

Drs Whiting, Harvey and Ashley

Quality Report

Trevithick Surgery

2-6 Basset Rd

Camborne

Cornwall

TR14 8TT

Tel: 01209 716721

Website: <http://www.trevithicksurgery.co.uk/>

Date of inspection visit: 6 October 2016

Date of publication: 15/02/2017

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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Drs Whiting, Harvey and Ashley	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the location Drs Whiting Harvey and Ashley known as Trevithick Surgery on 6 October 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All 34 patients providing feedback at the inspection said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- All 34 patients responding in writing or person said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour. Staff retirements and ill health had placed the practice under significant pressures in the last 12 months and the practice had asked for early help from stakeholders such as NHS England and the Clinical Commissioning Group. The impact on the delivery of patient care was minimised because of these actions and was further illustrated by the positive feedback we received from 34 patients during the inspection. This verified that the practice

Summary of findings

was open with them about the challenges, had discussed necessary changes and had put in safeguards to ensure continuity for patients by using a small number of named locum GPs.

However there were areas of practice where the provider should make improvements:

- The practice should undertake clinical audits and ensure that re-audits are put in place to improve patient outcomes.
- Review the processes for identifying carers in the practice to increase those being identified and to offer carers support and guidance about available services.

- The practice should look at ways to increase engagement with patients with schizophrenia, bipolar affective disorder and other psychoses to facilitate the development of a comprehensive care plan for each person.
- The practice should look at ways to improve patient experience by using the feedback received to make practical changes where ever possible.

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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. They appropriately challenged this guidance when it was conflicting to ensure that safe care and treatment was delivered. For example, a practice nurse had identified potential conflicts between local guidance about the current baby immunisation schedule and national schedules and recording systems. This issue had been escalated and changes were being made to local guidance given to nurses doing immunisations.
- The practice was committed to undertaking clinical audits to drive quality improvement although the programme had fallen behind due to the significant pressures caused by staffing issues.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice as average to others for their care.
- The practice had a lower number of carers (about 1%) compared to the total number of patients registered. The team had recognised that it needed to improve the support given to carers, by early identification.
- Four patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Thirty comment cards from patients at the inspection also reflected the same experiences of being respected and treated with compassion.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- There was a good skill mix across the staff team, which included: practice nurses were able to manage the care of patients with chronic and long term conditions, complex wound management.
- The practice was operating as a federation with another practice so patients were able to access other services in Camborne, which included: vasectomy and dermatology clinics.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. They were proud to work at Trevithick Surgery and had shown great resilience in challenging times.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- A governance framework had been implemented to coincide with the same working practices adopted by the Carn to Coast practice. We were told that this was laying the foundations to facilitate a potential merger. The governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. For example, the practice had declared itself to be at risk when under pressure due to staff retirements and ill health. This had resulted in a recovery plan being implemented by NHS England and the Clinical Commissioning Group with robust support arrangements from the neighbouring practice Carn to Coast.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was kept fully informed of the challenges facing the practice, the recovery plan in place and had been enabled to discuss proposed changes to the way GPs managed the patient list.
- There was a focus on continuous learning and improvement at all levels. Staff demonstrated that they continued to make improvements despite the severe challenges faced at the practice during the last 12 months.

