

Praze-An-Beeble Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Praze-an-Beeble Surgery on 15 June 2016. Overall the practice is rated as Requires Improvement

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. Staff were able to report incidents, near misses and concerns; however, evidence of learning from the events and communication of outcomes and actions with staff, which might improve the service, was limited.
- 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.
- Patients 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.
- 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.
- Feedback from patients about the care and treatment they received and about the services provided was consistently high and above local and national averages in many areas.
- 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. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from significant events, complaints, audits and service feedback.
- Ensure systems and processes in support of clinical audits and re-audits are put in place to improve patient outcomes.
- Ensure systems and process are developed to ensure that blood tests and GP interventions take place before high-risk medicines are prescribed.

- Ensure systems for monitoring medicines to ensure they are in date and stored in line with manufacturers guidelines.

The areas where the provider should make improvement are:

- Review systems for information kept about medicines deliveries to ensure that patients receive their medicines safely.
- Obtain patient feedback through a patient participation group.
- Ensure controlled drug stock checks at the interval defined in dispensary procedures

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- 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.
- Not all risks had been mitigated to ensure high standards of patient safety and care for this population group. There were no systems in place to improve communication between all staff to ensure shared learning from significant events, complaints, audits and service feedback.
- There was not a robust process in place to ensure that blood tests and GP interventions took place before high-risk medicines were prescribed.
- Not all arrangements for managing medicines were safe, for example recording and the disposal of out of date medicines.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- Clinical audits had been undertaken but there was no evidence that audit was driving improvement in performance to improve patient outcomes.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



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.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 requires improvement for being well-led.

- The practice had a 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. Areas identified for improvement included;
- Audits. There was no programme of continuous clinical and internal audit to monitor quality or make improvements, making monitoring patient outcomes difficult.
- Patient feedback. Arrangements to gather feedback from patients; for example, through a patient participation group, to improve the services provided and the practice environment were not in place.
- Governance arrangements to support the meetings which took place and the actions identified were not robust, this may have an adverse effect upon how information was shared amongst staff unable to attend meetings.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Every patient at the practice including older patients aged over 75 years had a named GP for continuity of care.
- The practice employed a driver to deliver medicines to frail or housebound patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data from the Quality and Outcomes Framework showed that outcomes for patients were good for patients with long term conditions. For example, patients diagnosed with hypertension whose last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% which was better than the national average of 84%.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 74% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months compared to the national average of 75%
- 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 was SAVVY Kernow (SAVVY Kernow is a name of a scheme in Cornwall which helps young people access health services easily) accredited to level two.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Practice services included online appointments and online repeat prescriptions, telephone consultations and comprehensive information on the practice website to allow working people to easily access the service.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%
- The 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 (01/04/2014 to 31/03/2015) was 100% which was above the national average of 88%.
- 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.
- 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.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- An 'Outlook South West' counsellor held a clinic at the practice for patients with long term mental health problems. GP's were able to liaise with the counselling service for advice and make referrals to them.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above the local and national averages. 235 survey forms were distributed and 126 were returned. This represented about 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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%.

- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% 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 two comment cards which were both positive about the standard of care received. Patients said that staff were friendly and approachable and that they had not experienced any difficulties in obtaining an appointment.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from significant events, complaints, audits and service feedback.
- Ensure systems and processes in support of clinical audits and re-audits are put in place to improve patient outcomes.
- Ensure systems and process are developed to ensure that blood tests and GP interventions take place before high-risk medicines are prescribed.

- Ensure systems for monitoring medicines to ensure they are in date and stored in line with manufacturers guidelines.

Action the service **SHOULD** take to improve

- Review systems for information kept about medicines deliveries to ensure that patients receive their medicines safely.
- Obtain patient feedback through a patient participation group.
- Ensure controlled drug stock checks at the interval defined in dispensary procedures

Praze-An-Beeble Surgery

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 adviser, and a CQC pharmacist inspector.

Background to Praze-An-Beeble Surgery

The Praze-an-Beeble Surgery was inspected on Wednesday 15 June 2016. This was a comprehensive inspection.

The practice is situated in the village on the outskirts of Camborne in Cornwall. The practice provides a general medical service to 5955 patients. There is a branch practice at Connor Downs about four miles from the main practice.

