

The Three Spires Medical Practice

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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to The Three Spires Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focussed inspection and on noting elements of notable practice extend the inspection at The Three Spires Medical Centre on 9 August 2017. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Eighty nine percent of the patients surveyed said they found it easy to make an appointment with a named GP and added there was continuity of care, with urgent appointments available the same day.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example, there was a fully equipped operating theatre for vasectomies and skin cancer surgery on site. The practice was clean, tidy and hygienic. We found suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The leadership, governance and culture of the practice put quality and safety as its top priority in delivering person centered care and treatment. We saw many examples of this throughout the inspection and noted strong leadership was a common thread seen in the areas of outstanding practice.

We saw areas of outstanding practice:

Summary of findings

The practice understood its population profile and had used this understanding to meet the needs of its population. GP partners told us that a fundamental aim in developing services at the practice was to provide resilient, proactive and responsive services for patients there and county wide. We saw several examples demonstrating that patients experienced flexibility, choice and continuity of care. For example:

The practice held two no-scalpel vasectomy clinics each week; this includes giving pre and post-operative information. This service was available from two GPs through the choose and book system for all patients throughout the county. In the past twelve months 323 vasectomies had been performed with positive feedback from the patients.

The practice employed a specialist spinal physiotherapist and four physiotherapists and has a purpose built treatment room and shared gymnasium to deliver a physiotherapy service to their patients and county wide. This service was able to provide soft tissue work, and any qualified provider (AQP) service for patients with lower

back and neck problems. In the past year over 689 patients were seen. This service received excellent feedback with a 96% satisfaction score of all patients stating they received an excellent service. There was also a muscular interface clinic (MSK) that provided an enhanced service for patients with hip, knee and shoulder problems, and also acupuncture and “back classes to empower the patients to self manage their pain and reduce the amount of pain relieving medicines needed

The practice worked in partnership with the Royal Cornwall Hospital Trust to provide two week wait skin cancer referrals in the practice, the first in the country. Working with two local dermatologists and a GP from the practice the Cornwall skin clinic, as it is known, offers both see and treat clinics for patients at the practice and county wide three times a week and have treated 2161 patients this year.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice participated in clinical research to achieve better outcomes for patients
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- The practice was well equipped to treat patients and meet their needs. For example, there was a fully equipped operating theatre on site enabling the practice to undertake minor surgery and vasectomies.
- The Three Spires Medical Centre was commissioned to provide extended surgical and dermatology services. GP with Special Interest delivered these, so patients were able to access rapid diagnosis and treatment for conditions such as low risk skin cancer.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.
- The Three Spires Medical Centre provided placements for GP registrars, qualified doctors training to be GPs and medical students. Feedback from trainees and students demonstrated this was a popular placement and they wanted to return to work there permanently.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients and their families in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible
- The practice had eight care homes in their area and each home had its own named GP and a dedicated direct dial telephone number so medical advice could be obtained in a timely way.
- All patients had a minimum of an annual medicines review to ensure only appropriate medicines were prescribed.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the CCG and national averages. The percentage of patients with diabetes on the register for whom the most recent blood sugar readings were in the average range was 76% compared the CCG average of 82% and the national average of 78%.

Summary of findings

- The practice held joint clinics with the local Diabetic Specialist nurse once a month.
- The practice nurse was able to initiate insulin therapy for diabetic patients.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 81%. This was comparable to the national average of 82%.
- Family planning and implant contraception and emergency contraception was available at the practice.
- Vasectomies were available for men registered at the practice and throughout the county.
- Minor surgery such as joint injections and minor skin lesions was available in the practice.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Baby changing facilities and private rooms for mothers wishing to breast feed were available.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice were members of SAVVY Kernow, a local scheme which encouraged young people to become savvy and seek help and advice about their health, wellbeing or everyday life.
- One partner acted as a medical officer for a local independent school and held weekly clinics during term time providing medical care to pupils living away from home.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice provided extended services, for example minor surgery, low risk skin cancer treatment and vasectomies.
- The practice provided physiotherapy treatments to aid recovery and return to employment.
- 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.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations

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, refugees, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice offered a home and dry alcohol detox service, this included assessment and ongoing support from a GP and practice nurse.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- 77% of patients diagnosed with dementia had received a review of their care in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 92% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- Patients with long term conditions such as heart disease and diabetes were screened for dementia during their annual reviews.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 139 were returned. This represented about 1% of the practice's patient list. The results from the survey were:

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 90% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all extremely positive about the standard of care received. Patient's comments included, staff have a caring attitude, treat patients with respect and were very supportive and informative.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the friends and families survey which asked patients how likely they were to recommend the practice to friends and family. The most recent results showed that of 65 responses 84% of patients would recommend the practice.

The Three Spires Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to The Three Spires Medical Practice

The Three Spires Medical Practice is situated in the city of Truro in Cornwall. At the time of our inspection there were approximately 15,100 patients registered at the practice. The practice population is in the sixth 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. The practice population ethnic profile is predominantly White British. The average male life expectancy for the practice area is 80 years which is higher than the national average of 79 years; female life expectancy is 83 years which is the same as the national average of 83 years.

