

Praze-An-Beeble Surgery

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 

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Praze-An-Beeble Surgery on 15 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Praze-An-Beeble Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There were Improvements to governance processes. Policies had been reviewed and the number of clinical audits had increased and demonstrated improvements in patient care.
- A Patient Participation Group had been formed and had met to discuss how the group would work.
- Communication had improved and was done both informally and formally through an increased number of meetings.

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?

Since the inspection in June 2016 the practice had put systems and process in place to keep patients safe. The practice is rated as good.

- There were systems in place to improve communication between all staff to ensure shared learning from significant events, complaints, audits and service feedback.
- There was an efficient process in place to ensure blood tests and GP interventions took place before high-risk medicines were prescribed.

The management of medicines at the practice was well organised and in line with requirements; new processes had been put in place to ensure medicines were monitored and stored safely.

Good



Are services effective?

Since the inspection in June 2016 the practice had a programme of audit in place. The practice is rated as good.

- Clinical audits had been undertaken and there was evidence that audit was driving improvement in performance to improve patient outcomes and identify risk.

Good



Are services caring?

Are services responsive to people's needs?

Are services well-led?

Since the inspection in June 2016 the practice had improved the governance framework which supported the delivery of the strategy and good quality care. The practice is rated as good.

- There was a programme of continuous clinical and internal audit to monitor quality to monitor patient outcomes and make improvements.
- A Patient Participation Group (PPG) consisting of 19 members had been formed to gather feedback on the service and environment..
- Regular staff meetings took place and the actions identified were shared amongst all staff.
- There was a focus on continuous learning and improvement at all levels.

Good



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

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 15 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 15 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 15 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 15 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 15 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 15 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Praze-An-Beeble Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focussed inspection was carried out by a CQC lead inspector

Background to Praze-An-Beeble Surgery

The practice is situated in the village on the outskirts of Camborne in Cornwall. The practice provides a general medical service to 6,100 patients. There is a branch practice at Connor Downs about four miles from the main practice.

The practice's population area is in the fifth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matches the national average of 79 years; female life expectancy is 83 years which also matches the national average of 83 years. There is a team of two GP partners, one female and one male and two salaried GP's providing 23 GP appointment sessions. Partners hold managerial and financial responsibility for running the business. The GP team are supported by a practice manager, deputy practice manager, three practice nurses, a healthcare assistant and a phlebotomist (phlebotomists are staff trained to take blood samples) and additional administration staff.

The practice has a dispensary at both the main practice and the branch practice at Connor Downs. These are managed by the dispensary manager and a team of dispensers and are assisted by a delivery driver to ensure medicines reach isolate patients promptly.

Patients using the practice also have access to community nurses, mental health teams and health visitors and other health care professionals who visit the practice on a regular basis.

The practice telephone lines are open between 8am and 6.30pm Monday to Friday. Appointments are offered between 8.30am and 12.30pm and between 1.30pm and 6pm. Extended hours are offered one evening a week on either a Tuesday or Wednesday evening between 6.30pm and 8pm by the GPs and nurses. The practice offers a range of appointment types including book on the day appointments, telephone consultations and advance appointments.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number. The practice has a General Medical Services (GMS) contract with NHS England.

The Praze an Beeble Surgery provides regulated activities from the main site at School Road, Camborne, Cornwall TR14 0LB and the branch site at Connor Downs Surgery, Turnpike Road, Connor Downs, Hayle, TR27 5DT. We did not visit the branch surgery during this inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Praze-An-Beeble Surgery on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires

Detailed findings

improvement. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Praze-An-Beeble Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Praze-An-Beeble Surgery on 10 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focussed inspection at short notice. We looked at management and governance arrangements and a sample of records and spoke with four members of staff.

Are services safe?

Our findings

At our previous inspection on 15 June 2016 we rated the practice as requires improvement for providing safe services as we found

- There were no systems in place to improve communication between all staff to ensure shared learning from significant events, complaints, audits and service feedback.
- There was not an efficient process in place to ensure that blood tests and GP interventions took place before high-risk medicines were prescribed.
- Not all arrangements for managing medicines were safe, for example recording and the disposal of out of date medicines.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Previously significant events were monitored by the practice manager, who acted directly where there was something needed, and collated the reports so they could identify trends. We found that these incidents were not discussed with all the staff and results were given verbally to staff making consistent sharing of information difficult particularly for staff who might have been absent at the time.

At this inspection we found that new procedures had been put in place, significant events were on the agenda for discussion at the weekly practice meeting. Minutes of these meetings were emailed to all staff and a paper copy also kept allowing all staff access to key learning points from incidents.