The practices population is in the fifth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matches the national average of 79 years; female life expectancy is 83 years which also matches the national average of 83 years.

There is a team of two GP partners, one female and one male and two salaried GP's providing 23 GP appointment sessions. Partners hold managerial and financial responsibility for running the business. The GP team are supported by a practice manager, deputy practice manager, three practice nurses, a healthcare assistant and a phlebotomist (phlebotomists are staff trained to take blood samples) and additional administration staff.

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

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

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

Outside of these times patients are directed to contact the out of hours service by using the NHS 111 number.

The practice has a General Medical Services (GMS) contract with NHS England.

The Praze an Beeble Surgery provides regulated activities from the main site at School Road, Camborne, Cornwall TR14 0LB and the branch site at Connor Downs Surgery, Turnpike Road, Connor Downs, Hayle, TR27 5DT. We visited both of these sites during our inspection.

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

Detailed findings

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 15 June 2016. During our visit we:

- Spoke with a
- 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 both 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

Staff told us they would inform the practice manager of any incidents and there was a recording form in place for recording significant events. These were monitored by the practice manager, who acted directly where there was something needed, and also collated the reports so they could identify trends. We found that these incidents were not discussed with all the staff and results were given verbally to staff making consistent sharing of information difficult particularly for staff who might have been absent at the time.

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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that action was taken to improve safety in the practice. For example, following a breakdown in communication changes were made in the way medicine changes were communicated to other care providers. A new medicines amendment form had been designed by the practice dispensary team and was checked by two staff members before being faxed as confirmation of all medicine changes made over the telephone.

Overview of safety systems and processes

The practice required improvement with processes and practices in place to keep patients safe which included:

- The arrangements for managing medicines, including emergency medicines in the practice generally kept people safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Although processes were in place for handling repeat prescriptions, there was no robust process to identify if people taking high-risk medicines needed a review or blood test.
- People could arrange to have their medicines delivered or collect their medicines from two local shops. There were processes in place to make sure that this was safe and people signed to say they had received their medicines. However, the dispensary manager told us

that the driver had an informal agreement with a couple of people for medicines to be left at their property without a signature. This meant that the practice would not know whether the person had received those medicines.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage due to their potential for misuse) and had procedures in place to manage them safely. Staff were not completing regular controlled drug stock checks at Praze Surgery, although stocks of controlled drugs were correct according to the controlled drug register. The last stock check took place on 13 November 2015. There were appropriate arrangements in place for the destruction of controlled drugs. Dispensary staff told us that prescriptions for controlled drugs were not dispensed before being signed by a GP.
- Medicines were stored securely but records showed that the temperature of the dispensary at Connor Downs Surgery was just above 25°C for the four days prior to the inspection. Some medicines should be kept at a room temperature below 25°C to be effective.
- Dispensary staff explained how they make sure that medicines do not go out of date, but we found one bottle of an out of date medicine in an empty vaccine fridge.

However we saw other systems in place which supported patient safety, these 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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. GPs were trained to child protection or child safeguarding level three, nurses to level two and administrative staff level one.
- 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.

Are services safe?

(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 manager was the infection control 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.
- Systems were in place to check that dispensary processes were suitable and the quality of the service was maintained. Staff had completed an audit to improve the frequency that information and advice given to people when they collected their medicines.
- Medicines given to people as part of clinical trials were kept securely in the dispensary at Connor Downs. These were separated from routine dispensary stock.
- There was a named GP responsible for the dispensary and prescribing. Dispensary staff had completed appropriate training to work safely in the dispensary. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Staff signed these documents and they were regularly reviewed.
- The dispensary staff used a barcode system that reduced the risk of errors. Staff recorded significant events and reported them to the dispensary and practice manager. Staff received and acted upon medicines alerts.
- Blank prescription forms and pads were stored securely. A system was in place to monitor the use of prescription paper across both surgeries.
- We reviewed four personnel files and found the files had the 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.

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 in October 2015 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.

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.
- 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. All the medicines we checked were in date and stored securely.

Are services safe?

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 81% which was similar to the national average of 78%.
- For mental health related indicators was 100% which was better than the national average of 88%.