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 practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP to promote continuity of care and when attending their appointments were collected by the GP or nurse from the waiting room.
- Monthly meetings were held between community staff, so that vulnerable older people were closely monitored and given timely support.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example, 86.7% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice had retained the services of the same small group of locum GPs to cover sessions during a period of instability. The locum GPs were allocated named patients and responsible for monitoring at risk patients so that there was continuity of care. For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Safety net systems were in place to monitor patients on high risk medicines. Patients told us that they had regular appointments for blood checks and their GP closely monitored these results.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Staff demonstrated by example that they made safeguarding referrals in a timely way, which had resulted in protection plans being implemented to protect at risk children.
- Immunisation rates were comparable with those seen in the Clinical Commissioning Group (CCG) area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 75%, which was below the CCG average of 83% and the national average of 82%. In addition to the national screening recall of eligible women, practice nurses used all patient contacts as opportunities to promote cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were normally provided but had been temporarily suspended due to the significant pressures the practice had been under. However, patients were able to access early nursing appointments every day between 8am and 8.30am and GPs provided later appointments by arrangement. Information about this is listed on the practice website and patient information leaflet.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included repeat prescription and appointment requests.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They worked closely with a nearby hostel run by a charity for homeless people and had systems in place to enable patients to register temporarily or receive communications via the practice address.
- The practice offered longer appointments for patients with a learning disability. Reasonable adjustments made, including providing patients with easy read health plans following their annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 65.9% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. A number of patients with dementia lived in adult social care homes in the area and were reviewed regularly there instead of at the practice.
- Performance for mental health related indicators was below the national average. For example, 15.9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%). The practice demonstrated that actions to improve performance in this area were being taken. This included improved accuracy in the use of clinical codes and a GP had been tasked to review all care plans for patients. We saw that patients with mental health needs, including those diagnosed with dementia were being closely monitored and cared for. Examples of effective care and treatment was seen and care plans that had been reviewed were comprehensive.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- All of the staff had a good understanding of how to support patients with mental health needs and dementia and shared several examples of how they had done so. A calm, welcoming atmosphere was evident at the practice and staff demonstrated they were skilled in de-escalating any issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and related to their experiences before the practice moved to a new location. The results showed the practice was performing in line with local and national averages. Two hundred and thirty eight survey forms were distributed and 103 were returned. This represented about 2.3% of the practice's patient list. Results from the survey showed;

- 78.4% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87.3% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81.5% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80.6% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Staff were described as being efficient, friendly and caring. Patients had

confidence in the treatment and care they were receiving. Their comments particularly highlighted that the staff had remained 'cheerful and welcoming' despite the challenges the practice had faced over the last 12 months.

We spoke with four patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us that although the practice had been under considerable pressure due to staff ill health and retirements, the impact on them in their opinion was minimal. Changes had been introduced so that there was a move away from a personal list approach by GPs. Patients were well informed of these changes and said the benefits of having a team approach to care had been explained to them, which they agreed with.

The practice encouraged patients to give feedback. Information about the 'Friends and family test' was displayed in conspicuous places in the waiting room. However, staff told us that few responses were received. For example, we looked at a sample of data for May 2016: Seven patients had completed the 'Friends and family test' survey. Six responses of these were extremely likely and one likely to recommend the practice to their friends or family.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should undertake clinical audits and ensure that re-audits are put in place to improve patient outcomes.
- Review the processes for identifying carers in the practice to increase those being identified and to offer carers support and guidance about available services.
- The practice should look at ways to increase engagement with patients with schizophrenia, bipolar affective disorder and other psychoses to facilitate the development of a comprehensive care plan for each person.
- The practice should look at ways to improve patient experience by using the feedback received to make practical changes where ever possible.

Drs Whiting, Harvey and Ashley

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist and a practice manager specialist adviser.

Background to Drs Whiting, Harvey and Ashley

Drs Whiting, Harvey and Ashley has one registered location providing general medical services at:

Trevithick Surgery, 2-6 Basset Road, Camborne TR14 8SL

At the time of the inspection there were 4477 patients registered at the practice. Information published by Public Health England rates the level of deprivation within the practice population area as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There is a slightly higher proportion of babies and children on the patient list compared with other practices in the area. 38.4% of the patient population are under 18 years and 39.8% are over 65 years.

Since 2015, the partnership of the practice has changed through retirements and ill health. The practice is managed by one remaining GP (female) working as an informal federation with the nearby practice Carn to Coast Health Centre. The managing GP is supported by a seconded general manager, a salaried GP (male) and GP partners from Carn to Coast Health Centre. The practice is using

named GP locums for continuity of patient treatment. The nursing team consists of three female nurses, of which two are qualified nurses. The practice has an administrative team, which is managed by the practice manager.

The practice at Trevithick Surgery is open 8am to 6.30pm Monday to Friday. Phone lines are open during opening hours, with the out of hours service picking up phone calls outside of these times. GP appointment times are from 8.50am to mid-day and 2.30pm to 5.30pm every weekday. Extended opening hours have been temporarily suspended following discussions with the Clinical Commissioning Group. However, GPs provided flexible appointments to meet patient's needs where requested. Information about opening times are listed on the practice website and patient information leaflet. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service in Cornwall. The practice closes for three days a year for staff training and information about this is posted on the website.

