

Wadebridge and Camel Estuary Practice

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 |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 13 July 2017 to confirm that the practice had made improvements to meet the actions falling below a regulatory breach in our previous comprehensive inspection on 25 March 2015. In March 2015 the overall rating for the practice was Good. The full comprehensive report for the March 2015 inspection can be found by selecting the 'all reports' link for The Wadebridge and Camel Estuary Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and

recording significant events. The practice had introduced new systems and processes to ensure that lessons were shared and action was taken to improve safety in the practice.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice had an induction programme for all newly appointed staff and locum staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean, tidy and hygienic. We found suitable arrangements were in place which ensured the cleanliness of the practice was maintained to a high standard.

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?

The practice is rated as Good for safe services

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

Good



Are services effective?

The practice is rated as Good for effective services

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Good



Wadebridge and Camel Estuary Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wadebridge and Camel Estuary Practice

Wadebridge and Camel Estuary Practice was inspected on Thursday 13 July 2017. This was a focused inspection.

The main practice is situated in the Cornish town of Wadebridge, with a smaller branch surgery located in the village of Rock. Together, the practice provides a primary medical service to approximately 7,500 patients of a diverse age group. Each branch has a dispensary. A dispensing practice is where GPs are able to prescribe and dispense medicines to patients who live in a rural setting which is a set distance from a pharmacy. The practice is a training practice for doctors who are training to become GPs.

There is a team of five GP partners and one salaried GP within the organisation. Partners hold managerial and financial responsibility for running the business. There are five male and one female GP. The team are supported by a practice manager, a deputy manager, two nurse practitioners, three practice nurses, two health care assistants and three phlebotomists (staff who take blood). The practice also employs four dispensing staff.

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

The practice is open between 8am and 6:30pm and offers appointments Monday to Friday, between the hours of 8.30am and 1pm and 2pm to 6.00pm. Between the hours of 1pm and 2pm a duty GP was available for emergencies and details on how to contact them is on the practice telephone messaging service. Pre booked appointments are also available one evening a week from 6.30pm to 8.30pm.

The practice has opted out of providing out-of-hours services to their own patients and referred them to another out of hour's service.

The Wadebridge and Camel Estuary Centre provides regulated activities from Brooklyn Wadebridge Cornwall PL27 7BS. We visited this location during our inspection.

There is also a branch practice at Rock Surgery, Rock, St Minver, PL27 6PW. We did not visit this branch practice.

Why we carried out this inspection

We undertook a comprehensive inspection of the Wadebridge and Camel Estuary Practice on 25 March 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection in March 2015 can be found by selecting the 'all reports' link for Wadebridge and Camel Estuary Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of The Wadebridge and Camel Estuary Practice on 13 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out an announced focused inspection at short notice. We looked at management and governance arrangements and a sample of records and spoke with the practice manager.

Are services safe?

Our findings

At our previous inspection on 25 March 2015 we rated the practice as good for providing safe services; however there were areas where the practice should make improvements in respect of the management of medicines, learning from significant events and infection control.

Safe track record and learning

In March 2015 staff told us when they were involved in a complaint or incident it was discussed with them but they were also supported through the process. However, staff said they were not always aware of all complaints or events that occur and would find/consider the learning from these useful.

At our inspection on 13 July 2017 we found systems and processes were in place to ensure lessons were shared and action was taken to improve safety in the practice. For example, changes were made to include telephone numbers on patient clinic lists, so any unforeseen changes to appointments could be communicated in a timely manner. The incidents were firstly discussed within the team, then at the monthly practice meetings. Minutes from the incidents were placed on the practice intranet for all staff to view.

Overview of safety systems and process

At our last inspection in March 2015 we saw evidence that infection control audits had been conducted at both branches within the last month. One action from these audits had resulted in the introduction of new cleaning staff. However, the infection control audit did not identify latest good practice guidelines.

At this inspection we saw the last completed infection control audit from March 2017. This audit used a recognised tool from the NICE Healthcare Infection Control

guidance. We saw evidence action was taken to address any improvements identified as a result, for example, the audit identified a broken lock on the clinical waste bins and this had been replaced.

In March 2015 we found blank prescription forms kept in printers in the consulting rooms and in GPs bags were not always secure, as we were told that these rooms were not kept locked when they were not being used.

In July 2017 we saw a locked door policy had been put in place following our inspection with all clinical rooms being kept locked whilst not in use. The practice had also obtained quotes for key pads to be installed on all the internal doors and was awaiting a date for these works to be carried out.

Staffing and recruitment

In March 2015 we spoke with a locum GP who had just started working at the practice. They said they had worked with the clinical computer system and within the CCG so were familiar with many county wide procedures. However, they had not been given the locum pack prepared by the practice.

At our latest inspection in July 2017 we were shown the new locum pack the practice had assembled. This pack included a pre engagement checklist containing details for example, of indemnity insurance, references and a Disclosure and Barring Service (DBS) check. (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).

The pack also contained comprehensive information to assist a locum GP for example, emergency telephone contacts, fire safety and safeguarding information and a local street map.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 March 2015 we rated the practice as good for providing effective services; however there were areas where the practice should make improvements in respect of effective patients' needs assessments

Coordinating patient care and information sharing

At the inspection in March 2015 we found patients with complex care needs and vulnerable patients had their care planned in line with NICE guidelines. Some patients had been involved in forming personalised care plans to assess and show how care would be delivered. However, some patient care plans had not been recently reviewed.

In July 2017 we found meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had introduced new systems and processes to review all patient care plans by introducing a recall system on the practice computer system. A monthly search was made of all patients with a care plan and these plans passed to the responsible GP to update.

Since our last inspection the practice had also introduced ICE (Integrated Clinical Environment) which allows GPs to view all the patients' results online, whether the request originated from the practice or by a hospital clinician. This meant the GPs could view the whole history of the patient's results and make more effective clinical judgements as a consequence of this information.