

# Carn to Coast Health Centres

## Quality Report

Station Rd  
Redruth  
TR15 3DU  
Tel: 01209 717471  
Website: [www.poolhealthcentre.co.uk](http://www.poolhealthcentre.co.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Outstanding	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carn to Coast Health Centres on 8 March 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 the skills, knowledge and experience to deliver effective care and treatment.
- All 58 patients expressed high levels of satisfaction about all aspects of their care and treatment at the practice during the inspection. They said they were always 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.

- Patients said staff responded immediately to their request and found it easy to make an appointment with a named GP for continuity of care, with urgent appointments available the same day.
- The practice had good facilities and 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.

We saw areas of outstanding practice:

- Carn to Coast Health Centres was proactive in understanding the different needs of groups of

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people. We saw several examples including the trusting rapport that GPs had developed with a gypsy and traveller community. Data showed that the practice was effective in improving health outcomes for 134 people living there with increased engagement with health monitoring, national screening and immunisation programmes.

- The involvement of other organisations and the community was integral to how services were planned. For example, the views of approximately 1,000 vulnerable older patients in the nearby community of St Day had been listened to regarding future access to GP and pharmacy services. The branch surgery had been under threat due to financial viability. In response, the practice provided legal representation for the community to challenge NHS stakeholders about the future services there. As a result, the branch surgery was able to stay open.

- A home detoxification service for patients recovering from addictions under close supervision of GPs with expertise in this area, supported by secondary service specialists at the mental health partnership Trust. Participation in an bringing specialist diabetes care closer to home, which had so far had enabled

The areas where the provider should make improvement are:

- Review the storage and use of injectable glucagon by referring to the purchase invoice and demonstrating that 18 months has not elapsed from delivery for safe patient use.

**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.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care.
- Fifty three patients completed comment cards and five spoken with were consistently positive about how they were treated with compassion, dignity and respect and being involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- 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 outstanding 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.
- The involvement of other organisations and the community was integral to how services were planned. For example, the views of approximately 1,000 vulnerable older patients in the nearby community of St Day had been listened to regarding future access to GP and pharmacy services. The branch surgery had been under threat due to financial viability. In response, the practice provided legal representation for the community to challenge NHS stakeholders about the future services there. As a result, the branch surgery was able to stay open.
- The practice was leading innovative approaches to providing integrated care aimed at reducing unplanned hospital admissions for patients. Carn to Coast practice running Pool Health Centre led a bid for primary care development funding and was due to start a pilot offering on the day clinics at Camborne-Redruth Community Hospital. GPs said they aimed to create a seamless service to reduce patient confusion and attendances at the Accident and Emergency department.
- The practice was participating in an integrated care pilot to bring specialist diabetes care closer to home.
- All 18,612 patients had a named GP and 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 had good facilities and was well equipped to treat patients and meet their needs. Investment in specialist equipment, some through fundraising, enabled patients to access onsite diagnostic services normally provided at the main hospital in Truro. These included: same day blood testing and results for people on anticlotting medicines. The practice hosted a specialist service onsite providing urgent echocardiogram so that rapid diagnosis and treatment could be given for patients experiencing heart symptoms.
- Carn to Coast Health Centres provided the violent patient service for West Cornwall. Specific clinics were available for

Outstanding



# Summary of findings

vulnerable patients with complex mental health and addictions who were barred from their normal GP practices. Longer appointments were offered enabling patients to access full health monitoring.

- The practice was a co-owner of Pool Health Centre Prescription Service, allowing repeat prescriptions to be made by patients by telephone, website or smartphone application for delivery direct to their home address without having to attend in person for collection.
- 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.

## Are services well-led?

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

- 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 this. Carn to Coast Health Centres was successful in its succession planning. The practice was retaining and attracting new GP partners against the national trend of a recruitment crisis in general practice.
- 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.
- There was an overarching governance framework which 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group, with plans to develop face to face group meetings.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. This was underpinned by the practice being an approved training establishment for GP registrars and providing teaching placements for medical students.

