Polkyth Surgery

Quality Report

14 Carlyon Road
St Austell
Cornwall
PL25 4EG
Tel: 01726 75555
Website: www.polkythsurgery.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 service	Inadequate
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Polkyth Surgery on 22 January 2015. Polkyth is situated in the town of St Austell and has a patient group of 8300. The practice employs one full time salaried GP with the remaining sessions offering appointments being covered by locum GPs. The practice was rated as inadequate in respect of not being safe, effective or well led; requires improvement for providing effective services and good for being caring. Overall the rating is inadequate.

The practice is currently going through significant change following change of ownership in September 2014. There is only one full time salaried GP with locum GPs working other sessions. The overall responsibility for the practice is held by The Park Surgery, St Austell. The two other GP practices in the town, along with The Park Surgery, have formed a consortium known as the St Austell Healthcare Group Ltd, they have in place an agreement to help manage and lead Polkyth Surgery and support the improvements required.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect, and maintained confidentiality.
- Some patients reported that they did not always see the same GP so did not experience continuity of care. Other patients reported difficulty in obtaining an appointment.
- Patients were at risk of harm because systems and processes were not in place, risks to safety had not been minimised. The practice had a new designated system in place for reporting, recording and monitoring significant events but these new systems had not yet been embedded into the practice. Medications were not managed safely and test results were not managed in a timely way.
- The practice did not have a clear vision and strategy. They had experienced severe disruption over the past six months. The GPs from the St Austell Healthcare Group were working with the NHS England local area

Summary of findings

team to ensure the practice continued to deliver a service. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. There was no clear leadership structure in place.

The provider must:

- identify and monitor the training needs of staff to ensure they have an appropriate training updates and awareness of practice policy in key areas of health provision including; the Mental Capacity Act 2005, equality and diversity and safeguarding vulnerable adults and children, and basic life support.
- effectively monitor the quality of the service and identify, assess and manage risks to patients and others including; carry out clinical audits cycles; implement a quality assurance system (incorporating patient feedback); implement a system for disseminating alerts and new guidance; ensure staff are clear about lines of accountability; and consistently identify, record and investigate incidents and disseminate learning from significant events to staff.
- Implement a system to formally review patient's medicines before prescriptions are given to patients. Prescription pads must be kept secure and GPs must sign all prescriptions before they are given to patients.
- Nursing staff must receive up to date training in vaccinating adults and children.

In addition the provider should:

- The Chaperone policy should be made more visible in the practice waiting room and each of the consulting rooms.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Requires improvement 

The practice is rated as inadequate for providing safe services and improvements are required. Staff understood their responsibilities to raise concerns, and report incidents and near misses. When things went wrong reviews were undertaken but lessons learnt were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes had weaknesses, for example staff were aware of how to recognise signs of abuse but did not know who to report to. Arrangements to manage medicines were not safe. There was insufficient information to understand and be assured about safety because there was no clear leadership at the practice.

Are services effective?

Inadequate 

The practice is rated as inadequate for providing effective services and improvement is required. Knowledge of and reference to national guidelines was inconsistent. Patient outcomes were hard to identify as little or no reference was made to audits, nor was there evidence the practice was comparing its performance to others. There were no completed clinical audits of patient outcomes. We saw no evidence that clinical audit is driving improvement in performance for patient outcomes. Multidisciplinary working is reportedly taking place but is generally informal and record keeping is limited or absent.

Are services caring?

Good 

The practice is rated as good for providing caring services. Data showed patients rated lower than others for some aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Requires improvement 

The practice is rated as requires improvement for providing responsive services. Patient feedback reported that they did not have access to a named GP and continuity of care was an issue. Pre booked appointments were not always available although urgent appointments were usually available the same day. The practice

Summary of findings

was equipped to treat patients and meet their needs. Accessible information was provided to help patients understand the complaints system. However, there was no evidence of shared learning from complaints with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvement is required. The practice did not have a clear vision and strategy in place. There was a documented leadership structure and most staff felt supported by management, but at times were unclear of whom to go to with particular issues due to the input of staff from the St Austell healthcare group who shared the responsibility of lead roles. The practice did not hold regular governance meetings. The practice had not proactively sought feedback from staff or patients. The practice had a patient participation group (PPG) who told us that the practice had not conversed with them in all changes within the practice. Staff told us they had received regular performance reviews but did not have clear objectives with regards to their future.

