Cape Cornwall Surgery

Quality Report

St Just
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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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cape Cornwall Surgery on 18 March 2015.

Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, safe, effective, caring and responsive services. It was outstanding for providing services to older people, and it was good for providing services for the remaining population groups.

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

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Every opportunity for learning from incidents was taken.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Reference Group.
- Patients had a variety of ways to make appointments and found the practice to be flexible in meeting their needs. We were told patients could always get an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients told us they always found the practice to be clean and safe.

The practice had a clear vision which had quality and safety as its first priority and high standards were promoted and owned by all practice staff with evidence of team working across all roles.

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?

Good

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicines were stored, managed and dispensed in line with national guidance. There were safeguards in place to identify children and adults in vulnerable circumstances. There was enough staff to keep people safe. Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing effective services.

Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run. The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. Staff employed at the practice had received appropriate support, training and appraisal. GP appraisals and revalidation of professional qualifications had been completed. The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect, they were involved in care and treatment decisions and were given sufficient time to speak with the GP or nurse.

Accessible information was provided with leaflets and information on the practice website to help patients understand the care available to them. Patients were referred appropriately to other support and treatment services either within the practice or the nearest hospital. We were told by patients and we observed that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice reviewed and understood the needs of their local population. The practice identified and took action to make improvements. Patients reported that they could access the practice when they needed. Patients reported that their care was good. The practice was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way to issues raised. There was evidence that learning from complaints was shared with staff.

Are services well-led?

Good

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

The practice had a clear vision and strategy to deliver quality care and treatment and they were looking for ways to improve. Staff reported an open culture and said they could communicate with senior staff. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risks. There were systems to manage the safety and maintenance of the premises and to review the quality of patient care.

The practice had an active patient participation group (PPG) which was involved in the core decision making processes of the practice.

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

Good

The practice is rated as good for providing care to older people.

All patients over 75 years had a named GP and were reminded of who their named GP is on their 75th birthday. Patients who were unable to visit the practice received tests and monitoring from staff visiting them at home, for example blood pressure monitoring. The practice had organised the provision of delivering medication to local shops for collection, or for housebound patients' delivery to their homes. For patients that could visit the practice they had access to a free bus service with wheelchair facilities to enable this. Health checks and promotion were offered to this group of patients. The practice kept a register of patients who were at risk of unplanned admissions to hospital, and these patients were reviewed monthly to help maintain their care and to help enable them to remain at home. There were safeguards in place to identify older people in vulnerable circumstances. The practice worked well with external professionals in delivering care to older patients, including end of life care. Pneumococcal vaccination and shingles vaccinations were provided at the practice for older people on set days as well as during routine appointments. Staff would also administer this vaccination in the patient's own home. The practice were currently inviting patients to attend the practice for a memory test if they had any concerns. Staff recognised that some patients required additional help when being referred to other agencies and assisted them with this.

People with long term conditions

Good

The practice is rated as good for providing care to people with long term conditions.

The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes and asthma. Where patients were unable to attend the practice, the practice nurses would visit housebound patients who had chronic disease such as Coronary heart disease (CHD) and to administer the flu vaccination. Longer appointments were available for patients if required. All patients with long term conditions were on a recall register, which allowed the practice to send letters to patients

Summary of findings

reminding them to book appointments. Patients taking a medicine to thin their blood were able to have their blood tested at the practice and receive dosing instructions during their visit to the practice on the same day.

Families, children and young people

Good

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

Staff worked well with the midwife to provide prenatal and postnatal care. The GPs made a home visit for a health check on babies when 24 hours old. Postnatal health checks were provided by a GP for the six to eight week check and these were arranged with post natal appointments for the mother and the first immunisations for baby, so that they only had to attend the surgery once. The practice offered baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening. If a child did not attend for vaccinations contact is made by telephone, if they still do not attend the practice will contact the health visitor to contact them. The practice is a member of the EEFO system for young people. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening. The GPs training in safeguarding children from abuse was at the required level.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing care to working age people.

