

Probus Surgery

Inspection report

The Surgery
Tregony Road, Probus
Truro
TR2 4JZ
Tel: 01726882745
www.probusurgery.co.uk

Date of inspection visit: 26 August 2021
Date of publication: 29/10/2021

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Probus Surgery on 26 August 2021. Overall, the practice is rated as **Good**.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 5 February 2019, the practice was rated Requires Improvement overall and for the safe and well led key questions. We issued requirement notices for regulation 12 (safe) and regulation 17 (good governance) of the Health and Social Care Act 2014. The effective, caring and responsive key questions were each rated as good.

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

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing and telephone
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- Reviewing documentation, policies and procedures
- 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.

Overall summary

We have rated this practice as Good overall and good for all population groups.

We found that:

- There had been improvements to the areas identified as in need of action at our previous inspection. However, we identified new areas of concern which the practice were prompt to address.
- The practice had not consistently provided care in a way that kept patients safe and protected them from avoidable harm due to patients on high risk medicines not always being monitored appropriately.
- Not all staff were aware of the indicator on the electronic system to highlight them to patients who were included in the safeguarding processes or where concerns had been previously raised.
- Systems and processes did not consistently ensure that learning was shared throughout the practice.
- Staff were trained and competent to carry out their roles. Infection control procedures ensured safety and reduced the risk of cross infection.
- There were appropriate referral pathways to make sure that patients' needs were addressed.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Prompt action was taken by the management team to address identified risks and systems and processes implemented to reduce the risk reoccurring. For example, the summarisation of patient records had been delayed during the pandemic and action was taken by the practice to address this and reduce the risk of this reoccurring.

We found one breach of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients

The provider **should**:

- Continue to provide updates and guidance to staff so all staff are aware of updated information and where information is stored and highlighted. Ensure information is available to appropriate members of staff at all times, such as staff vaccination status.
- Continue to follow the identified actions to improve the environment so that infection control and prevention is promoted in all areas.
- Continue to update fire drill training and associated records to demonstrate that all staff had attended a recent fire drill.
- Continue with the planned system to summarise patient records in a timely way and monitor the progress made.
- Consistently be able to identify an overview of the action taken to address significant events.
- Consistently identify and provide follow up care and treatment appropriately for patients at risk of diabetes.

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

Our inspection team

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

Background to Probus Surgery

Probus Surgery is located in Probus, Truro at:

Tregony Road

Probus

Truro

Cornwall

TR2 4JZ

The practice has branch surgeries at:

Tregony Surgery, Roseland Parc, Fore St, Tregony, TR2 5PD

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

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

At the time of the inspection Tregony and Summercourt surgeries were closed due to the pandemic. The Merlin Centre offered nurse clinics at this time. We did not visit the branch sites during this inspection.

Probus Surgery has a dispensary and patients are able to use and access the medicines delivery service provided by the practice.

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. These are delivered from the registered location.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Kernow Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 9,200. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Arbennek Health Primary Care Network (PCN) The PCN includes four providers of GP services.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh decile (seven 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 98.8% white, 0.3%Asian, and 0.9% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of eight GPs who provide cover at the main (registered) location and the branches. The practice has a team of four registered nurses and four health care assistants, who provide nurse led clinic's at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The business and strategic manager, practice manager and assistant practice manager are based at the main location to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments were offered as telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery. Data provided by the practice identified that in the past 12 months 6,730 telephone consultations and 8,405 face to face visits had been provided to patients.

Extended access is provided by the practice with appointments available from 08.30 to 18.00 each weekday. Out of hours services are provided by the Cornwall out of hours doctors service and 111.

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 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The systems, processes and management of significant events / concerns was not sufficiently robust to clearly provide detailed information on the actions taken and how learning was shared with staff.• Staff had not always identified concerns as significant events to ensure learning was shared within the practice.• There had been a lack of oversight for the monitoring of patients on high risk medicines. Due to the systems and process of carrying out medicine reviews not being structured the practice had not identified patients who were overdue monitoring. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>