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

Inadequate

The practice is rated as inadequate for the care of older people. The practice employs one full time salaried GP with the remaining sessions offering appointments being covered by locum GPs. Patients over 75 years of age did not have a named GP. Patients reported that they were unable to see the same GP and this had impacted on their continuity of care. Home visits, from the practice matron, were arranged for housebound patients. Pneumococcal vaccination and shingles vaccinations clinics were provided at the practice for older patients.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. Patients with long term conditions did not have a named GP. The practice nurses held clinics for patients diagnosed with conditions such as diabetes, respiratory and cardiovascular disease. The practice did not have systems in place to recall patients to the practice for monitoring and support. The nurses undertook this task when they had the time. Patient records and test results were not always being processed and reviewed in a timely way. Therefore this increased the risk of patients with long term conditions receiving delayed changes to their treatment and care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for providing services for families, children and young people. Cervical screening and family planning clinics were available one afternoon per week. Childhood immunisations were carried out at the practice, although some staff required update and training in vaccine administration. The waiting area and treatment rooms were able to accommodate patients with prams and there was a separate room for breast feeding, with baby changing facilities available. Advice on childhood illness and immunisations was available on the practice website.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (Including those recently retired and students.) The practice employs one full time salaried GP with the remaining sessions offering appointments being covered by locum GPs. The practice does not offer extended opening hours for working people to book or access appointments. Changes to surgery times had been made but not communicated to patients, the patient participation group

Summary of findings

were also not aware that the Saturday surgery had been stopped. Patients were able to speak to a GP or nurse on the telephone. Prescriptions could be ordered via e mail. Pre bookable appointments were available. Health promotion advice was available on the website.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice did not hold a register of patients living vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health check. Most staff knew how to recognise signs of abuse in vulnerable adults and children and knew their responsibilities regarding information sharing of safeguarding concerns, however not all staff were aware of who to report their concerns to. The practice did not keep a register of carers.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). Some patients reported that they were unable to see the same GP and this had impacted on their continuity of care. The practice was unable to identify patients experiencing poor mental health or those with dementia. There was information for this population group on the practice website.

Summary of findings

What people who use the service say

We looked at patient feedback from the national GP survey from 2014 which had approximately 122 responses. The survey reported that 62% of respondents describe their experience of making an appointment as good, whilst only 27% of respondents with a preferred GP usually got to see or speak with that GP.

Feedback about nursing indicated that 97% of respondents had confidence and trust in the last nurse they saw or spoke to and 91% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments. There was very positive feedback about the way reception staff spoke with and supported patients.

We spoke with five patients during the inspection and collected 26 completed comment cards which had been placed in the reception area for patients to fill in before we visited. The feedback we received was mixed, approximately half the patients stated that they would like to see the same GP to provide continuity of care, others said that it was difficult to obtain an appointment with a GP but easier with the nurses, and that they did not feel that they were listened to.

All of the comments cards and patients we had spoken with reported the practice was clean, tidy and hygienic.

Areas for improvement

Action the service MUST take to improve

- identify and monitor the training needs of staff to ensure they have an appropriate training updates and awareness of practice policy in key areas of health provision including; the Mental Capacity Act 2005, equality and diversity and safeguarding vulnerable adults and children, and basic life support.
- effectively monitor the quality of the service and identify, assess and manage risks to patients and others including; carry out clinical audits cycles; implement a quality assurance system (incorporating patient feedback); implement a system for disseminating alerts and new guidance; ensure staff are clear about lines of accountability; and consistently identify, record and investigate incidents and disseminate learning from significant events to staff.
- Implement a system to formally review patient's medicines before prescriptions are given to patients. Prescription pads must be kept secure and GPs must sign all prescriptions before they are given to patients.
- Nursing staff must receive up to date training in vaccinating adults and children.

Action the service SHOULD take to improve

- The Chaperone policy should be made more visible in the practice waiting room and each of the consulting rooms.
- Introduce a comprehensive infection control audit.