The practice has a general medical services (GMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We received information from the practice, NHS England (NHSE) and the Clinical Commissioning Group (CCG) advising us about significant pressures due to ill health and retirements of staff. Therefore, part of the inspection was also to determine whether agreed recovery arrangements were working and ensuring patients received a safe, effective, caring, responsive and well led service.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2016. During our visit we:

- Spoke with a range of 12 staff (GPs, practice nurse, practice manager, administrative staff and supporting clinical and management staff from Carn to Coast practice)
- We spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 30 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had updated the template so that learning was recorded thoroughly and reviewed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, combined contraceptive prescribing protocols had been reviewed and discussed as part of a significant event. Any female patients with a high BMI (Body Mass Index is a person's weight in kilograms (kg) divided by their height in meters squared) were now prescribed alternative contraceptives. Patient safety had improved by reducing any potential risks associated with the combined contraceptive pill for these patients.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and followed. Information showed that there was timely involvement of other agencies and when asked to do so, a robust

investigation had taken place which was reported upon to relevant agencies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding at the practice who also had support from the safeguarding lead GP at Carn to Coast practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level 3. A significant event demonstrated that staff were effective in identifying potential safeguarding concerns for a child. They immediately involved the health visitor so that a safeguarding plan was put in place to protect the child.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice policy was reviewed in October 2016 and was operating effectively. Staff confirmed that nurses and named reception staff, who had been trained to undertake these duties, provided chaperone support during consultations.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. There was a comprehensive system of regular infection control audits being undertaken using nationally recognised tools, which included: Hand hygiene assessments; sharps receptacle and waste disposal audits. We saw evidence that audits were carried out every three months and action was taken to address any improvements identified as a result, for example hand hygiene assessments were repeated after further training of staff and competencies had improved.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had worked with the local CCG pharmacy team and a pharmacist from another practice, to ensure prescribing was in line with best practice guidelines for safe prescribing. Protocols had been introduced that were consistent with those used by Carn to Coast practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Health care assistants had received training and were authorised by Patient Specific Directions to give flu vaccinations to named patients as agreed with a prescriber.
- The practice held small stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). Systems demonstrated that appropriate storage, recording and monitoring of use was effective.
- Systems were in place promoting patient safety and wellbeing in regard of medicines. An example seen was a safety net for patients with asthma. A prescriptions trigger was in place, which alerted the practice if a patient had reached the set maximum of repeat requests for inhaler medicines, used to prevent and asthma attack. When this happened, the patient was invited for a review with the respiratory lead nurse who liaised with the patient's GP about the outcome to ensure they received the most effective treatment for their condition.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Over the last 12 months, there had been significant use of external locum GP cover due to ill health and retirement of existing staff. We looked at the system for recruiting locum GPs and nurses and found that the practice was following safe processes.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had mitigated potential risks around continuity of care and treatment for patients by ensuring that a small team of named external locum GPs covered sessions at the practice. This in conjunction with the early declaration of being vulnerable due to staff ill health and retirement to NHS England and the CCG had enabled a support recovery plan to be put in place that had ensured risks were assessed and well managed for patients.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Staff showed us health and safety procedures that they were able to access via an icon on the desktop of their computers. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, which included clinical staff cover from Carn to Coast practice. The practice was well staffed for the number of patients registered there. The team had a wide skills mix.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Records seen showed that systems were in place to monitor these daily and weekly. All the medicines we checked were in date and stored securely. We discussed the location of an emergency grab bag used for home visits that contained controlled medicines, in terms of access and security of these medicines. The practice sent us a risk assessment immediately after the inspection, demonstrating that arrangements had been reviewed so that the grab bag was both accessible and medicines secure when not in use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. They appropriately challenged this guidance when it was conflicting to ensure that safe care and treatment was delivered. For example, a practice nurse had identified potential conflicts between local guidance about the current baby immunisation schedule and national schedules and recording systems. This issue had been escalated and changes were being made to the local guidance given to nurses doing immunisations.
- The practice monitored their staff to ensure guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had followed up a national alert about glucose monitoring equipment. A search of all patients who were testing their blood sugar levels for conditions such as diabetes had been carried out to check whether they were using this particular equipment. If found to have been issued with this, patients had been given alternative equipment and training to use it safely.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 83.8% of the total number of points available. Data available to CQC for 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 86.7% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%).