Overview of safety systems and process

The arrangements for managing medicines, including emergency medicines in the practice kept people safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

New processes had been put in place to identify when patients taking high-risk medicines needed a review or blood test. The practice had undertaken an initial review of all patients taking high risk medicines and collated them on a spreadsheet. This allowed for a manual check of the identified patients records to establish if the blood tests had been completed. These searches, on the computer system, have been programmed to run on the same date each month. A staff member was responsible for contacting all patients, who had not attended for a review, by telephone and then a letter requesting they make an appointment.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage due to their potential for misuse) and had procedures in place to manage them safely. Previously we found staff were not completing regular controlled drug stock checks at Praise Surgery, although stocks of controlled drugs were correct according to the controlled drug register. New processes were now in place, we were shown records signed by two dispensers demonstrating these checks were carried out monthly and stock levels were correct.

New standard operating procedures for monitoring the storage of medicines had been introduced, this included dispensary staff overseeing medicines stored in refrigerators. We found at our last inspection that the temperature of the dispensary at Connor Downs Surgery was just above 25°C for the four days prior to the inspection. The practice had now installed a new cooling system in the dispensary and we saw records of temperatures below 25°C recorded thereby helping to keep medicines effective and safe to use.

Patients could arrange to have their medicines delivered or collect their medicines from two local shops. There were processes in place to make sure this was safe and people signed to say they had received their medicines. However, at the last inspection we found that the driver had an informal agreement with a couple of people for medicines to be left at their property without a signature. This meant that the practice would not know whether the patient had received those medicines. We saw new policies and procedures in place stating that the driver would now leave a pre-printed note requesting the patient to rearrange a delivery time or collect their medicines from the practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 June 2016 we rated the practice as requires improvement for providing effective services as we found

- Clinical audits had been undertaken but there was no evidence that audit was driving improvement in performance to improve patient outcomes.

These arrangements had improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

We saw evidence that clinical audits were now also being undertaken to drive improvement and improve patient outcomes. As well as a programme of continuous audit, the practice was able to demonstrate where audits were being undertaken as a result of complaints, significant events and

training. For example we saw audits for medicines, contraceptive coils, and joint injections. Following recent learning that contraceptive coils should be replaced every five years, the practice audited all their patients fitted with a coil and their recall dates. The practice found that not all patients had a recorded date for refitting, or there were no dates recorded in the summarising notes for new patients. The practice invited all patients involved into the practice for a consultation, and practice protocols were updated.

Also after a complaint from a patient following a joint pain relief injection that was not effective, the practice ran a list of all patients who had received a joint injection to check for effectiveness. They found that two had had no effect and only one had resulted in complications. Further investigation from the complainant led to the practice updating their protocols when offering patients this type of pain relief. The updated information for patients was hoped to help patients make an informed choice about the treatment offered.

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 June 2016 we rated the practice as requires improvement for providing well-led services as we found there was no overarching governance framework which supported the delivery of the strategy and good quality care. Areas identified for improvement included;

- Arrangements to gather feedback from patients; for example, through a patient participation group, to improve the services provided and the practice environment were not in place.
- Governance arrangements to support the meetings which took place and the actions identified were not fully in place, this may have an adverse effect upon how information was shared amongst staff unable to attend meetings.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 10 January 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Systems and processes now in place included;

- Programmes of continuous clinical and internal audit to monitor quality or make improvements to ensure patient outcomes were fully considered.
- Arrangements to gather feedback from patients; for example, through a patient participation group and other methods, to improve the services provided and the practice environment.
- Governance arrangements to support the meetings which took place and the actions identified to ensure information was shared amongst staff not attending meetings.

Seeking and acting on feedback from patients, the public and staff

The practice had held its first Patient Participation Group (PPG) meeting on 1 December 2016 at The Praze Practice and a further meeting was planned for the 25 January 2017 at the Connor Downs branch practice. It was the decision of the PPG to hold the meetings at both sites. The PPG had 19 members and we saw minutes of the meeting where they had requested information from the practice, for example how big was the practice area and how many patients were registered at the practice. We also saw the PPG had held discussion over future meetings and proposed the agenda.

Since the last inspection the practice had introduced an automatic appointment reminder system for patients. This system also, after the appointment, requested patient feedback on the service they had received. The practice manager shared these comments with all the staff.

The practice had held internal meetings to provide information and had a programme for the forthcoming year outlining the meetings to be held at the practice. These included meetings with health visitors, mental health teams and palliative care nurses. The minutes of these meetings were circulated to all staff, including reception staff. The feedback from staff had been positive, an example given was where a telephone call had been taken from a distressed relative. Staff were aware, from meeting minutes, that the patient was on the palliative care register so could respond promptly by passing the call to the relevant GP. Staff said they felt empowered by the changes made.

Monthly meetings for the nursing team now took place, we saw minutes of these meetings with actions that had been completed. For example, we saw advice had been sought and the response from the training lead in Cornwall on whether the healthcare assistant required formal training to give the nasal flu vaccine. This advice had been followed accordingly.