# 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 patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had a very good skill mix which included three nurse practitioners (NPs) and was able to see a broader range of patients than the practice nurses.
- Performance for diabetes related indicators was better compared with the Clinical Commissioning Group (CCG) and national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.47% (CCG average 88.4% and national average 88.3%).
- The practice was participating in an integrated care pilot to bring specialist diabetes care closer to home. As a result, 65 patients had been discharged from hospital care and able to be monitored by GPs accessing online support from the consultant endocrinologist (specialist in diabetes management).
- 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. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good





# Summary of findings

- Systems were embedded and enabled proactive early identification and follow up of children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations against the context of high levels of deprivation amongst patients registered at the practice. Childhood immunisation rates for the vaccines given to under two year olds ranged from 77.8% to 98.3% and five year olds from 68% to 98.3%, which was above CCG and national averages.
- 77.2% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was comparable with the national average of 75.3%
- Patients told us that children and young patients 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 86.3% which was above the Clinical Commissioning Group (CCG) average of 78.2% and the national average of 81.3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The branch surgeries of Homecroft and St Day were accredited with SAVVY (SAVVY is an organisation working with Young People in Cornwall) with Carn to Coast Health Centres awaiting accreditation. Across the practice, young people were able to access emergency contraception, coils and implants, free condoms, contraceptive advice and any health or wellbeing advice when needed.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

- 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 hours were offered every Wednesday with pre-bookable appointments available till 8pm. Telephone consultation appointments were also available for working people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the

Good



# Summary of findings

needs for this age group. For example, smartphone technology was being used to provide text message prompts for appointments, results and ordering repeat prescriptions for home delivery.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those whose first language was not English.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- Patients who had been barred from their normal GP practices due to complex mental health, addictive and violent behaviours were able to access a wide range of health services in well managed specific clinics. This is known nationally as the 'Violent Patient Scheme'.
- Carn to Coast Health Centres worked closely with a gypsy and traveller community. Named GPs had developed a trusting rapport with the community, which was improving health outcomes for people living there through increased engagement with national screening and immunisation programmes.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A home detoxification service was provided for patients recovering from drug and alcohol addiction. This enabled them to detox safely under the close supervision of GPs with expertise in this area, who were supported by secondary care service specialists at the mental health partnership trust'
- Staff were knowledgeable and responsive in protecting and supporting patients in vulnerable circumstance. There was a high percentage of single mothers at risk of or experiencing domestic abuse registered at the practice. Staff knew how to recognise signs of abuse in vulnerable adults and children and safeguarding systems were embedded in all aspects of day to day contact with patients. 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.

Outstanding



# Summary of findings

- The practice worked closely with many charities and signposted patients to these for additional support. Examples included, holding and offering food vouchers to patients in need.

## People experiencing poor mental health (including people with dementia)

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

- 89.8% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. For example, percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96.9% (CCG average 87.1% and National average 88.5%).
- 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. Some of these were hosted at the practice, including counselling support.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. They had utilised learning from an audit to determine whether they were effective at screening patients for dementia and other mental health conditions. As a result, staff were proactive in screening, referring on for further investigations and providing appropriate support for patients.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty nine survey forms were distributed and 138 were returned. This represented 0.7% of the practice's patient list.

- 96.22% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 73.26%.
- 82.6% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 76.06%).
- 93.13% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 91% and national average 85.05%).
- 94% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 53 comment cards which were all positive about the standard of care received. Patients described the staff as excellent and caring. Patients gave examples demonstrating that their health and wellbeing was closely monitored. When they had needed to be referred to hospital for investigations, patients commented that this was always followed up in a timely way and they felt confident about the care they were receiving.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

There had been nine comments on the NHS Choices website from patients between 2014/16, all of which the practice had appropriately responded to. Overall, the practice had achieved the highest rating of five stars on NHS choices.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the storage and use of injectable glucagon by referring to the purchase invoice and demonstrating that 18 months has not elapsed from delivery for safe patient use.

## Outstanding practice

- Carn to Coast Health Centres was proactive in understanding the different needs of groups of people. We saw several examples including the trusting rapport that GPs had developed with a gypsy and traveller community. Data showed that the practice was effective in improving health outcomes for 134 people living there with increased engagement with health monitoring, national screening and immunisation programmes.
- The involvement of other organisations and the community was integral to how services were planned. For example, the views of approximately 1,000 vulnerable older patients in the nearby community of St Day had been listened to regarding future access to GP and pharmacy services. The branch surgery had been under threat due to

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financial viability. In response, the practice provided legal representation for the community to challenge NHS stakeholders about the future services there. As a result, the branch surgery was able to stay open.

