

# Dr Andrew Garrod

## Quality Report

Churchfield

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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?	Good	
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 The Health Centre, Dr Garrod on 24 September 2015. Overall the practice is rated as good.

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.

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.

- 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.
- Patients said they found it easy to make an appointment with their GP 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.

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

- The practice should form a patient participation group to seek feedback from patients.

We saw one area of outstanding practice:

# Summary of findings

The practice recognised the needs of their population and had links with the local food bank. They provided food vouchers to patients in need and held food boxes to give out provisions when necessary.

**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 and lessons were shared to make sure action was taken to improve safety in the practice. When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 showed patient outcomes were at or above average for the locality. Staff assessed patient 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 patient's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

The practice 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 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 that 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.

It 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.

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 practice had systems in place for knowing about notifiable safety incidents

The practice proactively sought feedback from patients through the friends and family test and complaints, which it acted on.

There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

The practice offered proactive, personalised care to meet the needs of the older people in their population.

Medicine reviews were provided for all patients and this was done in conjunction with a pharmacy adviser in care homes on an annual basis. Blister packs were offered by the local pharmacy and dispensary in St Breward which helped patients with memory problems.

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for frail patients and those with more complex needs.

Longer appointments with the GP and practice nurse were available for older people when needed.

Good



### People with long term conditions

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

Nursing staff were responsible for organising management of patients with chronic or long term diseases and patients at risk of hospital admission were identified as a priority.

All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.

Nationally reported data showed that outcomes for patients with long term conditions were higher than the local CCG and national averages, for example 100% of the 843 patients with chronic diseases had received their required annual health check.

Longer appointments and home visits were available when needed for this patient group.

For those people with the most complex needs, the 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 people.

Good



# Summary of findings

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.

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 accredited with EEFO status. EEFO is a word that has been designed by young people, it promotes work with other community services to give responsive and non-judgmental services to young people.

The latest published figures for the percentage of women aged 25 – 64 whose medical notes record that a cervical screening test had been performed in the last 5 years was 75.28% compared to the national average of 88.18%.

The practice offered contraceptive services to young people and had an arrangement with a neighbouring practice for referral to their practice for intra-uterine device (coil) and implant insertion.

Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw good 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 people (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.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Prescription requests and appointments could be managed on line.

Good



## **People whose circumstances may make them vulnerable**

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with

Good



# Summary of findings

a learning disability. Of the 11 patients registered at the practice with a learning disability, all had received a health check. The practice offered longer appointments for people with a learning disability to give time for understanding and help reduce any stress.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff had told vulnerable patients about how to access various support groups and voluntary organisations. The practice had established links with the local food bank, they provided food vouchers and held food boxes to give to people when necessary.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Staff had a good understanding of how to support people with mental health needs and dementia.

Data showed that 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months; and 100% of people diagnosed with mental illness had had their care reviewed in a face to face meeting in the last 12 months.

There was a counselling service available to patients and a self-referral service for those patients suffering with anxiety and depression.

The practice worked with Addaction to help provide care and support to alcoholics and patients with drug addiction.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia, and held monthly hub meetings with a psychiatrist. Advance care planning was carried out for patients with dementia, so that future needs and wishes were known and considered.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 104 were returned which was a response rate of 43%..

- 76% found it easy to get through to this practice by phone compared to a CCG average of 82% and a national average of 73%.
- 92% found the receptionists at this practice helpful (CCG average 91%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 92% said the last appointment they got was convenient (CCG average 95%, national average 92%).

- 81% described their experience of making an appointment as good (CCG average 82%, national average 73%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards and one letter; 35 of these cards were positive about the standard of care received. Patients found the staff to be helpful, caring and professional. The remaining four comment cards also echoed these sentiments but they expressed some difficulty in obtaining a same day appointment.

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

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should form a patient participation group to seek feedback from patients.

# Dr Andrew Garrod

## 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 advisor, and a practice manager specialist advisor.

### Background to Dr Andrew Garrod

Dr Garrod was inspected on 24 September 2015. This was a comprehensive inspection.

The main practice is situated in Camelford. The practice provides a general medical service to 3,190 patients of a diverse age group. The practice is a small single GP practice with a branch surgery in Delabole and a branch surgery in St Breward.

The team consists of one male GP supported by two regular locum GPs, one male and one female. The GP holds managerial and financial responsibility for running the business. The GPs are supported by two practice nurses, health care assistants, a phlebotomist and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors who visit the practice.