There had been seven clinical audits completed in the last two years, with no repeated full cycles, however one audit had been undertaken on polypharmacy in care homes which had resulted in a reduction in medicines for patients. The practice were also in the process of contacting patients with osteoporosis who were not taking bone protection medicines.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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.
- 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 and providing immunisations to children.
- 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, 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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.
- 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.

Are services effective?

(for example, treatment is effective)

Meetings took place with other health care professionals on a monthly or when needed 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.

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 on the premises.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% and the national average of 82%. 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. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 76% to 94% and five year olds from 76% to 94%. (CCG averages were 78% to 93% and 73% to 93%).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for females being screened for breast cancer was 76% which compared to the CCG average of 76.9% and was higher than the national average of 72.2%. The patient uptake for bowel screening was also higher at 61% compared to the CCG average of 59.3% and the national average of 55.4%.

The practice hosted the local dementia carers support group that offered support, advice and information.

The practice was SAWY (SAWY is a name of a scheme in Cornwall which helps young people access health services easily) accredited to level two ensuring their provision was young person friendly in every aspect of service delivery.

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.

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

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% 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%.
- 99% 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%.

- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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 above the local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 91% 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%.
- 98% 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 practice provided facilities to help patients be involved in decisions about their care:

- 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.

Are services caring?

The practice had identified 112 patients as carers (about 2% of the practice list). 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 and 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 practice offered additional appointments on a Tuesday or Wednesday evening until 8pm for patients who could not attend during normal opening hours.
- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice employed a driver to deliver medicines to patients who were housebound or unable to visit a dispensary.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 1.30pm to 6pm daily. Extended hours appointments with the GP and nurse were offered on Tuesday or Wednesday evenings between 6.30pm and 8pm. In addition, pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

In support of wider access to services the practice's website informed patients of other locally available services. For example, the Camborne/Redruth community hospital were currently trialling an urgent care & minor illness service, with a Doctor available from 11am to 7pm, and a Nurse from 8am to 10pm, seven days a week which patients could attend. Other options were also available on their website.

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 CCG average of 83% and the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

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.

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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. 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. There was a poster and leaflets displayed in the waiting room explaining how to complain should patients wish to do so.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, showing openness and transparency in dealing with the complaint. The practice reviewed complaints to detect themes or trends, no themes had been identified. Lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example reception staff now make it clear to patients at which practice their appointment is made for.

Are services well-led?

Requires improvement 

(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 to provide all patients appropriate health care in a friendly, professional way. Staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a patients charter which was promoted on its website. Points promoted included; a commitment to providing the best possible service through access to appointments and home visits; responding to the telephone promptly; advising about how to obtain test results; being treated as individuals and partners in their healthcare and the promotion of good health to avoid illness.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. Systems and processes which required reviewing included;

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

However other governance processes were in place to support the management of the practice. These included;

- A clear staffing structure was in place and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and up to date and were available to all staff.

Leadership and culture

The partners in the practice aspired to provide safe, high quality and compassionate care but poor governance procedures restricted their ability to provide this. Staff said 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 practice responded positively to our feedback and were going to look at different ways to improve communication within the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- 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.

- We were told that staff meetings were held twice a year, although being a small team of 27 members in total most discussions took place on an ad hoc basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management team and felt confident and supported in doing so
- 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.

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 did not have a patient participation group (PPG (these are required under the current GP contracts)

Are services well-led?

Requires improvement 

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

and was actively in the process of forming one. They had identified and invited patients who want to be involved to form a group. They were currently seeking more members through their website.

- The practice had gathered feedback from staff 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.

Continuous improvement

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 involved with the locality diabetes pilot that used virtual clinics to discuss and review patients diagnosed with diabetes in their care.
- They were involved in a feasibility study with Exeter University looking at wellbeing self-help for patients with dementia.
- The practice were piloting an advanced electronic ordering and receiving results from diagnostic testing.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>Although processes were in place for handling repeat prescriptions, there was no robust process to identify if people taking high-risk medicines needed a review or blood test.</p> <p>Medicines were not always in date and stored safely.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider should assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. Issues identified included governance arrangements for;• There was no programme of continuous clinical and internal audit to monitor quality or make improvements, making monitoring patient outcomes difficult.• Governance arrangements to support the meetings which took place and the actions identified were not robust, this may affect how information was shared amongst staff not attending meetings. <p>17 (1)</p>