

# Drs Bridger, Ball, Campbell, Purchas, Lin & Murthy

## Inspection report

Tel: 01726 882745  
<http://www.probusurgery.co.uk/index.aspx>

Date of inspection visit: 5 February 2019  
Date of publication: 12/03/2019

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Drs Bridger, Ball, Campbell, Purchas, Lin and Murthy known as 'Probus Surgery' on 5 February 2019 as part of our inspection programme.

At this inspection, we visited the main location at Probus Surgery and one of the four branch surgeries at Grampound both of which have dispensaries on site.

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 requires improvement overall. We rated safe and well led as requires improvement because we found that:**

- We found some gaps in recording of actions taken to mitigate risks and overall governance was not effective.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm. However, some safeguarding procedures and processes lacked consistency, access and appropriate risk levels being assigned when applied.
- The practice did not have reliable systems for appropriate and safe handling of medicines: the security and tracking of blank prescriptions within the practice was not in line with national guidance. Infrequent checks of emergency medicines led to some of these being out of date. Medicines refrigerator temperatures were not undertaken on all days that the practice, including branch surgeries were open affecting the reliability of assurance of cold chain.
- Appropriate standards of cleanliness and hygiene were partially met. Audit was not completed frequently so did not provide assurance of embedded procedures being followed.

**We have rated this practice good for all population groups and effective, caring, responsive because:**

- Patients received effective care and treatment that met their needs.
- 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. Examples were: a five-days per week medicines delivery service to many drop off points, which was accessible for 95% patients receiving dispensed medicines.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. The practice was a positive outlier in several parts of the national GP patient survey.
- All patients providing feedback during the inspection were strongly positive about the practice. Staff were said to be compassionate, friendly and went the extra mile to support patients and their carers'.
- Audit continued to be used to identify in-depth learning and implement changes to improve patient care and treatments.
- Succession planning and staff development was proactive and created a flexible and responsive workforce. In the context of national GP shortages, the practice had successfully recruited a salaried GP as a new partner from July 2019.

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

Establish effective systems to ensure the proper and safe management of medicines.

Establish effective systems and processes to prevent abuse of patients.

Established effective systems and processes to ensure good governance in accordance with the fundamental standards of care to manage and mitigate risk.

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

- Ensure there are processes in place to evidence nurses and GPs are compliant with requirements to revalidate professional registration. Review safeguarding procedures and processes to make information about patient concerns clearly available and consistently applied by all authorised staff.
- Ensure that there is a robust system for checking the expiry dates of medicines within the service
- Ensure checks of fridge temperatures used to store medicines have been checked and appropriate actions taken where required

# Overall summary

- Follow national guidance for the handling of controlled drugs and review security for the storage of controlled drugs in line with the Misuse of Drugs (Safe Custody) regulations
- Ensure that there is a complete medicines profile on the computer system that includes medicines prescribed for patients from other service providers.
- Ensure there is a system in place to follow up patients who failed to attend for follow up of long term conditions
- Ensure learning and actions following significant events is documented in line with national guidance on this.
- Review the infection prevention and control arrangements to increase the frequency of audit.

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist provider. Two additional CQC inspectors were on the team and included a CQC pharmacist inspector.

## Background to Drs Bridger, Ball, Campbell, Purchas, Lin & Murthy

Drs Bridger, Ball, Campbell, Purchas, Lin & Murthy is a partnership of six GPs (two female and four male) who registered with the CQC in April 2013.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and provides services to 8985 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 practice main registered location is situated at:

Probus Surgery, The Surgery, Tregony Road, Probus Truro Cornwall TR2 4JZ

There are four branch surgeries, located at:

Grampound Surgery, Mill Lane, Grampound, Cornwall

Tregony Surgery, Roseland Parc, Fore Street, Tregony, Cornwall TR2 5PD

Summercourt Surgery, Summercourt Memorial Hall, School Lane, Summercourt, TR8 5DY

The Merlin Centre, Bradbury House, Hewas Water PL26 7JF (Multiple Sclerosis Centre)

The surgery has reasonable transport links to Truro but limited out to surrounding villages. The practice has dispensaries at Probus and Grampound Surgeries, which the majority of patients are eligible to use and able to access the medicines delivery service provided by the practice. Information about the opening times of the dispensaries and branch surgeries is on the practice website and in waiting rooms.

The practice employed four practice nurses, four health care assistants, several administration staff, a deputy and practice manager. The practice was part of an informal network of five GP practices in the area known as the 'Mid Rural Cluster Group'.

Drs Bridger et al, known as 'Probus Surgery' is a training practice, providing placements for GP registrars working towards the qualification. Teaching placements are provided for medical students in the third, fourth and fifth years of their training.

There is a higher percentage of patients with long term conditions (60%) compared with the national average of 54%. The National General Practice Profile states that 98% of the practice population is from a white background with a further 2% of the population originating from black, mixed or other non-white ethnic

groups. Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level four represents a higher level of deprivation and level ten the lowest. Male life expectancy is 79 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

The practice is open between 8am and 6:30pm Monday to Friday. Extended hours clinics were run over four weekdays between 6.30pm to 7.30pm. 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.

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 the registered location.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	How the regulation was not being met:
Maternity and midwifery services	The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not minimise risks.
Surgical procedures	At Grampound surgery expired medicines were found in the consulting rooms and some emergency medicines were expired. These were replaced on the day of inspection.
Treatment of disease, disorder or injury	The provider did not have appropriate arrangements in place for the management of vaccines and their cold storage. The records of the temperature of medicine refrigerators at the Grampound surgery indicated that monitoring did not take place whenever the surgery was open.
	Controlled drugs were not managed appropriately and in accordance with legislation. Schedule 3 controlled drugs were not stored in accordance with the Misuse of Drugs (Safe Custody) regulations. Stock checks were not routinely recorded as taking place in line with national guidance.
	The records showed that most of the reception staff (six out of seven) had read the procedures for handling medicines that were relevant for their role.
	The practice did not keep prescription stationery securely or track its use in accordance with national guidance. The external cleaning staff had access to the dispensary and consulting rooms out of hours where blank prescription forms were accessible.
	The provider had a process and clear audit trail for the management of information about changes to a patient's medicines received from other services.

This section is primarily information for the provider

## Requirement notices

However, hospital only medicines were not added to the medicine profile and therefore any medicine interactions would not be highlighted by the computer system to reduce the potential risks for patients.

The practice did not have a system to follow up patients on 'shared care drugs' who did not attend for blood testing and therefore could not mitigate potential risks for those patients

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**How the regulation was not being met:**

Children whose records were coded as having child safeguarding issues did not have easily accessible information prompting authorised clinicians to this risk.

The practice did not have a consistent approach to recording codes of child protection with assignment of an appropriate risk level.

There was no specific central list of adult safeguarding concerns to provide easily accessible prompts for authorised clinicians alerting them to risks.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

Risks were increased due to potential under reporting and inconsistencies with the significant event process.

Gaps found in safeguarding, medicines management and infection control demonstrated governance was not effective.