- A home detoxification service for patients recovering from addictions under close supervision of GPs with

expertise in this area, supported by secondary service specialists at the mental health partnership Trust. Participation in an integrated care pilot bringing specialist diabetes care closer to home, which had so far had enabled 65 patients to be discharged from hospital care.

# Carn to Coast Health Centres

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a Care Quality Commission pharmacist inspector and a practice manager specialist adviser.

## Background to Carn to Coast Health Centres

Carn to Coast Health Centres at Station Road, Pool, Nr Redruth Cornwall TR15 3DU is run by a GP partnership. The practice covers Pool and surrounding rural areas. The practice has two other branch surgeries:

St Day, Scorrier Street, St Day, Redruth, Cornwall TR16 5LH

Homecroft, Voguebeloth, Illogan, Redruth, Cornwall TR16 4ET.

For this inspection, we visited Pool Health Centre and the dispensary at Homecroft Surgery.

Carn to Coast Health Centres has a combined list of 18,612 patients, the majority of which use Pool Health Centre. The majority of patients are of white British background. All of the patients have a named GP. Social deprivation in Camborne is in the high-range. The practice list is predominantly younger patients, with a high number of babies, children and working age patients up to 65 years with slightly fewer older people.

Carn to Coast Health Centres is a training practice with three approved GP trainers working across Pool Health

Centre, St Day and Homecroft surgeries. The practice normally provides placements for trainee GPs. Teaching placements are provided for medical students. Two GP registrars were on placement when we inspected.

The practice is managed by nine GP partners and a nurse practitioner partner (six male and four female). They are supported by three salaried GPs (all female). The practice uses the same GP locums for continuity where ever possible. There are six female practice nurses, three of whom are nurse practitioners, and four female health care assistants. All the practice nurses specialise in certain areas of chronic disease, long term conditions management and travel advice.

The practice is open 8am to 6.30pm Monday to Friday. Extended opening hours appointments provide patients with a choice of GP, nurse and HCA late evening appointments. Information about this is listed on the practice website and patient information leaflet: pre booked late evening appointments are available every Wednesday (6.30 to 8pm).

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service in Cornwall. The practice has staff training days during the year and information about this is posted on the website.

Carn to Coast Health Centres has an Personal Medical Service (PMS) contract and provides additional services, some of which are enhanced services:

- Extended hours
- Minor surgery
- Remote care monitoring.

# Detailed findings

- Alcohol screening for patients aged over 16 years, to identify any risks and provide support and/or treatment where needed.
- Annual health checks for patients aged over 14 years with a Learning disability.
- Facilitating early diagnosis of dementia
- Influenza, pneumococcal, rotavirus and shingles immunisations for children and adults

Patient participation in development of services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 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.

## 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 2 and 8 March 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurses, dispensary manager and dispensers, health care assistants, business and operations managers and administrative staff) and spoke with five patients who used the service.

- Inspected the dispensary based at Homecroft Surgery (branch) on 2 March 2016.
- 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 53 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts, complaints and minutes of monthly meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, records demonstrated that in 2014 staff had identified that following an upgrade of equipment to test blood clotting levels protocols had not been reviewed. Other issues were found during the investigation including recording errors and no evidence of internal and external quality controls being undertaken for some previously high results for patients. Actions were put in place to improve the service in these areas. In 2015, the practice carried out a repeat audit to review whether changes made were embedded and showed that practise had improved thereby promoting patient safety.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected current relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a lead and deputy lead GP partner for safeguarding. Staff verified they could access a safeguarding lead at Pool Health Centre practice and Homecroft surgery, the branch surgery. The practice demonstrated that they were proactive and timely in making safeguarding alerts. GPs

highlighted that the practice was situated in a deprived area with a high percentage of young single mothers experiencing domestic abuse. Minutes of meetings demonstrated that GPs reviewed all adults and children on protection registers every month. They also 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 relevant to their role to safeguard vulnerable adults and children. All the GPs were trained to Safeguarding level three for children.

- 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 check (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 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. Arrangements were in place to ensure that patients were given all the relevant information they required.
- The practice had written procedures in place for the production of prescriptions, and dispensing of medicines and both dispensaries at the branch surgeries of Homecroft and St Day operated under these. The procedures were detailed and accurately reflected current practice. There were systems in place for the management of repeat prescriptions, and higher risk medicines. Systems were in place to ensure that all



## Are services safe?

prescriptions were checked and signed by the doctor before being handed out to patients. Medicines were scanned using a barcode system, to help reduce the risk of any errors.

- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. We saw audits had been carried out regularly. Dispensing staff had completed appropriate training and had their competency regularly reviewed.
- Prescription pads and prescription printer paper were securely stored at Pool Health Centre and Homecroft Surgery. We saw systems in place to monitor their use.
- Patient Group Directions (PGD) were used by the practice to allow nurses to administer some vaccines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD) to enable health care assistants to administer other vaccines. The arrangements for handling and storing vaccines in the practice kept patients safe.
- The practice had two medicines bags used by GPs when visiting patients at home. Records showed that injectable glucagon (a substance used to raise blood sugar levels for patients with diabetes) was held and not refrigerated. Current guidance states that this medicine can be stored for 18 months unrefrigerated in the original packaging from the point of delivery to the practice. The practice was monitoring the expiry date, which was due in 2017, however this did not meet the current guidance to monitor and destroy the medicine 18 months after delivery. We highlighted this at the inspection and within 24 hours were sent a revised policy and procedure that if followed would provide assurance that the guidance was being followed.
- We reviewed four 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. The practice also provided placements for medical students and did not have a process for checking their identity at the outset. By the end of the inspection, the practice had put a system in place and written procedures for this.

- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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. 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 that enough staff were on duty. The senior management team comprising of the strategic manager and two practice managers demonstrated through audits of demand and capacity that staffing levels were constantly monitored. The practice was able to support another GP practice in the area with staff to cover an emergency situation.

### 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. Records of a significant event demonstrated that this was effective following the collapse of a patient. Staff responded immediately when the alert was activated, emergency treatment was successful and the patient transferred to hospital for further treatment.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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. Records demonstrated that the practice had reviewed the content of equipment held for emergencies as a result of learning from an event.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and

fit for use. with the exception of injectable glucagon (a substance used to raise blood sugar levels for patients with diabetes) which the practice was unable to provide assurance in line with current guidelines outlined above. The practice immediately took steps and made changes to procedures within 24 hours of the inspection.

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 patient's needs. NICE updates were discussed at the monthly clinical meetings. For example, minutes of a clinical meeting in November 2015 demonstrated that GPs had discussed the latest guidance about menopause diagnosis and management. As a result GPs were now using information about associated health risk factors as a decision aid when discussing hormone replacement therapy with female patients.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had looked into codes used and had set up regular searches for patients who could be at risk of hyperthyroidism (a condition where the patient has an over active thyroid gland which speeds up the body's metabolism, triggering a range of symptoms). This included older people over 65 years with heart disease or osteoporosis.

### 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 practice had lead GPs for each of the QOF registers. The most recent published results were 100% of the total number of points available, with 9.8% overall exception reporting highlighted in the CQC datapack. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better compared with the Clinical Commissioning Group (CCG) and national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.5% (CCG average 88.4% and national average 88.3%)
- The percentage of patients with hypertension having regular blood pressure tests was 90.1% and better than CCG (85.2%) and national averages (83.6%).
- Performance for mental health related indicators was better than the CCG and national average. For example, percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96.9% (CCG average 87.1% and National average 88.5%).

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The northern locality of Kernow clinical commissioning group (KCCG) had higher numbers of diabetic patients presenting late with symptoms and having to undergo lower limb amputations compared to national statistics. GPs at the practice met with the hospital surgical consultant and reviewed all the previous years amputations as significant events. This resulted in improvements being made to the template used to record diabetic reviews and raising awareness foot checks with all staff and patients. It was too early for the practice to demonstrate what impact this may have had and further audit was planned to review this.
- Information about patients' outcomes was used to make improvements. There were several examples including: the practice received feedback from the acute hospital about the referral rates for patients for urgent dermatology appointments. The feedback suggested that patients were being referred unnecessarily, which also raised their anxiety levels when a lesion was found to be non-cancerous. In response, the practice reviewed all patient referrals for urgent dermatology