Polkyth Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Polkyth Surgery

The Polkyth Surgery provides primary medical services to people living within a 3 mile radius from the practice in the town of St Austell.

In September 2014 the practice was registered as a location of The Park Surgery in St Austell, as the previous GP Partnership had dissolved with short notice. The Park Surgery along with the two other GP practices in St Austell formed a consortium called The St Austell Healthcare Group Ltd. The consortium have an agreement to assist with the management and care delivery of Polkyth Surgery.

At the time of our inspection there were approximately 8,300 patients registered at the Polkyth Surgery. There is one full time female salaried GP working for 3.5 days per week and one female salaried GP that works one session a week providing a women's health clinic. The remaining sessions are provided by Locum GPs. The GPs were supported by a full time practice matron, three registered nurses, two clinical assistants, a practice manager, and additional administrative and reception staff. The practice also employed a locum registered nurse and a locum healthcare assistant one day a week. The managerial and financial responsibility for the running of the business is shared by the St Austell Healthcare Group Limited.

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

The Polkyth Surgery is open from 8:30am until 6:30pm Monday to Friday. The practice does not provide extended hours. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice was last inspected in August 2014 whilst under previous ownership. At that inspection we found breaches in regulations for the care and welfare of patients, cleanliness and infection control, requirements relating to workers, for assessing and monitoring the quality of service provision and how the practice handled complaints. We asked the new provider to send us an action plan of how they would achieve compliance. During this inspection we followed up on these concerns and undertook a comprehensive inspection.

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. This inspection was planned to check whether the provider is meeting the legal 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.

How we carried out this inspection

Before conducting our announced inspection of Polkyth Surgery, we reviewed a range of information we held about

Detailed findings

the service and asked other organisations to share what they knew about the service, these organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations; however no new information was submitted.

We requested information and documentation from the provider which was made available to us either before or during the inspection.

We carried out our announced visit on Thursday 22 January 2015. We spoke with five patients and 12 staff at the practice during our inspection and collected 26 patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, GP, receptionists/clerical staff and practice nurse. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the surgery in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Requires improvement

Are services safe?

Our findings

Safe track record

The practice received medical alerts about medicines safety and NHS guidance updates electronically; these were then sent via the practice intranet to relevant staff in the practice. The salaried GP had access to the alerts and guidance and therefore was able to take action as required, however locum GPs did not have access to the practice intranet system so would not be aware unless they received the information via another source. There were no other processes at the practice for informing locum GPs about alerts. The lack of GP access to alerts and guidance could compromise patient safety if changes were delayed or guidance not followed.

Learning and improvement from safety incidents

Until very recently the practice did not have a designated system in place for reporting, recording and monitoring significant events. An initial meeting had been held in January 2015 to discuss significant events. The minutes were not available during the inspection and we requested that the practice send them to us within 48 hours. The minutes confirmed that before the meeting on 16 January 2015 staff were unaware of what a significant event was and how to report it. We saw that a significant event protocol and record form had since been agreed, however these new systems for reporting significant events had not yet been embedded into the practice. This protocol and form was to be distributed electronically to all staff to take the reporting of significant events forward. A review of the complaints received at the practice during 2014 whilst under previous ownership had been undertaken, and some complaints had been identified as significant events, for which work was in progress.

Reliable safety systems and processes including safeguarding

A GP partner from another practice in St Austell took the lead for safeguarding at the practice, they had been trained to the required level three, when they were unavailable the salaried GP employed at the practice was the point of contact. A computer system was in place to identify children who may be at risk of abuse. The records provided showed that not all staff had received up to date training to an appropriate level for protecting vulnerable children and adults. We spoke with staff about identifying and preventing abuse. Nursing staff had an understanding of the different types of abuse; however they were not clear about to whom to report their concerns within the practice. Nursing staff had leaflets with contact numbers for the local authority safeguarding team and police, and staff were able to describe the procedure to be followed if they suspected or witnessed any concerns.

There was a chaperone policy, which was visible on the waiting room TV screen (a chaperone is a person who accompanies a patient during consultation, examination or treatment with a GP or nurse. There were no notices in the consulting rooms offering this service to patients. Only nurses were used as chaperones within the practice.

