

Callington Health Centre

Inspection report

Haye Road
Callington
Cornwall
PL17 7AW
Tel: 01579382666
www.tamarvalleyhealth.co.uk

Date of inspection visit: 11 July 2018
Date of publication: 20/08/2018

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 well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Callington Health Centre on 8 December 2017. The overall rating for the practice was good, with well led rated as requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Callington Health Centre on our website at .

This inspection was an announced focused inspection carried out on 11 July 2018 to confirm that the practice had carried out their plan to meet the legal requirement in relation to the breach in regulations that we identified in our previous inspection on 8 December 2017. This report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

The overall rating for the practice remains unchanged as good. As a result of the improvements made the well led domain is now rated as good.

Our key findings were as follows:

- The practice had established effective systems and processes to ensure good governance in accordance

with the fundamental standards of care, particularly in regard of monitoring staff training and development, assurance of oversight of the complaints process and increased patient engagement.

- The recruitment process had been reviewed setting out how different responsibilities and activities of all staff are assessed to determine if they are eligible for a DBS check and to what level.
- Processes for obtaining and acting on patient feedback, including verbal and written complaints had been reviewed.
- The whistleblowing policy had been reviewed and included the name and contact details of the local Freedom to Speak Up Guardian to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, or if necessary outside the organisation. Staff were aware of who the Freedom to Speak Up Guardian was and when to contact them.
- The process for registering new patients, including the checking of identity was reviewed with staff and spots checks undertaken to ensure the Data Protection Act 1998 and General Data Regulations 2018 were met.

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.
The team included a practice manager specialist advisor.

Background to Callington Health Centre

Callington Health Centre provides primary medical services to people living in the practice was located in a rural area of Cornwall and was a dispensing practice. A dispensing practice is where GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting which is a set distance from a pharmacy. Tamar Valley Health provides primary medical services for 16084 patients of which 10,040 attend the health centre at Callington:

Callington Health Centre
Haye Road
Callington
Cornwall
PL17 7AW

The practice has a branch surgery at Gunnislake Health Centre, The Orchard, Gunnislake, Cornwall PL18 9JZ. On 11 July 2018, we inspected Callington Health Centre only.

The practice population is in the sixth deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The practice has much higher percentage of patients over 65 years (Practice 27.5%, Cornwall 23.8% and England 17.2%) and

this is growing faster than the average England growth rate. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females to 83 years.

There is a team of six GP partners, five GP associates and two pharmacist partners. There are seven female and three male GPs. The team are supported by a nurse prescriber, five practice nurses and five health care assistants who work across Callington and Gunnislake Health Centres. The practice employs two pharmacists who are able to prescribe and review medicines. There are also additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice is open between Monday and Friday from 8.30am until 6pm. Extended hours are provided one night each week (alternating Mon/Tues/Wed/Thurs), 18.00 – 20.00, usually at both health centres. Every Saturday (except Bank Holiday weekends), 08.30 – 11.00 at either Callington Health Centre or Gunnislake Health Centre. Extended hours appointments are pre-bookable and preferably for patients that find it difficult to attend

during normal working hours and cannot be made on the day. Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

The practice runs the Tic Tac (advice and support) service at Callington College where young people are able to access sexual health screening, contraception advice, smoking cessation and support for mental health issues five days a week. Young people do not need to be registered with the practice and are seen in a confidential setting and able to have appointments with a GP, nurse, school nurse or counsellor.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service at the last inspection on 8 December 2017. We found gaps in governance systems, which were not effective in identifying risks arising. Processes and systems to support good governance and management had not been effectively monitored or reviewed.

The practice produced an action plan outlining the improvements it would make to address the shortfalls. These arrangements had significantly improved when we undertook a follow up inspection on 11 July 2018. The practice is now rated good for well led.

Governance arrangements

Improvements to governance systems facilitated proactive identification of risk and actions to reduce these. Examples seen at the inspection on 11 July 2018 were:

- The processes used for monitoring staff training and development were improved and effective. The practice held a training matrix, which was closely monitored with a traffic light system in place denoting when training was complete, due or overdue. We saw examples of staff being prompted to complete mandatory training in protected time. The matrix showed GPs and nursing staff had completed safeguarding adult and child update training since the last inspection.
- The complaints process now provided assurance of oversight and input from GP partners. There was a standing item on the partners meeting to discuss any complaints received, allocate and follow up actions taken.
- Patient engagement and feedback was reviewed by two staff, adding this to the practice action plan. Records demonstrated all types of feedback, including comments on the NHS Choices website were acted up to improve services. Minutes demonstrated partners of the practice monitored the action plan regularly at their business meeting.
- The recruitment process was reviewed and included comprehensive information about the assessment of the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level.
- The whistleblowing policy was reviewed and included the name and contact details of the local Freedom to

Speak Up Guardian to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, or if necessary outside the organisation.

- Staff we spoke with during the inspection were aware of the Freedom to Speak Up Guardian role and responsibilities.
- The process for registering new patients was reviewed and training sessions held with staff about the Data Protection Act 1998 and General Data Protection Regulations. Spot checks had been carried out, providing the practice with assurance that legal requirements were met when managing patient data.

At the comprehensive inspection on 8 December 2017, we found all other areas of the well led domain to be effective which we reported upon. These were:

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. Despite considerable advertising to recruit new GPs the practice had experienced very little interest to advertisements when partners had retired. This is recognised as a challenge for all practices in the context of national GP shortages.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had recognised and planned to meet increasing patient demands for services by developing a multidisciplinary team approach to care. The managing pharmacist partner explained that this had streamlined the service and enabled GPs to see patients who were most at risk due to sudden and long term ill health.
- Leaders at all levels were visible and approachable. Staff told us there was an 'open door policy' and verified their leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The partnership included a pharmacist partner who had taken over the lead role for managing the practice. The practice was in the process of preparing evidence for submission to the

Are services well-led?

Care Quality Commission (CQC) as part of the application to register the partner in this role. The managing partner, who is a qualified pharmacist, was supported by a team of non clinical managers responsible for human resources, finance and patient services.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in written responses to patients we saw apologies had been given and patient invited in to meet key staff to discuss any matters of concern. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had access to equality and diversity training via an online training service. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was now combined with the views of patients as a result of improvements made since the last inspection.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had an active patient participation group (PPG), which had recently undergone a recruitment exercise following reducing membership. Long term PPG members were keen to support new members to sustain the working relationship developed with the practice in driving improvements forward for patients. Examples seen included: the setting up of a patient newsletter.

Engagement with local groups to raise awareness about healthy living campaigns. Raising awareness about reducing wasted on unwanted prescriptions. PPG members observing staff responding to calls from patients following negative reported experiences from patients.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice was involved in a physiotherapist pilot, which was providing near patient access to physiotherapy for musculoskeletal conditions and injuries.
- There was a focus on continuous learning and improvement at all levels within the practice. Staff knew about improvement methods and had the skills to use them. For example, newly appointed emergency care practitioners had a named mentor and met with this person to review and reflect about clinical issues once a week.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.