in roles deemed not to need a Disclosure and Barring Service check particularly for staff undertaking chaperone duties.

### Overview of safety systems and processes

At this focussed inspection we found the practice had carried out a DBS check on all the staff within the practice that undertook chaperone duties and a risk assessment for

staff not requiring a DBS checked had been written. All staff had undertaken e-learning for chaperone training. Staff were able to describe this role and responsibilities so that patients were better protected.

New processes had been put in place to ensure recruitment arrangements included all the necessary employment checks for all staff. For example, references, current registration details and skills and qualifications.

At this inspection we found that new procedures for the safe storage and handling of blank prescriptions had been put in place to ensure they were handled in accordance with national guidelines. This included all serial numbers of blank prescriptions forms being recorded before being placed in printers so they could be tracked through the practice. Locks had also been fitted to the printers for additional security.

We were shown newly written and appropriately signed patient group directions (PGD)s to allow nurses to administer medicines in line with legislation.

# Are services effective?

(for example, treatment is effective)

## Our findings

Not inspected as previously rated as good.

## Are services caring?

### Our findings

Not inspected as previously rated as good.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Not inspected as previously rated as good.

# Are services well-led?

Good 

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

## Our findings

At our inspection in October 2015 we found that the provider needed to make improvements in;

- Having systems and processes in place, that demonstrate risks to health, safety and welfare of people were well managed in relation to the governance of risks to staff and patients; recruitment processes; appropriate training and medicines management.

### Governance arrangements

At this inspection, we were shown and provided with evidence about how the practice had reviewed its policies, systems and processes for governance. We saw new procedures had been put in place.

A spreadsheet had been created so that training records could be reviewed and which showed training undertaken throughout the year. A designated staff member was made responsible for ensuring training had been completed by all staff. We saw evidence that all staff had also received an annual appraisal.

The practice staff had engaged in a building evacuation exercise in April 2016, and we were able to see the names of those who had taken part. Correct signage had been placed on the door to the room that stored oxygen cylinders as part of improved fire safety processes and information.

A spreadsheet had been devised listing all equipment in use in each room of the practice. We saw certificates showing that this equipment had been calibrated and was safe for use.