The practice provided appointments and telephone consultations on the same day. Appointments were available with both the GP and the nurse up to four weeks in advance. The practice operated extended opening hours one evening a week and two mornings including Saturday. Smoking cessation and support with monitoring weight loss appointments were available. The practice website invited all patients aged between 40 years to 75 years to arrange to have a health check with a nurse if they wanted. The practice were able to provide specialist annual medicals for long distance lorry drivers and the crew of the Sennen lifeboat. A cervical screening service was available.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

The practice held register of patients who were vulnerable so that staff were immediately aware of a patients circumstances. Regular multi disciplinary team meetings were held and vulnerable patients were reviewed at team meetings which included the community matron. Support services for patients with depression were provided at the practice, such as counselling. The practice did not provide primary care services for patients who are homeless within the village as none were known, however, the practice looked after patients in a homeless hostel in Penzance. Staff said they would not turn away a patient if they needed primary care and could not access it Patients with interpretation requirements were known to the practice and staff knew how to access these services. Patients with learning disabilities received a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and send letters for appointments.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for people experiencing poor mental health, including people with dementia.

Staff were aware of the safeguarding principles and GPs and nurses had access to safeguarding policies. The staff had received training in the Mental Capacity Act (MCA) 2005 and were aware of the principles of how to assess whether the patient was able to understand and make choices about their care and treatment. The practice worked closely with the community matron and district nurses to keep patients at home. There was signposting and information available to patients. The practice held a monthly mental health meeting with the community mental health teams and referred patients who needed mental health services to the community psychiatric nurses, the GPs kept in regular contact with the patient during a crisis or illness to ensure that they were managing. Patients suffering poor mental health received longer appointment times and annual health checks as recommended by national guidelines.

Summary of findings

What people who use the service say

We looked at patient experience feedback from the national GP survey from 2014/2015. 125 patients responded which was 50% of the surveys sent. The patient's survey showed 83% of patients were able to see or speak to their preferred GP, which was higher than the Clinical Commissioning Group (CCG) average of 66%. 71% said that they had a 15 minute wait to see the GP. 98% of the patients found the receptionists helpful.

We spoke with three patients during the inspection and collected 44 completed comment cards which had been left in the reception area for patients to fill in before we visited. All of the feedback was positive. Patients told us the staff were friendly, they were treated with respect, their care was very good, and they were always able to get an appointment. The comment cards also told us how they felt listened to by the staff and how professional and supportive staff were.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions from the practice.

Cape Cornwall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor a practice manager specialist advisor.

Background to Cape Cornwall Surgery

The Cape Cornwall Surgery provides primary medical services to people living in the town of St Just and the surrounding villages. The practice also has three small branch surgeries that patients can opt to visit to see a GP. These were in Sennen, St Buryan and Poljigga. We did not visit these branches as part of our inspection. The practice is a training practice for qualified doctors undertaking training to become a GP.

At the time of our inspection there were approximately 4,750 patients registered at the Cape Cornwall Surgery. There were three GP partners, two male and one female and a female salaried GP. The partners held managerial and financial responsibility for the practice. They were supported by a clinical research nurse, three registered nurses, a care assistant, phlebotomist, a practice manager, and additional administrative and reception staff.

Patients using the practice also had access to community staff including district nurses, health visitors, and midwives, chiropodists and counsellors.

The practice has a General Medical Services (GMS) contract for delivering primary care services to local communities. The practice also has a dispensary and is undertaking research work. The Practice was also providing minor injury services due to its isolated location.

The Cape Cornwall Surgery is open from 8am until 1pm then 2pm until 6:30pm Monday to Friday. Extended hours were available on one evening a week and two mornings a week, which included a Saturday. During evenings and weekends, when the practice is closed patients are directed to an Out of Hours service delivered by another provider.

For patients undertaking clinical trials, of medicines the GP was available at all times.

The practice dispensary is open Monday to Friday between 8am to 1pm and 2pm to 6:30 pm Monday to Friday.

The practice is an established training practice for registrars and has had a recent assessment and been approved to continue training GPs until November 2018.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Detailed findings

How we carried out this inspection

Before conducting our announced inspection of Cape Cornwall Surgery, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service, including the local Healthwatch, NHS England, and the Cornwall Clinical Commissioning Group.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 18 March 2015. We spoke with three patients, four GPs, a GP trainee, two of the nursing team, four of the management and administration team, and three pharmacy dispensers. We spoke with representatives of the patient participation group (PPG) and collected 44 patient response cards from our comments box which had been displayed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

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)

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients were used to improve the service. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Risks to communication flows had been considered, for example the practice manager found that clinical messages were sent to the relevant GP's e mail address so messages might be missed if the GP was out or away, this was altered so that messages were viewed by all the GPs.

