

Morrab Surgery

Inspection report

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Penzance
Cornwall
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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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced inspection on 11 March 2015. There was one area followed up in a desktop reviewed on 26 November 2015. The practice was rated as outstanding overall.

We undertook a focused follow up inspection on 29 November 2018. The purpose of the inspection was to review actions taken by the practice to safeguard patients following a serious incident of fraudulent activity investigated by the police. At this inspection we identified a breach of Regulation 17 (HSCA) relating to good governance.

We carried out an announced comprehensive inspection at Morrab Surgery on 15 May 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 29 November 2018.

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.

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

- The practice did not have clear systems and processes to keep patients safe.
- Appropriate standards of cleanliness and hygiene were not met.
- The practice did not have appropriate systems in place for the safe management of medicines.
- There were shortfalls in learning when things went wrong.

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

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- While the practice had made some improvements since our inspection on 29 November 2018, and had addressed the Requirement Notice in relation to good governance, at this inspection we also identified additional concerns that put patients at risk.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Ensure that care and treatment is provided in a safe way.
- 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 training necessary to enable them to carry out the duties.

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

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

- Continue to review systems to maintain overview of action taken following safety alerts.
- Review arrangements to improve the uptake of cervical screening.

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 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.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Morrab Surgery

Morrab Surgery is located at 2 Morrab Road, Penzance, Cornwall TR18 4EL. The surgery has rail and bus links, which are limited. There is a private pharmacy co-located with Morrab Surgery.

The practice now had a branch surgery and dispensary at: Pendeen Surgery, Boscaswell Downs, Pendeen, Penzance, Cornwall, TR19 7D.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from both sites.

Morrab Surgery is situated within the Kernow Clinical Commissioning Group (CCG) and provides services to 11,211 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership of three GPs who registered with the CQC in April 2013. The practice employs two salaried GPs, two nurse practitioners, four practice nurses, a visiting nurse, two health care assistants, a phlebotomist and several administration staff. The practice is not currently part of any wider network of GP practices.

Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level three represents a higher level of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 83 years compared to the national average of 83 years.

The practice is open between 8am and 6:30pm Monday to Friday. Pendeen surgery (Branch) has a dispensary and opening times are listed on the practice website. Patients can choose to attend any of the sites for appointments and at a time to suit them. Early and late appointments before and after surgery are offered by the practice as part of the improved access to extended services. The practice participates in rotation with other practices in the area providing pre-arranged appointments every Saturday from 9am. Outside of these times, patients access hubs based in Bodmin, Stratton, St Austell, Liskeard, Newquay, Falmouth and Truro. Staff at the practice direct patients to these access services with further information available on the practice website. Patients requiring repeat prescriptions have access to a 24 hour, 7 days a week prescription line.

The opening hours of the practice have been agreed locally under the contract. Outside of these times patients are directed to contact the out-of-hours service by using the NHS 111 number.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• At the location, Morrab Surgery, we found an emergency medicine which had expired in March 2019.• At the branch site, Pendeen Surgery, emergency equipment, stock and medicines that required refrigeration had not been checked regularly.• A vaccination stored in the fridge had expired in January 2019. We found tweezers that had passed the sterility expiry date of 2011. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• Childhood immunisation uptake rates were below with the World Health Organisation (WHO) targets. <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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training, as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>In particular:</p>

This section is primarily information for the provider

Requirement notices

- Most of the staff employed, including clinicians, had not completed all necessary training including; Safeguarding adults, safeguarding children, infection prevention and control and fire safety training.
- The practice was not able to demonstrate that GPs had undertaken Mental Capacity Act (2005) training.
- The safeguarding lead had not undertaken safeguarding adults training or safeguarding children training appropriate to their role.
- The practice did not have a system to identify what necessary training was required to be completed for staff during induction. Induction and training policies and procedures did not identify when necessary training was due to be refreshed.
- Fire marshals had not received training appropriate for their role and responsibilities.
- The infection prevention and control lead had not received training appropriate to their role.

This was in breach of Regulation 18 (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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• At the time of inspection, there was not a risk assessment regarding the decision not to have a defibrillator available at the branch, Pendeen Surgery.• At the time of inspection, there was not a policy and procedure or a risk assessment for the home delivery service provided by the dispensary.• At the time of inspection, there was not a policy or procedure for medicines that could not be included in the Monitored Dosage System packs provided by the dispensary.• There was limited oversight of storage of emergency medicines, equipment and medicines which required refrigeration.• All Patient Group Directions (PGDs), some of which had been in place since September 2017, had not been signed by the authorising manager at the practice until 13 May 2019.• Systems to support fire safety had not been implemented effectively;• Fire drills had not been undertaken at the branch, Pendeen Surgery; External fire risk assessments had not been completed;• Internal risk assessment for Morrab surgery had not been completed appropriately;• At the time of inspection an internal fire risk assessment had not been undertaken for the branch, Pendeen Surgery.• Learning from a significant event had failed to safeguard against a reoccurrence of a similar incident.

This section is primarily information for the provider

Enforcement actions

- At the time of inspection there was no oversight of necessary training.
- An infection prevention and control internal audit had not identified risks. A sharps bin in a clinical room that was due to be disposed of in March 2019 had not been disposed of.

This was in breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.