There is a team of seven male and one female GP partners. The GPs are supported by five female salaried GP's. The team are supported by an operations manager, an office manager, a human resource manager, a nurse practitioner, three practice nurses, eight healthcare assistants, and additional administration and reception staff. The practice shares a community matron with another practice to care for the elderly population.

The practice is a teaching practice for registrars training to become GPs, medical students training to become doctors.

The practice is active in research and clinical trials. These are research studies in which patients help test treatments or approaches to prevent or diagnose health conditions to evaluate whether they are safe and effective.

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

The practice reception is open between 7am to 6.30pm on Monday to Friday. Booked appointments are offered between 8am and 6.30pm. The practice offers a range of appointment types including book on the day, two days and four weeks in advance, preferably with their own GP or with the clinician that is dealing with their ailment. Patients can book appointments in person, by telephone or using the online services. Telephone consultations are also available. Extended hours are offered from 7.30am to 7.30pm to meet patient demand. Outside of these times patients are directed to contact the NHS 111 service. Details are also given on the practice website of other useful telephone numbers and addresses where patients can seek assistance when the practice is closed.

The Three Spires Medical Practice provides regulated activities from the main site at the Three Spires Medical Centre, Truro Health Park, Truro, Cornwall TR1 2JA.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was extended to include notable aspects of care and treatment observed

Detailed findings

whilst in the practice. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 12 September 2017. During our visit we:

- Spoke with a range of staff including four GPs, the nurse practitioner, two practice nurses, two healthcare assistants and administrative and reception staff. We also spoke with three members of the patient participation group (PPG) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a wrong mole had been removed from patients back during a minor operation the practice put in place new protocols, including obtaining consent for the use of an iPad in order to take a photograph before removal and use this photo to check with the patient that the correct mole was going to be removed. This photo was then stored in the patient notes.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the nursing staff level two.
- Following concerns noted at our last inspection a notice was now in the waiting room, and each consulting room which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken, the last in May 2017 and we saw evidence that action was taken to address any improvements identified as a result. For example two staff had been reminded not wear wristwatches.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical

Are services safe?

commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

The practice used locum GPs to cover staff leave. We found appropriate recruitment checks for example, the practice ensured all locums had an up to date licence to practice on the General Medical Council (GMC) register and had up to date indemnity insurance.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 98.3% of the total number of points available compared with 12% exception reporting overall. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were all comparable to the national scores. For example, the patients who had a blood sugar test result within normal limits were 76% compared with a national average of 78%.
- Performance for mental health related indicators were all comparable to the national averages. For example, the patients who had been diagnosed with dementia and had a care review was 76% compared with a 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 last 12 months was 92% compared with the national average of 89%.

There was evidence of quality improvement including clinical audit:

- The practice had an annual programme of audits. This covered for example, minor surgery, cervical smears, medicines and infection control. Completed audits were discussed at the weekly clinical meetings and used to ensure improvements made were implemented, monitored and service quality improved.
- We looked at two clinical audits commenced in the last two years; these were completed audits where the improvements made were implemented and monitored. An audit for their two week dermatology referrals showed that they were focussed and fewer specimens were being sent to the hospital specialists as their in house expertise has developed.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- 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, at practice nurse training events and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Following concerns noted at our last inspection we noted that patients were involved in the formation of their care plan.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 82%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for females being screened for breast cancer was 78% which was above the CCG average of 77% and was higher than the national average of 72%. The patient uptake for bowel screening was also higher at 65% compared to the CCG average of 61% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds were 95% which was within national targets. Vaccination rates for five year olds ranged between 93% to 95.7% compared with the CCG ranges of 91% and 95% and national ranges of 88% and 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 33 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.

We spoke with seven patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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:

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 95% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. Age related furniture and toys were available for younger children. The practice was SAWY Kernow accredited. SAWY Kernow is a name of a scheme in Cornwall which helped young people access health services easily. The practice were also registered as a C Card distribution centre which allowed them to give out free condoms to young people.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% 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%.

Are services caring?

- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 97% 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 interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (about 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. GP partners told us that a fundamental aim in developing services at the practice

was to provide resilient, proactive and responsive services for patients there and county wide. We saw several examples demonstrating that patients experienced flexibility, choice and continuity of care. For example:

- The practice held two no-scalpel vasectomy clinics each week; this includes giving pre and post operative information. This service was available from two GPs through the choose and book system for all patients throughout the county. In the past twelve months 323 vasectomies had been performed with positive feedback from the patients.
- The practice employed a specialist spinal physiotherapist and four part time physiotherapists and has a purpose built treatment room and shared gymnasium to deliver a physiotherapy service to their patients and county wide. This service was able to provide soft tissue work, and any qualified provider (AQP) service for patients with lower back and neck problems. In the past year over 689 patients were seen 14% of which were urgent referrals and 86% routine. This service received excellent feedback with a 96% satisfaction score of all patients stating they received an excellent service. There was also a muscular interface clinic (MSK) that provided an enhanced service for patients with hip, knee and shoulder problems exploring non evasive treatment thus reducing the need for surgery.
- The practice were able to offer acupuncture and "back classes". These classes included education in the anatomy of the back, exercise classes such as Pilates and yoga to promote confidence in movement and mindfulness to assist with pain management. These classes consisting of four sessions to empower the patients to self manage their pain and reduce the amount of pain relieving medicines needed. Following these four sessions patients were signposted to further exercise groups for example the local walking group.