The practice had managed safety and incidents regularly and consistently. Safety records, incident reports and minutes of meetings showed evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last three years and we were able to review these. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held three monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. He showed us the system used to manage and monitor incidents. We tracked four incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result, for example practice nurses regularly review updates in vaccination guidelines to ensure the correct vaccinations are being given. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

The practice manager told us that when they received MHRA alerts (medical alerts about medicines safety) they searched their patient records to check whether any patients would be affected, to ensure they took appropriate actions to protect patients. The lead GP was also informed and they shared medical alert information with other clinical staff in the practice.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, how to record documentation of safeguarding concerns and how to contact the relevant agencies both in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed specific GPs as leads in safeguarding vulnerable adults and children. All GPs had been trained to level three and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the electronic records system. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

Good

Are services safe?

The Cape Cornwall Surgery is a dispensing practice. We looked at the procedures for storage and safe dispensing of medicines. There were standard operating procedures (SOP) for dispensing in place. The practice only stored limited stocks of regular items and new supplies could be ordered twice a day. We saw documentation that demonstrated the practice checked and balanced stock levels.

Opening times for the dispensary were clearly posted in reception with details of where patients could obtain medicines when they were closed. The dispensary could only dispense to patients living more than one mile away from the practice or local chemist. They arranged for patients medicines to be delivered to post offices in neighbouring villages for collection. Safe processes had been put in place.

There was a clear audit trail for the authorisation and review of patient's repeat prescriptions. Alerts were raised when the GP was required to review the medicines or if the patient requested medicines early. Any changes to the patient's medicines were flagged on the computer system. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. All prescriptions were signed before they were dispensed.

Controlled drugs were stored correctly with only relevant staff having access. We looked at the controlled drugs (CD) book and saw that correct procedures were in place for storage, administration and disposal.

All staff working in the dispensary had completed accredited training. The GP lead for medicines management audited the staff competencies annually and we saw records that showed the dispensing staff kept up to date with training.

Refrigerators were available for the storage of vaccines. A nurse checked and recorded the fridge temperatures twice daily. They told us that any abnormal readings would be reported to the practice manager for action to be taken. This demonstrated the staff recognised the importance of storing vaccines at the correct temperature.

For security purposes prescription pads were not stored in the GP consulting rooms; GPs could print a named prescription from their computer system if a hand written item was required.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that the nurses had received appropriate training to administer vaccines.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out infection control audits for the practice.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Good

Are services safe?

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example, for weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment, this included proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice employed an outside provider to undertake full health and safety risk assessments. The practice also undertook regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in advanced life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

The location of the practice in a rural area Cornwall meant that they were commissioned to provide a minor injuries service and a treatment room had been allocated and equipped for this purpose. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of child and adult cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The practice manager had agreed with the council alternative premises for use in the event of the practice not being able to be used.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Good

Are services safe?

Risks associated with service and staffing changes (both planned and unplanned) were r included on the practice risk log. We saw an example of this, a salaried GP had become a partner allowing for a current partner to reduce their hours and work as a salaried GP.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as minor surgery, dispensary, acupuncture, substance misuse and family planning. The practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs and nurses showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, adult and child protection alerts management and medicines management.

The GPs told us clinical audits were often linked to medicines management information; they employed a support pharmacist to assist with this. We saw an audit regarding the prescribing and monitoring of drugs used for pain relief, to ensure that the correct dosage and testing was being given to the patients and that patients were on the correct dosage. The GPs maintained records showing how they had evaluated the service and documented the success of any changes.

Minor surgery audits had been completed for 2013 and 2014 to ensure that all procedures carried out adhered to guidelines and review if prior written consent had been obtained and if any complications, such as infection occurred following the surgery. The results for 2014 showed that 50 minor surgery procedures had been carried out at the practice and none of the patients had suffered complications and 100% had given consent.

The staff working in the dispensary showed us an audit they had completed to demonstrate the length of time to took the GPs had to sign prescriptions and answer queries before the medicines were dispensed. The survey resulted in GPs being given protected time each day for this task. We were shown the results that demonstrated 89% were completed in half a day.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question, and where they continued to prescribe it; they had outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual advanced life support. We noted a good skill mix among the GPs with a number having additional interests in sexual health, acupuncture, minor surgery and drug misuse. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every

Good

Are services effective?