# Are services effective?

## (for example, treatment is effective)

appointments where lesions were later found to be non-cancerous. This cross referenced the entire clinical team, looking at the referral patterns of GPs, GP registrars and nurse practitioners. The findings were that GP registrars had a higher rate of referral. A mentoring system was put in place providing all clinical staff with an opportunity to get a second opinion and avoiding unnecessary referrals for patients to alleviate any anxiety that might be caused by this.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction seen for a medical student who had been on placement at the practice was comprehensive and a named GP supported them throughout the placement.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses had completed diploma and masters level qualifications and took the lead in chronic disease management with patients. 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 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Educational meetings were held regularly, to which any member of staff could attend including GP registrars and medical students on placement.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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. Systems were seen demonstrating that staff routinely screened patients to establish that they had the mental capacity to consent. We saw examples, where this had led to further screening for patients who were having memory problems and could be presenting with the early stages of dementia. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- 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 in the patient's records.
- The process for seeking consent was monitored through records audits.
- The GPs had recently reviewed the latest guidance from the coroner about Deprivation of Liberty Safeguards (DoLS) outlining the process should a patient die whilst on a DoLS. Some vulnerable patients at the practice lived in one of three care homes, so could be subject to DoLS approved by the local authority. GPs demonstrated that they regularly discussed these patients welfare at their clinical meetings and had reviewed the appropriateness of any DoLS agreements in place. They showed us a flow chart which they referred to and demonstrated they would have no hesitation in raising any concerns with the local authority should they need to.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- GPs worked closely with a gypsy and traveller community to improve health outcomes for people living there. We saw written feedback from the Gypsy and traveller support service highlighting that all 134 of the people living on the site were now registered at the practice, where previously they had attended the hospital accident and emergency department if unwell. A social worker remarked about the positive impact early interventions were having in terms of access to maternity care in preventing premature death, miscarriages and still births known to be higher in this community. Other temporary residents using the site were also registering with the practice during their stay.

They had given positive feedback about their experiences with GPs and nurses at the practice to the Gypsy and traveller support service staff, which was summarised in this feedback.

- GPs had expertise in managing home detoxification for patients recovering from drug addiction. They provided a shared service, supported by secondary care specialists at the mental health trust. GPs involved in this service, attended training events with the secondary care specialists and liaised closely with them about the support patients needed. During out of hours, patients were given a contact number for their named GP should they need support and advice during the detoxification period.
- Weight management and smoking cessation support was available at the practice.

The practice's uptake for the cervical screening programme was 86.3% which was above the Clinical Commissioning Group (CCG) average of 78.2% and the national average of 81.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 77.8% to 98.3% and five year olds from 68% to 98.3%.

Flu vaccination rates for at risk groups was 98%. These were also above the CCG (76.4%) and national (77.6%) averages.

Patients had access to appropriate health assessments and checks. These 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.
- We noted that consultation and treatment room doors were closed during consultations; 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.

Through patient feedback the practice identified that the call handling system needed improvement to increase patient privacy and maintain confidentiality. GPs told us that the merger with Homecroft Surgery had led to the creation of a dedicated call centre. We saw documentation demonstrating that a transformation bid for funding had been made with a view to upgrading the telephone system.

All of the 53 patient Care Quality Commission comment cards we received were consistently positive about the service experienced. Five patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received written feedback from a member of the virtual patient participation group (VPPG). In this they verified that they were satisfied with the care provided by the practice and that their dignity and privacy was respected.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with or above average for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 94.5% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.7% and national average of 88.6%.
- 95.3% said the GP gave them enough time (CCG average 94.2%, national average 91.9%).

- 95.3% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 91.9%)
- 92.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 97.1%, national average 95.2%).
- 97.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 98.1%, national average 97.1%).
- 96.9% said they found the receptionists at the practice helpful (CCG average 90.4%, national average 86.8%)

### 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. We were shown a number of patient information leaflets, including one which provided reassurance and explained what would happen next when red blood cells were found in a urine sample. The practice had developed all of these, which were automatically generated from the patient record system ensuring that GPs, nurses and health care assistants were consistent in providing information to patients. Patient feedback in 53 comment cards we received was also consistently positive and aligned with these views.

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 national averages. For example:

- 94.4% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.7% and national average of 86%.
- 88.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 81.6%)
- 83.3% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)



## Are services caring?

We saw several examples of care plans including: one which included a treatment escalation plan for a patient with complex mental health needs. This provided detailed information for any health professional who may be involved in caring for the patient to understand their needs and how best to support them.