Medicines management

The GPs were responsible for prescribing medicines at the practice. We received information on comments cards and from the patient participation group that not all patients were satisfied with the repeat prescription process because they were not informed of when they needed a medicines review. Patients found out about a need for review when they collected their medicines from the pharmacy and discovered a medicine they were expecting was missing, it was because a review was required. The lack of planned medicine reviews could result in patients not taking certain medicines when they required them. Locum GPs at the practice did not carry out medicine reviews as part of their daily routine so patients who needed a review could be at risk.

The practice nurse was responsible for the management of medicines within the practice. Staff were able to show us where medicines were stored and explain their responsibilities. Medicines were kept securely in a locked cupboard. Expiry date checks were undertaken regularly and recorded. There were no controlled medicines kept at the practice.

Vaccines were administered by qualified nurses using directions that had been produced in line with legal requirements and national guidance. Nurses had not received an update in training to administer vaccines. Fridge temperatures were also checked daily to ensure vaccines and other medicines were stored appropriately at the correct temperatures.

A risk was identified on a comment card regarding prescriptions. The information included a patient who made a repeat visit to the practice because a prescription

given to them had not been signed by a GP. Blank prescription forms were not handled in accordance with national guidance as they were stored in computer printers in unoccupied consulting rooms with the practice address stamp available next to them, resulting in a risk that prescriptions could be used by unauthorised persons.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead nurse for infection control. We saw records that showed that some of the staff had undertaken on-line training in infection control. An environmental cleanliness audit was last undertaken under the previous ownership in June 2014. An infection control risk assessment was also carried out by NHS Kernow Clinical Commissioning Group in December 2014. The recommended actions from this assessment had been actioned.

The treatment rooms used by the nurses had washable flooring and there were sinks for hand washing with a supply of hand wash and paper towels. There was a supply of disposable gloves and aprons with foot operated waste bins. All surfaces could be thoroughly cleaned and we were told by the infection control lead that this procedure was carried out after each consultation. Each of the examination beds had disposable paper covers that were changed after every use. Privacy curtains were disposable. Equipment used by the nurses was single use and disposed of appropriately after each patient.

Each of the GP consultation rooms also had an examination couch, where single use protective paper covering was used to help to prevent the spread of infection. Each had a separate hand washing sink with soap dispenser and paper towels. We were told by the nurses that the GPs were responsible for their own consultation/ treatment room cleanliness. The rooms we looked at were visibly clean.

Dedicated sharps boxes were available in all the treatment rooms and were used appropriately. A contract was in place for the collection and safe disposal of clinical waste.

A legionella test on the water supply had been recently carried out.

Equipment

Fire alarms and equipment was tested and serviced on an annual basis. Records demonstrated that staff had received training in fire safety. First aid kits and emergency equipment were in good order and stored appropriately where they could be reached easily in an emergency.

Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required.

The practice had systems in place to monitor the safety and effectiveness of equipment. Checks were performed on oxygen cylinders and the defibrillator. All portable appliance testing, water safety, fire safety and other equipment checks had been undertaken with appropriate certification and validation checks in place.

Staffing and recruitment

Records contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). We found that not all administrative staff had a DBS check. We were told that a risk assessment for these staff members had been undertaken.

The practice employed locums to cover the shortfall in salaried GPs at the practice; the practice confirmed that they had current DBS checks as they were on the performers list. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

Monitoring safety and responding to risk

Requires improvement

Are services safe?

Some monitoring and assessing of risks took place. For example, we saw a fire risk assessment for the premises. There was a control of substances hazardous to health (COSHH) risk assessment available for the storage of chemicals in the practice. We saw portable appliances were tested in line with Health and Safety Executive guidance to ensure they were safe. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and one member of staff at the practice was the identified health and safety representative.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with emergencies. Emergency medication was available along with oxygen and an automated defibrillator (AED) with ventilation (breathing) equipment for adults and children. An AED is a device used to help resuscitate patients who experience a cardiac arrest. This emergency equipment was stored centrally in the practice for easy access. The records sent to us did not confirm that all staff had undergone up to date emergency life support training to ensure that they could provide assistance with resuscitation until further help arrived. Staff knew what to do in event of an emergency evacuation; the practice manager showed us fire safety measures and weekly testing of alarm systems.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). Guidance from national travel vaccine websites had been followed by practice nurses. The practice used locum GPs, who did not have lead roles in any specialist areas.