(for example, treatment is effective)

five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. The nurses received appraisal from the practice manager and a GP. The practice manager appraised all the administrative staff. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties, for example, administration of vaccines. Those with extended roles, for example seeing patients with long term conditions such as asthma and diabetes, were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. They received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by the community matron, district nurses, palliative care nurses, mental health workers as well as the practice nurses and GPs. Discussions and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Electronic systems were also in place for making referrals, through the Choose and Book system. (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). Staff reported that this system was easy to use.

Consent to care and treatment

The GP and nurses had a sound knowledge of the Mental Capacity Act 2005 and its relevance to general practice. The GP we spoke with told us they had access to guidance and information for the MCA 2005. They were able to describe what steps to take if a patient was deemed to lack capacity. Patients who lacked capacity to make their needs fully known had their interests protected, for example by a family member, or a carer who supported them. We were told that patients were able to express their views and were involved in making decisions about their care and treatment.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. We were shown an audit that confirmed the consent process for minor surgery had being followed in 100% of cases.

Patients told us the GP and nurses always explained what they were going to do and why. Patients were able to discuss their treatment with the GP or nurse and told us they never felt rushed during a consultation. Patients said they were involved in the decisions about their treatment and care. Staff told us in order to ensure patients made informed decisions; they would provide written information to patients. We noted there was variety of health information in the waiting area.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

There were regular appointments offered to patients with complex illnesses and diseases. The practice manager explained that this was so that patients could access care at a time convenient to them. A range of screening tests were offered for diseases such as aortic aneurisms and cervical cancer. Vaccination clinics were organised on a regular basis which were monitored to ensure those that needed vaccinations were offered. Patients were encouraged to adopt healthy lifestyles and were supported by services such as smoking cessation clinics, and weight monitoring.

The practice supported patients with learning disabilities. All patients with learning disability received a physical health check each year. The practice used easy to read information leaflets, pictures and models to assist communication with patients where required.

Staff explained that when patients were seen for routine appointments, prompts appeared on the computer system to remind staff to carry out regular screening, recommend lifestyle changes, and promote health improvements which might reduce dependency on healthcare services.

The diabetic appointments supported and treated patients with diabetes which included education for patients to learn how to manage their diabetes through the use of insulin. Health education was provided on healthy diet and life style.

There was a range of leaflets and information documents available for patients within the practice and on the website. These included information on family health, travel advice, long term conditions and minor illnesses. Website links were easy to locate.

Family planning, contraception and sexual health screening was provided by the practice. The practice offered a travel vaccination service.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included a national survey for 2014/2015. Evidence from this source showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the patient survey showed the practice was rated high for all outcomes including consideration, reassurance, and confidence in ability and respect.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 44 completed cards and all were positive about the care and treatment experienced. Patients said they felt the practice offered very good services and staff were considerate, helpful and caring. They said staff treated them with dignity and respect. Patients were complimentary about their experiences with reception staff. Patients said that the staff in the dispensary was very caring and helpful and that they went out of their way to help.

Staff took steps to protect patients' privacy and dignity. Curtains were provided in treatment and consultation rooms so that patients' privacy and dignity was maintained during examinations 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.

We observed staff were careful to follow basic precautions when discussing patients' treatments in order that confidential information was kept private. There were additional areas available should patients want to speak confidentially away from the reception area. We heard, throughout the day, the reception staff communicating pleasantly and respectfully with patients.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 94% of practice respondents said the GP involved them in care decisions and 93% felt the GP was good at explaining treatment and results. Both these results were above average compared to Clinical Commissioning Group area.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 patents this service was available.

Patient/carer support to cope emotionally with care and treatment

A patient who had been with the practice for a long time told us their mother had passed away suddenly earlier in the year, and they felt well supported and cared for by the GPs and the nurses.

Notices in the patient waiting room, and patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. 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. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its patient population group and was responsive to their needs. New patients registering at the practice completed a registration form that gathered comprehensive details of their health and lifestyle choices. All new patients were offered an appointment either in person or over the phone. The GP told us they used the registration form and initial appointment to identify patients who were at risk or required specific support with a long term condition. Staff demonstrated an understanding of their patient population group and knew they had a larger than average number of elderly patients. They had undertaken work to identify patients who were carers, so they were able to offer support to these people.