- Performance for mental health related indicators was below the national average. For example, 15.9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%).

We spoke with the practice about the low levels of care planning for these patients. The data information available to the Care Quality Commission did not provide an accurate picture, the practice had identified clinical coding gaps, which was confirmed by NHS England (NHSE) and the Clinical Commissioning Group (CCG). The practice was improving its recording of clinical data having added a series of prompts within the patient record system that had to be completed before a template could be closed at the end of a review with a patient.

We looked at a sample of patient records for people with mental health needs and discussed these with staff. A GP had been tasked to review all care plans for patients, which included patients with mental health needs. We saw that patients were being closely monitored and cared for. Examples of effective care and treatment was seen and care plans that had been reviewed were comprehensive. In particular, the staff were successful in encouraging people with complex mental health needs whose lives were chaotic to engage with them. These patients often fell through gaps in services due to the nature of their mental health conditions as they may be unwilling to engage with professionals to receive support and treatment. Staff were skilled communicators and we observed they were effective in de-escalating any issues with patients. The environment created at the practice was calm, peaceful and conducive to promoting patient engagement.

Since September 2015, the practice had been under significant pressure due to staff departures and ill health. As a result of this, the team had concentrated on delivering safe care and treatment. There was evidence of quality improvement including clinical audit but staff explained that this had been limited in the last 12 months. Evidence seen demonstrated that prior to this period there had been a systematic approach to audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, an audit looked at the effectiveness of reducing increased risks associated with

Are services effective?

(for example, treatment is effective)

diabetes by closer monitoring of patient frailty. The second cycle of audit looked at the quality of recording an assessment of frailty and support that patients needed to maintain their health and reduce risks such as hypoglycaemia (low blood sugar levels that can lead to coma). This raised further awareness amongst the clinical team to record assessment of frailty and consider options of support for patients, was discussed at a clinical meeting and led to further changes being made to the diabetic template on the patient record system.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the nursing team had evaluated the impact of using the four layer pressure bandaging approach to treat patients with complex leg ulcers. Eight patients were involved in this audit in 2016, which found that healing had significantly improved. Total healing had been achieved for six patients and two patients with leg ulcers were almost healed. The audit also demonstrated that the nursing team had also sought advice from the hospital based specialist tissue viability team and dermatology (skin) consultant.
- Findings were used by the practice to improve services. The practice regularly ran searches of patients to ensure that medicines being prescribed were in line with current guidelines and cost effective.

Information about patients' outcomes was used to make improvements. For example, a review of asthma medication used to prevent an asthma attack had resulted in patients being reviewed and changes made where deemed clinically appropriate. This had ensured prescribing followed current practice and any risks were reduced for patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. In the last 12 months the practice there had been significant use of external locum GP and the practice had a comprehensive induction pack for these staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Additional support was provided for

locum clinical staff from GP partners at Carn to Coast practice, for example they were able to access support from the safeguarding lead there to get a second opinion if they had any concerns about a patient.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse with advanced diabetes management qualifications had attended a masterclass in the last 18 months and worked closely with the hospital based diabetes services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The nursing team carried out an annual peer review of cervical smears taken to ensure their practice was within normal limits for inadequate samples taken. We saw three years of audits, demonstrating that all of results fell within the nationally agreed range.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice actively encouraged staff to extend their skills base.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way; for example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. A sample of patient records demonstrated that consent had been recorded. For example, we saw a record of consent obtained for a patient before they were given an injection into a joint to reduce inflammation.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse and information provided about a local support group.

The practice's uptake for the cervical screening programme was 75%, which was below the CCG average of 83% and the national average of 82%. The practice recognised there was a correlation of poor uptake of cervical screening with high deprivation in the area and had measures in place to increase this where ever possible such as, reminding patients about the tests when they attended the practice for other reasons. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Nursing staff also demonstrated they took an opportunistic approach, checking every eligible female attending for any appointment encouraging them to be screened. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 70.1% of women eligible for breast cancer screening had been screened in the previous 36 months, which was comparable with the national average of 72.2%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 74.4% to 95.3% and five year olds from 88.5% to 92.3%. The CCG rates for children under two ranged from 72.4% to 95.7% and for five year olds from 89.8% to 96.6%. We spoke with nursing staff about the immunisation rate for children under two for meningitis C, which was 74.2%. They told us that this had become a combined immunisation mid-year, which then affected the data showing performance in this area.

