

Veor Surgery

Inspection report

South Terrace
Camborne
TR14 8SN
Tel: 01209611199
www.veorsurgery.co.uk

Date of inspection visit: 05 June 2023
Date of publication: 24/08/2023

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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Veor Surgery on 5 June 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - rating of good carried forward from previous inspection

Responsive - good

Well-led - requires improvement

Following our previous inspection on 9 December 2021, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Veor Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us. During the inspection we reviewed the safe, effective, responsive and well led key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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 found that:

- There were inconsistencies in the systems and processes to ensure infection prevention and control was managed safely.

Overall summary

- There was a backlog of patient records waiting for summarisation.
- Patient information stored in the electronic clinical system had not been appropriately actioned or filed.
- Medicine management procedures and systems had not been consistently followed to ensure the safety of the prescribing of medicines, stock control and security of prescriptions.
- Patients had not received effective care and treatment that met their needs. Monitoring processes, and oversight of processes, had not been carried out appropriately to ensure patients were in receipt of effective correct care and treatment with the medicines prescribed to them or for their long term conditions. However, the practice had taken immediate action following the inspection to address these issues.
- The provision of childhood immunisations did not meet national targets.
- The provision of cervical screening for eligible women did not meet national targets
- Not all processes for supporting staff were formalised and recorded.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centre care due to a lack of consistent oversight of systems and processes.

We found 1 breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- The provider should take action so that information relating to the recruitment checks and all training undertaken by staff is retained and available at all times.
- The provider should implement a system so that checks of emergency equipment were detailed and accurate.
- The provider should continue to embed the auditing process of medicine prescribing by non medical prescribers.
- The provider should develop the system for recording significant events and the associated action plans.
- The provider should improve the processes to demonstrate the support provided to staff.
- The provider should take action to improve the recording of consent obtained from patients prior to the delivery of care and treatment.
- The provider should take action to audit systems and processes to monitor and improve their performance.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a second inspector, who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

Background to Veor Surgery

Veor Surgery is located in Camborne at:

South Terrace

Camborne

Cornwall

TR14 8SN

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 and surgical procedures.

The practice is situated within the Kernow Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of about 8800. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as North Kerrier PCN.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.1% White, 0.7% Asian and 1.2% mixed.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 7 GPs who provide care at Veor Surgery. The practice has a team of 3 nurses who provide nurse led clinics for long-term condition at both the main and the branch locations. The nursing team also includes 3 health care assistants. There is a team of 3 urgent care practitioners who carry out home visits and provide clinical care to patients at the practice. The GPs are supported by a team of reception/administration staff. The practice manager and human resources manager provide managerial oversight.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access and out of hours services is provided locally by Kernow CIC.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Oversight of systems and processes was not consistent and structures, processes and systems to support good governance and management were not consistently or clearly set out.• There were inconsistencies in the systems and processes to ensure infection prevention and control was managed safely. This had resulted in refurbishment of the environment not being addressed.• There were not appropriate systems to manage a backlog of patient records waiting for summarisation.• Patient information stored in the electronic clinical system had not been appropriately actioned or filed.• Oversight of medicine management procedures and systems had not ensured the safety of the prescribing of medicines, stock control and security of prescriptions.• There was an inconsistency identified in complying with safety alerts.