There was a range of health-related information for patients available in both the waiting room and on the practice website. For example, we found information explaining how patients could access out-of-hours care. Patients we spoke with understood where they could access advice and support when the practice was not open.

The practice offered home visits to patients who required them and requested that patients rang the surgery as early in the day as possible. This provided older patients, mothers with young children, carers or patients in vulnerable circumstances an opportunity to see a GP when they may have difficulty attending the practice.

The practice had patient registers for learning disability and palliative care. There were regular internal as well as multidisciplinary meetings to discuss patients' needs. The practice worked collaboratively with other care providers such as local care homes and district nurses.

There was an online repeat prescription service for patients. Patients could also post prescriptions requests to the surgery. This enabled patients who worked full time to access their prescriptions easily. Patients could also drop in repeat prescription forms to the practice to get their medicines. Patients told us the repeat prescription service worked well at the practice. The practice delivered medicines for patients who found it difficult to collect their prescriptions.

The practice had an active Patient Participation Group (PPG) of 12 members consisting of middle aged and older patients, both male and female. They were exploring different ways to expand this group by using notices in the waiting area and notes in prescription bags. We were told that the PPG met with the practice manager and GP three to four times a year and that they felt very involved in supporting the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The practice provided equality and diversity training. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team meetings.

The practice had level access for patients using wheelchairs and patients with pushchairs. The front door and corridors were wide and all consultation and treatment rooms were on the same floor level allowing easy access for wheelchair users. A separate play area with a selection of toys for distraction was available for younger children. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had the medical equipment it required to provide the services it offered. Clinical treatment rooms had the equipment required for minor surgery and other procedures which took place.

Access to the service

The Cape Cornwall Surgery is open from 8am until 1pm then 2pm until 6:30pm Monday to Friday. Late evening pre booked appointments are available on Monday three evenings a month, early morning appointments are available on three Friday mornings a month and the practice is open one Saturday morning between 8am and 11am one Saturday morning a month for patients that find it difficult to visit the GP during the day

Comprehensive information was available to patients about appointments on the practice website. This included

Good

Are services responsive to people's needs?

(for example, to feedback?)

how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to two local care homes when needed.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a 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. The procedure was displayed as well as information about advocacy services. Complaints forms were readily available on the reception desk. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

Staff were able to describe what learning had taken place following a complaint. Complaints were also discussed as a standing agenda item at monthly meetings.

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. These values were clearly displayed in the waiting areas and in the staff room. The practice vision and values included to offer a friendly, caring good quality service that was accessible to all patients.

Staff members told us they knew and understood the vision and values and knew what their responsibilities were in relation to these. Staff told us this was a really good practice for team work, role development and training.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a sample of these policies and procedures. All policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control; a GP partner was the lead for safeguarding and another GP partner the lead for child protection. Staff told us they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings to maintain or improve outcomes.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Also the GP undertook continual audits on the effectiveness of named medication being prescribed to patients to ensure that patient care is managed as well as possible.

Leadership, openness and transparency

There was a clear leadership structure within the practice. Staff told us they were clear about their own roles and responsibilities. They all told us they thought the practice was well led and felt well supported and knew who to go to in the practice with any concerns. They also said there was an open culture at the practice and they felt able to raise any concerns or discuss any issues with the senior staff. Team meetings were held regularly but if they had any issues these could be raised at any time.

The practice manager was responsible for human resource policies and procedures. We reviewed the recruitment policy and induction programme which were in place to support staff. We were shown the electronic information that was available to all staff, which included sections on employment and whistleblowing. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had an active patient participation group (PPG) which consisted of 12 members. The PPG had worked with the practice staff to improve outcomes for the patients, for example, they were currently looking at additional seating for patients that had a disability.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days. They received peer support and clinical supervision from another practice to share learning.

The practice was a GP training practice and was able to take registrars. They had just been inspected by the Peninsula Medical School deanery and were able to accept students until 2018 when further assessment would be needed.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings and

Are services well-led?

Good

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

away days to ensure the practice improved outcomes for patients. For example, the practice had raised concerns over the out of hours service and hospital transport on behalf of their patients.