We saw an annual audit of medicine monitoring for Polkyth Surgery, where the patient is required to have regular tests, such as blood pressure monitoring and blood tests, to ensure safe prescribing. The results of the audit demonstrated that the majority of patients were receiving the appropriate monitoring although there was a cause of concern for some patients whose review remained outstanding.

Management, monitoring and improving outcomes for people

Formal monitoring and systematic ways of improving outcomes for patients was not taking place. The practice was not using the Quality and Outcomes Framework (QOF) to monitor their performance (QOF is a voluntary incentive scheme for GP practices that financially rewards them for managing some of the most common long-term conditions and for the implementation of preventative measures). There were no systems in place to monitor the quality of care and treatment for patients. Due to the lack of GP partners and only one full time and one part time salaried GP, the practice was staffed by a considerable number of locum GPs, thus clinical audits were not being undertaken.

Effective staffing

We reviewed staff training records and saw that not all staff were up to date with attending mandatory courses such as annual basic life support, fire training and information governance. We were told by the practice manager that all staff have now been enrolled onto on-line training and that targets have been set for staff to meet training requirements specific to their roles.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was providing protected time for training.

The nursing staff received their clinical appraisal from the GP at the practice. The nurse told us that they had the opportunities to update their knowledge and skills with on-line learning and attending a practice nurse forum in St Austell. However, we were told that due to the new ownership and changes at the practice the completion of their continuing professional development in accordance with the requirements of the Nursing and Midwifery Council was on hold.

Working with colleagues and other services

In August 2014, under the previous ownership, we found that systems were not in place to make sure urgent and routine referral letters and test results were prioritised and processed promptly by the GPs. A new protocol for processing letters and results was written as part of the action plan. The protocol stated that all letters that were received both electronically and by post must be scanned to the patient notes on the day of receipt or within two working days, that the documents should be reviewed and the necessary action taken by a GP within five working days of receipt. The surgery is staffed mainly by locum GPs and they told us that they do not action letters or results. A GP partner from another practice visits for one session per week and we were told that five or six GPs visit the practice on a Saturday to review test results and letters. This means that patient's results and letters may take over five days to action.

The duty locum GP will look at faxes and take action, for patients seen by the Out of Hours service, on the day of receipt. Discharge summaries were also viewed daily and if nursing input was required they were given to the practice matron for review.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP Out of Hours provider to enable patient data to be shared in a secure and timely manner.

Electronic systems were also in place for making patient referrals; the policy stated that for patients needing urgent

Inadequate

Are services effective?

(for example, treatment is effective)

assessment or treatment, referral should be made within 48 hours. However, the policy also stated that GPs should initiate all referrals for patients within five working days of their initial contact, and then referral letters should be typed and sent within a further five working days. This meant that there could be a delay before patients were referred for specialist treatment.

The nursing staff kept paper records of patients that were suffering from chronic illnesses and were now working through each list to recall patients who required monitoring and had not yet been reviewed. Plans had already been made for staff members to be shown how to use an electronic system.

Consent to care and treatment

The nurses had a sound knowledge of the Mental Capacity Act 2005 and its relevance to their practice, despite a lack of recent training or updates. They were able to describe what steps to take if a patient was deemed to lack capacity to understand or make a decision about their choices for care and treatment. Patients who lacked capacity to make their needs fully known had their interests protected, for example by a family member, or a carer who supported them. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. The nursing staff demonstrated a clear understanding of Gillick competencies, which are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

There was information on various health conditions and advice about self-care, available in the reception area of the practice. The practice website also contained information on health advice and other services which could assist patients as well as information about self-care. The practice offered new patients a health check with a nurse or with the GP if a patient was on specific medicines when they joined the practice.