- The practice worked in partnership with the Royal Cornwall Hospital Trust to provide two week wait skin cancer referrals in the practice, the first in the country. The Cornwall skin clinic, as it is known offered both see and treat clinics three times a week and have treated 2161 patients this year.

The practice also offered:

- Extended hours from 7.30 am and until 7.30pm by appointment for working 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could receive minor surgery operations at the practice helping reduce the need to attend local hospitals. For example, the practice was equipped with designated theatres to allow for vasectomies and low risk skin cancer surgery for patients at the practice and the county.
- Patients could receive contraceptive services such as coil fitting, Implanon fitting and emergency contraception.
- Equipment such as automated Blood Pressure, and 24hr electrocardiogram (ECG) machines were available to save patients time in accessing these elsewhere.
- Patients could receive intensive physiotherapy with follow up training courses.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. They were a Yellow Fever centre.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had level access and automatic doors at the main entrances.
- The practice had a room available for breastfeeding in private.
- The practice had installed an electronic booking-in system, to speed up the process and help maintain patient privacy.

Access to the service

The practice was open between 7am and 6.30pm Monday to Friday. Appointments were from 8am to 6.30pm daily. Extended hours for pre booked appointments were offered at 7.30am and up to 7.30pm to meet patient demand. In addition to pre-bookable appointments that could be booked two days or up to four weeks in advance, urgent appointments and telephone consultations were also available for patients that needed them. Details of how to make an appointment were available in the practice leaflet and on their website.

The practice also offered sit and wait appointments for urgent appointments with the GP when the appointments were fully booked.

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

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.

- 80% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 the complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, showing openness and transparency. The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and noted themes had been identified, for example patients were unable to get through to the practice by telephone to make an appointment. The practice responded by ensuring there were more staff on duty at busy times and employed more receptionists. They installed new telephone systems with a queueing system and also encouraged patients to register for online services so they could make their own appointments online and reduce the amount of people needing to telephone and started taking calls from 8am instead of 8:30am.

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 was committed to developing strong partnerships with other health care professionals so that several services could be accessed in one location. They believed through collaboration rather than competition, they stood the best chance of protecting existing services for their patients, and developing new ones in their interest.

The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as training, minor surgery, safeguarding and research.
- Reception, administrative, and healthcare assistant staff had lead roles in the provision and organising of the enhanced services, for example vasectomy and dermatology clinics
- Practice specific policies were implemented and were available to all staff. These were kept under review and available to any member of staff on any computer within the practice.
- A comprehensive understanding of the performance of the practice was maintained. There was a programme of meetings which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions for example clinical governance meetings were held quarterly.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The practice were committed to supporting their patients in the community by providing enhanced services for example they were able to provide a physiotherapy service, carry out minor operations and employed GPs with special interests. This helped provide closer to home surgery for patients needing or choosing these types of surgery.

The practice promoted, supported and motivated the staff to succeed through creating an environment where training and learning to deliver high quality care which met patient's expectations. This was achieved by the allocation of one week pro rata for all staff to use to attend training courses. Additionally one hour per month was allocated to all staff for use on in service e-learning training. Four healthcare assistants had obtained diplomas in healthcare.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings but added communication was also informal and effective on a daily basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they enjoyed working at the practice, 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. For example each nurse now had two blocked appointments to allow time for urgent appointments or emergencies and for them to carry out requests from a GP if for example, a patient required a blood test or an ECG (a test that checks for problems with the electrical activity of your heart). This saved the patient from making a second visit to the practice and provided improved access to enhanced care and treatment.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys, a suggestions box in reception and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example in response to issues identified at our last inspection, through a survey they wanted to find out if patients felt they had enough privacy at reception. The results showed that most patients did not know they could speak to a receptionist in private. It was decided that more signage should be used to inform people that they could speak in private should they wish too and asking patients to respect the privacy of the person in front of them. The receptionists were reminded that they could inform patients that they could speak to them in private if they felt it appropriate
- the NHS Friends and Family test, complaints and compliments received
- staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had received funding to explore the primary care home model (social prescribing). This will bring together a range of health care professionals to jointly provide enhanced personalised and preventative care to the local community.
- The practice was a training practice for doctors training to become GPs and medical students.
- The practice were active and award winning in clinical trials, for example in 2016 they were credited with being the highest recruiter of patients for a study to determine the best time to take medicines. These are research studies in which patients help test treatments or approaches to prevent or diagnose health conditions to evaluate whether they are safe and effective.