The practice is open between 8.30am – 6pm Monday to Friday. Appointment times vary each day and are available at different times at each branch but are generally from 8.30am until 1pm and from 3:30pm to 6pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that needed them.

The practice had a dispensary in St Breward.

Outside of these times patients are directed to contact the Cornwall Health out of hour's service by using the NHS 111 number.

### 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 September 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards and 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events,

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared with relevant staff to make sure action was taken to improve safety in the practice. For example, a letter was received from the hospital regarding a change of patient's medicines. The letter was scanned onto the patient's notes. However, a note from the GP written on the second page informing reception that the patient needed an appointment was missed. Following this incident it was agreed that all notes for further action by the receptionists would be placed on the first page. No harm came to the patient and they were seen by the GP. The patient was also given an apology.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS)
- 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The dispensary was closed at the time of our inspection, so only standard operating procedures and paperwork could be checked. The practice had appropriate procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were systems in place to ensure that all prescriptions were reviewed and signed by a GP before they were given to the patient.
- 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. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- We reviewed three personnel files and found that 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.

## Are services safe?

### 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. 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 in December 2015 to ensure it was working properly. The practice also 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.
- 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 practice manager prepared a GP and nurses rota on a weekly basis, which took absences into account to cope with patient demand.

### 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. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff were aware of the contents and location of these plans. Additional copies were kept at each of the branches.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' 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 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 93.9% of the total number of points available, with 10% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were 84% which was lower than the CCG average of 88.4%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average of 97.8%.
- Performance for mental health related conditions was between 100% which was better than the CCG average of 92.8%.
- The dementia annual review rate was 100% which was better than the CCG average of 94.5%.

Clinical audits demonstrated quality improvement.

We were shown four clinical audits completed in the last 12 months, all of these were completed audits where the improvements identified, had been implemented and were monitored. The audits included inadequate smear audits, significant event audits, medicine audits such as for Warfarin, and minor surgery audits.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included determining that all patients prescribed a medicine known as a 'disease modifying drug' were on the correct dosage, prescribed the medicine at the correct interval in order that regular monitoring checks could be carried out, to keep the patient safe.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- 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.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records, 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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. 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, where appropriate, recorded the outcome of the assessment. We were shown examples of where consent had been assessed and the relevant

documentation had been completed. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75.28% which was slightly below the CCG average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Whilst undertaking this screening the nurses took the opportunity to discuss breast examination, smoking habits, weight and blood pressure as they recognised that due to the age group of the ladies receiving smear testing it was often the only contact they had with them on a three yearly basis. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.5% to 96.6% and five year olds from 69% to 86.2%. Flu vaccination rates for the over 65s were 67.95%, and at risk groups 52.13%. These were also comparable to CCG averages.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 39 patient CQC 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.

The practice did not currently have a patient participation group. The practice manager was exploring different ways of engaging with the patients to form a group, for example face to face meetings or through e-mail.

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

- 82% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 91%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).

- 92% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results in comparison to local and national averages were as follows:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 81%)

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.

There was a practice register of carers and the computer system alerted GPs if a patient was also a carer. Carers were supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood 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.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Patients could collect their prescriptions from a local shop or post office when unable to travel to the practice.

### Access to the service

The practice was open between 8:30am and 6pm Monday to Friday. Appointments times varied each day as patients could also be seen at the branch surgeries in St Breward and Delabole. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Home visits were made to patients unable to attend the practice.

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. Four of the comment cards described that booking appointments in advance was sometimes difficult however people told us on the day that they were able to get appointments when they needed them.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 76% patients said they could get through easily to the practice by phone (CCG average 82%, national average 73%).
- 81% patients described their experience of making an appointment as good (CCG average 82%, national average 73%).
- 79% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68%, national average 65%).

### Listening and learning from concerns and complaints

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

- Its 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

We looked at seven complaints received in the last 12 months and found that all of these had been satisfactorily handled and dealt with in a timely way. Written complaints responses showed that openness and transparency and duty of candour had been followed when 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, the practice manager discussed with GPs all complaint responses and examined whether any lessons could be learned. These were also discussed at monthly staff meetings and shared learning took place.

# 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. This was to offer personalised responsive healthcare, listen to their patients needs and responding quickly and effectively to those needs. Staff were familiar with the vision and values.

### 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told us that 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 they encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular quarterly team meetings.
- Staff told us that, being a very small team of staff there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- Feedback from patients had been gathered through surveys and complaints received.
- The practice had also 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.