The practice offered patients who were eligible, a yearly flu vaccination. This included older patients, those with a long term medical condition, pregnant women, babies and young children. Childhood vaccinations were offered to babies and young children. The practice invited patients to make an appointment for these vaccinations. If patients did not attend then administration staff would send a second letter giving them another appointment.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to provide us with feedback about the practice. We received 26 completed cards, of which half were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. 14 comments were less positive and the common themes to these were patients would like to see the same GP to provide continuity of care. Examples were given were diagnosis of illness had been missed, and not being able to get an appointment. We also spoke with 6 patients on the day of our inspection who echoed the same positive and negative themes. All told us their dignity and privacy was respected.

Staff took steps to protect patient privacy and dignity. Curtains were provided in treatment and consultation rooms so that privacy and dignity was maintained during patient examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

The practice had not carried out a recent patient survey as this was on hold due to the recent changes. An independent survey conducted on behalf of NHS England found that only 60% of respondents to a patient's survey would recommend this practice to someone new to the area.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. However, we did receive comments that patients were seen by different locum GPs on each visit and had to explain their symptoms repeatedly and they expressed their frustration over this. Two patients gave examples where they had perceived that their diagnosis had been delayed because of seeing a different GP at each visit. The patients talked highly of, and gave praise, to the practice nurses. They also told us they felt listened to and supported by the nursing staff. Patient feedback on the comment cards we received was aligned with these views.

Patient/carer support to cope emotionally with care and treatment

The independent survey conducted on behalf of the NHS showed 97% of respondents had confidence and trust in the last nurse they saw or spoke to. The comment cards and patients we spoke to on the day of our inspection were consistent with this survey information.

Notices in the patient waiting room, on the TV screen and patient website signposted patients to a number of support groups and organisations. The practice's website gave patients that were carer's, information on where to seek further help to support them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

In August 2014 the practice experienced difficulties that affected their ability to continue to treat and care for the volume of patients registered with them. In September 2014 the Park Surgery and the NHS Local Area Team arranged for St Austell Healthcare Group Ltd to provide services to patients whilst future arrangements for patients care could be further explored.

There had been very little turnover of nursing and administrative staff during the last three years which enabled continuity of care and accessibility to appointments with nurses. Extended appointments were available for people who needed them, ranging from those with long term conditions to those who needed travel immunisation. However, patients commented that they did not have continuity of care as each visit resulted in them seeing a different GP.

Tackle inequity and promote equality

Staff had not completed any training on equality in the last twelve months, the last recorded training was in April 2008, and there was no evidence to show equality and diversity was discussed within the practice.

The practice employed both male and female locum GPs so that patients would be able to see a GP in the gender of choice.

The premises and services had been adapted to meet the needs of people with disabilities; there were ramps at the entrance as well as accessible toilet facilities suitable for patients with wheelchairs or pushchairs.

Access to the Service

Appointments were available from 8.30am to 6:30pm on weekdays. Pre bookable appointments were available. For patients that required an appointment on the same day they were advised to phone the practice and speak in the first instance to a receptionist who would arrange for either a GP or a practice nurse to call them back. Appointments with each GP were available for the same day.

The GP patient survey showed that only 27% of 122 respondents with a preferred GP usually get to speak to or see that GP.

Information about appointments was available to patients on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments using the website. There were also arrangements in place to direct patients who needed urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the Out of Hours service (delivered by another provider) was provided to patients.

At the ramped entrance to the practice there was a semi-automatic front door, operated by large push buttons. The corridors were wide and all consultation and treatment rooms were on the ground floor allowing easy access for wheelchair users. A covered area was available outside the main entrance where parents could leave pushchairs.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The system for raising complaints was advertised on the practice website and in the reception area. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. A GP partner from the St Austell Healthcare Group was the designated responsible person who handled all complaints in the practice with the assistant practice manager. Patients we spoke with were aware of the process to follow should they wish to make a complaint.

We saw records showing that all complaints that had been received this year had been acknowledged and responded to. Some complaints triggered the practice's significant event process, others had since been closed. Staff had received training in a new complaints process and have written guidance to assist them to talk through the complaints process with patients.

Are services well-led?

