

Sunnyside Surgery

Inspection report

St Clare Medical Centre
St Clare Street
Penzance
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Date of inspection visit: 15 March 2022
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

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 inspection at Sunnyside Surgery on 15 March 2022. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires Improvement

This is the first inspection of this practice since a change in registration, during which the service changed address. At the last inspection, under the previous registration the practice was rated as good overall and for all key questions.

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

Why we carried out this inspection

The CQC undertook this inspection at the same time as we inspected a range of urgent and emergency care services in Cornwall. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

This inspection was a comprehensive inspection and included a site visit and remote searches of clinical records. We inspected the five key questions; is the service safe, effective, caring, responsive and well led.

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
- 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
- A short site visit

Overall summary

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 have rated this practice as Good overall.

We found that:

- Systems and processes for infection prevention and control (IPC) were followed to reduce the risk from infection. However, improvement and increased oversight was required for the safe management of clinical waste.
- Systems to assess, monitor and manage risks to patient safety were in place but not always effective or embedded. There had been insufficient oversight to ensure that the practice consistently followed their systems, practices and processes to keep people safe and safeguarded from abuse because Disclosure and Barring Service checks had not been completed for all staff prior to them working at the practice.
- The practice learned and made improvements when things went wrong.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Staff had the information they needed to deliver safe care and treatment but the systems at the time of the inspection required formalising to reduce risk.
- The practice had not maintained oversight or carried out appropriate monitoring of patients to ensure the safe use of medicines, including medicines optimisation.
- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together and with other organisations to deliver effective care and treatment.
- Staff treated patients with kindness, respect and compassion.
- The practice organised and delivered services to meet patients' needs.
- Although the practice had access to external organisations to support people whose first language was not English, not all staff had been made aware of these processes.
- Complaints were listened to and responded to and used to improve the quality of care.
- There was compassionate, inclusive and effective leadership at all levels.
- The practice had regular business meetings to monitor their progress and delivery of services.
- The practice had not formalised a clear vision or values with the staff.
- There were clear responsibilities, roles and systems of accountability to support good governance and management. However, not all areas were regularly audited or monitored to ensure safe practice.
- The practice had processes for managing risks, issues and performance.
- The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic
- The practice involved the public, staff and external partners to sustain high quality and sustainable care.

We found one breach of regulations. The provider must:

- Establish systems and processes to ensure that any the risks relating to the health, safety and welfare of service users and others who may be at risk are monitored, mitigated and oversight maintained.

Overall summary

The provider **should**:

- Continue to monitor the system for summarisation of patient records so that the backlog is reduced within the planned timescale.
- Review the systems for patients to access the service. For example, for patients whose first language was not English or who had a sensory impairment.

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

Our inspection team

Our inspection team was led by a CQC lead inspector together with a CQC 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 Sunnyside Surgery

Sunnyside Surgery is located in Penzance at:

St Clare Medical Centre

St Clare Street

Penzance

Cornwall

TR18 3DX

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 Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 6150. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as the Penwith PCN which consists of seven GP practices in the local area.

Information published by Public Health England shows that deprivation within the practice population group is in the third 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, 0.6% Asian and 1.3% Other.

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

There is a team of five GPs who provide cover at both practices. The practice has recently appointed a paramedic to support the GP service. The practice has a team of four nurses who provide nurse led clinics supported by health care assistants and phlebotomists. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager 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, most GP appointments were telephone consultations. Each patient is triaged and if necessary is offered a face to face appointment at Sunnyside Surgery.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by Kernow out of hours service.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There had been a lack of oversight to ensure systems and processes had been followed to maintain the safety of patients, staff and others accessing the service. For example:</p> <ul style="list-style-type: none">• Recruitment processes had not been consistently followed in that not all checks had been obtained prior to employment.• There had been an inconsistent approach to the monitoring and follow up of patients on high risk medicines.• Systems for auditing and monitoring governance and oversight in the practice required development. Including, being able to demonstrate the health and safety action plans had been completed within the identified timescales and that weekly environmental checks had been recorded and action taken to address any issues identified.• A lack of written guidelines for staff to follow to reduce risk from COVID-19.• Inappropriate system for the storage for clinical waste awaiting collection. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>