Patients had access to appropriate health assessments and checks. Up until recently, this included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during appointments with patients; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with four patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey available to the Care Quality Commission were for 2015/16. For example:

- 86.9% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92.4% and the national average of 89%.
- 85.1% of patients said the GP gave them enough time compared to the CCG average of 90.8% and the national average of 87%.
- 94.7% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and the national average of 95%.
- 84.9% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 91.7% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79.8% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%.

All 30 comment cards we received from patients and four we spoke with were positive about the service and staff.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and above some national averages. For example:

- 83.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 91.7% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92.2% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The patient participation group (PPG) met regularly with the practice staff. Two members of the PPG told us that patients were kept well informed of the situation at the practice. They told us patients had been involved in discussions about changes to the way GPs managed patient care.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (just over 1% of the practice list). The practice was

working to improve on this having updated the registration pack for new patients. Staff told us they were proactively identifying carers at the point of registering with the practice. The patient record system had a prompt for staff to enquire and complete for a patient if they were a carer. Patients written comments highlighted that staff knew them well. Written information available to patients in the waiting room directed carers to the various avenues of support available to them. For example, there was information about how carers could access support from a dementia practitioner in the area.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Information published by Public Health England rates the level of deprivation within the practice population area as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There is a slightly higher proportion of babies and children on the patient list compared with other practices in the area. 38.4% of the patient population are under 18 years and 39.8% are over 65 years. GPs told us that there was a high percentage of single parent families, presenting the challenges of living with increased poverty, poor education, social and welfare issues. In response;

- Early nurse appointments were available from 8am to 8.30am every weekday morning. This was beneficial for patients who were working and for school children.
- Data showed that there were short waiting times for routine appointments at the practice. For example, the next available nurse routine appointment was the day after the inspection on 7 October 2016. The next routine GP appointment was available on 10 October 2016, within two working days. Emergency same day appointments were also available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice consultation, treatment and waiting rooms were all situated on the ground floor. The building was accessible for patients using wheelchairs or with children in pushchairs.
- There was a good skill mix of clinical staff. Patients were able to access additional services as a result of the informal federation arrangements with Carn to Coast

practice. Staff worked across both practices. For example, a healthcare assistant had extended skills and was able to provide ear irrigation appointments at the practice.

- The practice hosted several clinics at the practice. These included counselling and midwifery clinics.
- A GP held special interest qualifications and provided minor surgical services. These included: joint injections, wart freezing and removal of moles.
- The practice demonstrated that staff understood how to promote the equality and diversity of all patients. We saw several examples such as: how information about sexual health aimed at young people was accessible on the practice website; website information could be translated into other languages to help foreign travellers access services and how accessibility around the practice was fully considered.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Leaflets to remind patient of referrals made provided patients with prompts and a safety net ensure these were acted on by secondary care services. Staff shared examples of how they supported patients with memory impairment by telephoning them regularly to prompt them to attend for appointments. The practice website also promoted the early identification of communication needs for patients. Patients were encouraged to complete an accessible information form so that the practice could put any additional support in place for people.

Access to the service

The practice at Trevithick Surgery was open 8am to 6.30pm Monday to Friday. Phone lines were open during opening hours, with the out of hours service picking up phone calls after this time. GP appointment times were from 8.50am to mid-day and 2.30pm to 5.30pm every weekday. Extended opening hours had been temporarily suspended following discussions with the Clinical Commissioning Group. However, GPs provided flexible appointments to meet patient's needs where requested. Information about opening times were listed on the practice website and patient information leaflet. Patients requiring a GP outside of normal working hours were advised to contact the out of hours service in Cornwall. The practice closed for three days a year for staff training and information about this was posted on the website.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78.5% of patients said they could get through easily to the practice by phone which was above the national average of 73%.

We spoke with two patients who told us they were able to get appointments when they needed them. For example, both said that if they phoned the practice early they were often offered a same day routine appointment. Written feedback received from 30 patients at the inspection also reflected the same experiences, with patients confirming that they were able to access appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- Home visits were carried out every day by GPs between clinics to patients needing them.
- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP

home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, this included posters displayed and a leaflet available summarising the process in the waiting room.