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

Our findings

Vision and strategy

Staff had not been given a clear vision and strategy for future direction, development and goals planned for the practice. They were working hard to deal with the flow of patients at Polkyth on a day to day basis. The management and leadership of the practice was being provided by a consortium of other GP partners in neighbouring practices, in order just to provide enough staff and support, with the aim of delivering a safe service. Medium and longer term plans were being discussed and consulted on and the current uncertainty has led to an unsettled staff group. Many patients and local residents were also aware of the unrest and sensitivities at the practice.

Governance arrangements

There were no systems to monitor clinical and corporate governance. Due to the difficulties with the practice having only one salaried GP working the practice had stopped using the Quality and Outcomes Framework (QOF) to measure their performance. This meant that the practice was unable to determine whether they were performing in line with national standards. There were no comprehensive assurance systems, performance measures, risk assessments or monitoring of services to improve performance yet in place. There was no programme of clinical audit.

The practice relied on one salaried GP with locum GPs covering the shortfall. As a result no clinical audits had been completed since the change of ownership took place in September 2014.

Leadership, openness and transparency

The practice had an external leadership structure which had named members of staff in lead roles. The lead roles were GPs working in the other practices in St Austell, which formed the St Austell Healthcare Group Ltd. For example, there were lead GPs for safeguarding, complaints and day to day administration of the practice. A practice nurse was the lead for infection control. Not all staff we spoke with knew the correct person to go to with any concerns, but would talk to a colleague. Day to day operational leadership was provided by GPs from the St Austell Healthcare Group. We were told that GPs were not always at the practice but could be contacted by telephone if advice was needed. GPs attended the practice on a Saturday to review results and letters.

Staff meetings have begun to take place and we were told of the genuine concern in relation to the future of the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through NHS Choices, Friends and Family test and a comments book in reception. We were shown an example of where a patient had commented on the condition of light pulls in the toilets and the practice had arranged for these to be renewed. We looked at the comments book and observed that most of the comments were praise for the staff.

We met representatives from the Patient Participation Group (PPG). There was a formal PPG who met regularly and this group had a strong core membership. Their meetings were held monthly and the assistant practice manager and GP partner attended. They told us that they usually conduct a patient survey annually during the Flu clinics but this had not happened this year due to the uncertainty and changes at the practice. The group were very supportive of the practice and the staff, however there was some disappointment expressed over the lack of communication with them over recent changes and decisions such as stopping the Saturday morning appointments for patients.

Management lead through learning and improvement

The nursing staff had received a recent annual appraisal from a GP. They told us that they were given protected time to undertake training, it was now difficult to access face to face training, but they could access training courses on-line. They attended the practice nurse forum in St Austell, and then met every 4 – 6 weeks to feedback to other staff about their learning from courses. We were told that continuing professional development and training was on hold because of the current changes and staffing challenges at the practice.

The practice had completed reviews of significant events but it was unclear how this was communicated to all staff to improve outcomes for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

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 2008 (Regulated Activities) Regulations 2010 Management of medicines We found that people who use services were not protected against the risks associated with the unsafe use and management of medicines. This was in breach of Regulation 13 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. No system was in place to review patient medicine regimes. Prescription pads were not held securely.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff We found the provider did not ensure that all staff were appropriately supported by receiving training in safeguarding vulnerable children and adults, equality and diversity, basic life support, to enable them to undertake their responsibilities safely and to an appropriate standard. This was a breach of Regulations 23 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(c) 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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

This section is primarily information for the provider

Compliance actions

Surgical procedures Treatment of disease, disorder or injury	The provider did not regularly assess and monitor the quality of all services provided or identify, assess and manage all risks related to health, welfare and safety. This relates to clinical audits cycles; quality assurance system (incorporating patient feedback); system for disseminating alerts and new guidance to all relevant staff; clarity re lines of accountability; and consistent identification, recording and investigation of incidents and dissemination of learning from significant events to staff. This was a breach of Regulation 10.(1)(a)(b); (2)(c)(ii) ;(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 17(2) of the Health and Social Care Act 2008 (Regulation Activities) 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider did not ensure that safe systems for reporting concerns about abuse were consistently available for all staff. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 13(2) of The Health and Social Care Act 2008 (Regulated Activities) 2014.