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.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 431 carers on the practice list, which represents 2.2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

- The involvement of other organisations and the community was integral to how services were planned. For example, the views of approximately 1,000 vulnerable older patients in the nearby community of St Day had been listened to regarding future access to GP and pharmacy services. The branch surgery had been under threat due to financial viability. In response, the practice provided legal representation for the community to challenge NHS stakeholders about the future services there. As a result, the branch surgery was able to stay open.
- The practice was leading innovative approaches to providing integrated care aimed at reducing unplanned hospital admissions for patients. Carn to Coast Health Centres led a bid for primary care development funding and was due to start a pilot offering on the day clinics at Camborne-Redruth Community Hospital. GPs said they aimed to create a seamless service to reduce patient confusion and attendances at the Accident and Emergency department. It was also involved in a diabetes pilot to provide restricted access to patient records. The aim of this was to streamline care and treatment for patients by enabling the diabetic consultant to have remote oversight and provide advice for any patients the GPs had concerns about.
- Other examples of a drive towards integrated care included: A GP partner was the clinical lead for long term conditions at Kernow Clinical Commissioning Group. They were leading a pilot in which the practice was participating of a new model of integrated care for patients with type 2 diabetes. For those patients who consented, the consultant at the hospital was able to review their records and GPs at the practice had established responsive systems to obtain specialist support from the consultant. At the time of the inspection, 65 patients had been discharged from face to face consultancy and had significantly reduced the number of new referrals made to the hospital. These patients were experiencing specialist support to manage their condition, which was closer to home and avoided them having to travel to Truro approximately 12 miles away.
- All 18,612 patients have a named GP and able to see them or a GP/Nurse of their choice.
- All GP appointments available every weekday could be booked on line.
- Home visits were available for older patients and patients who had difficulties attending the practice. A dedicated visiting GP responded quickly to requests, with examples seen were timely and included visits to patients within an hour of their call to the practice.
- People were able to access appointments and services in a way and time that suited them. Examples included: Patients were able to make appointments at the branch surgeries, if they wished to. A duty team consisting of a GP and nurse practitioner provided same day appointments for children, older people and those with serious medical conditions. Longer appointments were available for any patient needing them, for example people with learning disabilities, complex and communication needs.
- Investment in specialist equipment, some through practice fundraising, enabled patients to access onsite diagnostic services normally provided at the main hospital in Truro. These included: same day blood testing and results for people on anticlotting medicines. The practice hosted a specialist service on site which was able to provide urgent echocardiogram enabling rapid diagnosis and treatment for patients experiencing heart symptoms.
- Carn to Coast Health Centres provided the violent patient service for West Cornwall. Specific clinics were available for vulnerable patients with complex mental health and addictions who were barred from their normal GP practices. At these clinics patients were offered a longer appointment and able to access full health monitoring by named GPs.
- A home detoxification service enabled vulnerable patients recovering from drug addiction to do this at home safely under the supervision of GPs with expertise in the area. During out of hours, patients were given a contact number for their named GP should they need support and advice during the detoxification period.
- Examples of innovation included: the practice was a co-owner of the Pool Health Centre Prescription Service.





# Are services responsive to people's needs?

## (for example, to feedback?)

This service enabled all patients to order repeat prescriptions by telephone, website or smartphone application for delivery direct to their home address without having to attend in person for collection.

- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice was extending its accreditation with SAWY (SAWY, previously known as EEFO, is an organisation working with Young People in Cornwall) to incorporate Pool Health Centre. The accreditation of the branch surgeries of Homecroft and St Day demonstrated that friendly, confidential support was focussed on the needs of young people. Across the practice, young people were able to access emergency contraception, coils and implants, free condoms, contraceptive advice and any health or wellbeing advice when needed.
- There were disabled facilities, a hearing loop and translation services available. The practice serves a migrant worker community, some of whom work in the farming industry. Information at the practice was available in different languages including Polish, Latvian, Lithuanian and Portuguese. Longer appointments were offered to patients whose first language was not English to allow time for translation.
- The practice was accessible with all consultation rooms situated at ground floor level.
- The practice demonstrated a strong commitment towards inclusiveness and equality. Several examples were seen and included: Working closely with a nearby gypsy and traveller community to make healthcare more accessible. Hosting charitable services such as a toenail cutting clinic and offering food bank vouchers to vulnerable people. Information about support groups for people undergoing gender reassignment and Lesbian and Gay groups was posted in the waiting room.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Systems ensured that all staff were alerted to any adjustments needed, for example, a patient with dementia was always able to be accompanied to see their GP with their daughter.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm daily. Extended practice hours were offered at the following times on Wednesday evenings until 8pm, with the

last appointment available at 7.45pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 91% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 75%.
- 96% of patients said they could get through easily to the practice by phone (CCG average 81% and national average 73%).
- 92% of patients said they always or almost always see or speak to the GP they prefer (CCG average 89% and national average 85%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- The 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 for example posters were displayed in the waiting room. The patient information leaflet provided a summary of this process.