We looked at two out of eight complaints received in the last 12 months. We found all of these were satisfactorily handled and dealt with in a timely way. Written responses to patients from the practice demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values of the stated aims. Staff said they were proud to work at Trevithick Surgery and had demonstrated high levels of resilience during the last 12 months.
- The practice had a strategy and supporting business plans which reflected the vision and values and were monitored. The main aim of this was sustainability, and was facilitated by the close working with the Carn to Coast practice. Systems and processes were being aligned with those in place at Carn to Coast practice with a view to a potential future merger of the practices. Despite the significant pressures the practice had experienced in the last 12 months, evidence seen throughout the inspection demonstrated the practice team had continued to deliver a safe service and had limited any negative impact on patients as far as they were able to. This was reflected in several ways: The practice had retained the current patient list during that period. Two patients we met during the inspection told us they had registered at the practice in the last 12 months on recommendation from people in the area. Stakeholders such as NHS England and the Clinical Commissioning Group gave us positive feedback about the practice and support it was receiving from its neighbour (Carn to Coast practice) prior to the inspection.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. This had been reviewed due to retirements and ill health of staff during the last 12 months, with alternative arrangements put in place to sustain the delivery of the service. This included

significant use of locum GPs, but the impact on patients had been reduced by using a small group of named GPs for consistency. Staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. For example, over a three year period data showed that the practice had reduced the level of antibiotic prescribing and was performing better than other practices in the area. Widely published evidence has highlighted the risks associated with antibiotic resistance that is impacting upon the successful treatment of infections. There was a worldwide drive and a national plan in the United Kingdom to reduce the overuse of antibiotics to increase their effectiveness when needed.
- The programme of continuous clinical and internal audit had been affected as a result of the significant pressures the practice experienced during the last 12 months. However, the practice was able to demonstrate this was a temporary situation and had embedded systems which enabled them to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Examples seem included: identification that clinical coding could be improved to increase funding for services and recording patient review outcomes through correct clinical codes being applied in patient records. The general manager, seconded from Carn to Coast practice had been delegated to oversee this process. Our inspection in March 2016 of Carn to Coast practice highlighted that they had a positive track record in managing risks and improving patient outcomes; this was reflected in the support provided to Trevithick surgery.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. Meetings were held for each staff group and included clinical meetings for GPs and nurses, part of which was used to review any significant events and discuss alerts and have educational updates. Minutes were kept of all the meetings and we saw a sample of these showing a clear communication system across the team of any issues affecting the practice and patients. Staff interviewed told us that minutes of meetings were sent to them, so if they had missed a meeting they had been made aware of the issues discussed and any actions to be taken. We were shown the electronic files containing minutes, alerts and other important information, which staff were able to access easily from their computer desktop.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. In the last 12 months, three half training days funded by the Clinical Commissioning Group (CCG).
- Staff said they felt respected, valued and supported, particularly by the GP manager at the practice. They told us that the team from Carn to Coast were supportive and facilitating development of their skills and the service with patients at the centre of this. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG) and meetings were held regularly with them. Two members of the PPG told us that the practice had advertised this widely but there was a consistent small group of patients involved with this. They told us that the practice had been open about the challenges it faced following retirements and then ill health of staff. The patients were positive about how well the practice had coped during this period and also praised the Carn to Coast staff for their continued input into service delivery.
- The practice had gathered feedback from staff through staff training events and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, a clear communication strategy had been implemented so that each team had clear accountability and leadership in place. For the nursing team, we were told this had provided greater opportunities for networking with colleagues locally to share practices and influence how each team was working at both practices. The Advanced Nurse practitioner from Carn to Coast practice was providing management and supervisory support for the practice nurses.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the practice nurse's was working closely with the secondary diabetic services on a local pilot to improve the care of patients with complex diabetes. Through this the practice nurse had raised awareness about potential gaps in services for vulnerable housebound patients. The practice had increased its monitoring of these patients and was providing additional telephone support to help them manage their long term health condition.

Are services well-led?

Good 

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

The practice manager worked closely with other manager's through the locality network. This had proven to be very supportive during the period of instability. We observed that the staff were driven to improving and maintaining services for patients. The team demonstrated they worked

flexibly and were piloting new ways of delivering the services to patients. This was illustrated by a move from GPs holding personal lists to a team based approach so that any potential risks were better managed.