We looked at a log of 26 complaints received in the last 12 months. We sampled four complaints and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient helped raise awareness across the reception team about reasonable



## Are services responsive to people's needs? (for example, to feedback?)

adjustments that a patient might need. The practice devised a new template for patient records, which contained all this information and required anyone making or cancelling appointments to follow.

NHS choices website and data from the national patient survey generally indicated quite high satisfaction. The practice sent us a log of complaints, showing that they capture verbal and written complaints and act on them and showed apologies given. We saw an example of a

serious complaint which went to Ombudsman. The response to complainant was sensitive and detailed providing information about the learning and actions taken as a result.

There had been nine comments on the NHS Choices website from patients between 2014/16, all of which the practice had appropriately responded to. Overall, the practice had achieved the highest rating of five stars on NHS choices.

# 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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Patients views were sought and acted upon. To preserve a traditional ethos the practice had initiated mergers with other local practices. For example, it had recently merged with Homecroft Surgery enabling patients there to benefit from extended services whilst at the same time retaining its identity as a smaller GP practice.
- Carn to Coast Health Centres was successful in its succession planning. The practice was retaining and attracting new GP partners against the national trend of a recruitment crisis in general practice.
- We saw plans to re-develop an area of the building, at the time of the inspection occupied by the community team. The practice had re-negotiated the lease terms and planned to extend space and accommodate increasing patient demand. If completed these would provide increased treatment, training and rooms to host other services such as counselling services.

### Governance arrangements

The practice had an overarching 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 and that 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. The practice had a management board consisting of four GP partners and the senior management team. There were distinct leadership roles, which facilitated strong business

leadership by a strategic manager and clinical leadership by the board of GP partners. Any potential risks were flagged at weekly board meetings and actions agreed and monitored.

- Two GP partners led on all clinical matters.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Several examples were seen both at the practice and supporting other practices in the area. This included providing emergency GP cover to another practice in February 2016.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. For example, the practice demonstrated they were using their learning effectively. CQC had been sent an ombudsman's report and the practice action plan some months before the inspection. We followed this up and found that the action plan had been implemented. Changes put in place included: raising awareness about NICE guideline about referring patients for suspected cancer. An online pathway was created for staff to follow when handling urine samples, GP registrar training sessions were set up and patients who declined investigations were now always discussed by the clinical team.

The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

# Are services well-led?

Good 

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

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did. The medical school report in December 2015 highlighted that post placement feedback from medical students was consistently positive. The assessor described the practice as having a well established learning culture. This view was also echoed in the last Health Education South West report about placements for GP registrars.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Examples included supporting a nurse through funding and time to complete a master's degree, who was made a nurse practitioner partner of 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. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. There was an active PPG which was consulted regularly via email, carried out patient surveys and submitted proposals for improvements to the practice management team. However, having face to face meetings and engaging the group in promoting healthy living was an area for further development.

- The practice had gathered feedback from staff through an annual staff survey, through staff away days and staff meetings, appraisals and discussion. Records demonstrated that all of the staff had received an annual appraisal and had development plans in place. All of the staff we met 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. Examples included, staff being involved in the development of a new protocol for reception staff to follow ensuring reasonable adjustments were met for patients.

## Continuous improvement

There was a strong 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, the practice was taking part in a research study that aimed to improve the early diagnosis of lung and bowel cancer, and to better identify people who were unlikely to have the disease. Patients aged over 35 years with chest or bowel symptoms were being given the opportunity to be involved in this national study (CANDID).

The partnership was forward thinking and provided leadership to their peers in the North Kerrier district of Cornwall. The GP partners demonstrated a strong commitment to integrating health and social care for people registered at the practice. Examples of innovation included: the practice drafted and liaised with the Clinical Commissioning Group and NHS England on a Primary Care Development fund plan centring on the creation of a health hub at the Camborne/Redruth community hospital. A GP was working with other practices in the area to obtain transformation funds so that a web based clinical system could be developed making access to patient information, policies and national guidelines easier.