The Medical Centre

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?	Requires improvement
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 The Medical Centre – Padstow on Wednesday 2nd September 2015.

Overall the practice is rated as good.

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

- Staff fulfilled their responsibilities to raise concerns and report incidents. All opportunities for learning from incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet people's needs.
- 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 Participation Group (PPG).
- The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We identified areas of outstanding practice. For example;

Summary of findings

Following serious incidents involving loss of life at sea in this coastal community, the practice had responded by providing post incident counselling to lifeboat crews and their families, in addition to responding with on the spot first aid care.

The practice employed an emergency care practitioner who had led the practice response to a number of serious incidents, which had resulted in the saving of lives. In addition, one of the practice GPs was a qualified trainer for emergency care accredited by the UK Resuscitation Council. The practice provided time and resource for this GP to train other health professionals across Cornwall in this important area.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

Ensure that there is proper and safe management of medicines so that blank prescription forms and prescription pads are handled in accordance with national guidance, providing an audit trail through the practice to demonstrate that they are kept secure at all times.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to 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.

There were enough staff and the practice demonstrated they reviewed resources in line with patient needs. Recruitment practices ensured that staff were fit to work at the practice or safe to carry out chaperone duties.

The management of medicines required improvement regarding the security of prescription stationery.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group

Summary of findings

(CCG) to secure improvements to services where these were identified. In addition to identifying and meeting the daily routine medical needs of the local population, the practice had responded in a notable way to emergency situations affecting the local community and practice population, such as tragic accidents at sea involving local fishermen and lifeboat crews.

Patient's needs and preferences were central to the planning and delivery of tailored services. For example, the practice gave particular consideration to the needs of its local population in this coastal community. There were large numbers of patients who were fishermen or farmers and the practice had responded to their needs by increasing the flexibility of services they provided, choice and continuity of care had all been considered and catered for.

The involvement of other organisations such as the Royal National Lifeboat Institute (RNLI) and local farming and fishermen's groups in this coastal community was integral to how services were planned. Patients could access services and appointments in a way and a time that suited them, for example, immediately before or after spending two weeks at sea.

There is an active review of complaints and how they are managed and improvements made as a result. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group (PPG) which met up on a quarterly basis and provided feedback to the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The percentage of patients with diabetes or chronic obstructive pulmonary disease (COPD) who had received a health check in the last 12 months was 91%.

Families, children and young people

Good

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations, achieving a rate of 90% which was in line with local CCG average and above the national average. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The number of patients receiving smoking cessation advice was 90% of all patients over 15 years old, which was 15,800 patients. The practice provided urgent treatment for fishermen if they required it prior to spending two weeks at sea, or immediately after their return. Similar flexible continuity of care was offered to other working age groups such as the farming community.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for all 90 registered patients with a learning disability and 91% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice provided annual physical health checks to people experiencing poor mental health and 93% of these registered patients had received one within the last 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 130 responses which is equivalent to 0.8% of the patient list of 16,157) demonstrated that the practice was performing in line with local and national averages.

The practice scored higher than average in the following areas:

- 71% of respondents usually wait 15 minutes or less after their appointment time to be seen. The local CCG average was 68% and the national average 65%.
- 96% of respondents said the last nurse they saw or spoke to was good at listening to them. The local CCG average was 94% and the national average 91%.
- 95% of respondents said the last nurse they saw or spoke to was good at giving them enough time. The local CCG average was 95% and the national average 92%.

However; results indicated the practice could perform better in certain aspects of care. For example:

- 44% of respondents with a preferred GP usually get to see or speak to that GP. The local CCG average was 67% and the national average 60%.
- 61% of respondents find it easy to get through to this practice by phone. The local CCG average was 82% and the national average 73%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards, both of which were positive about the standard of care received.

We spoke with 10 patients during our inspection, all of whom informed us that they were treated with compassion and that GPs provided compassionate care when patients required extra support. There was an active PPG at the practice. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment.

Areas for improvement

Action the service SHOULD take to improve

Ensure that there is proper and safe management of medicines so that blank prescription forms and prescription pads are handled in accordance with national guidance, providing an audit trail through the practice to demonstrate that they are kept secure at all times.

Outstanding practice

Following serious incidents involving loss of life at sea in this coastal community, the practice had responded by arranging for the provision of post incident counselling to lifeboat crews and their families, in addition to responding with on the spot first aid care.

The practice employed an emergency care practitioner who had led the practice response to a number of serious incidents, which had resulted in the saving of lives. In addition, one of the practice GPs was a qualified trainer for emergency care accredited by the UK Resuscitation Council. The practice provided time and resource for this GP to train other health professionals across Cornwall in this important area.

The Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to The Medical Centre

The Medical Centre - Padstow is located in the Cornish town of Padstow and is a branch practice belonging to the Petroc Group Practice. The Petroc Practice Group has 14 GPs, eight of whom were partners and six salaried GPs (seven male and seven female). The medical centre at Padstow is managed by eight GP partners and one managing partner who is the practice manager. The practice also has three trainee GPs. There is one nurse practitioner, six practice nurses, three health care assistants, one phlebotomist, reception and additional administration staff.

There were a total of 16,157 patients on the Petroc Group Practice list and 96.4% of patients were of white British background. There were a higher proportion of older people on the patient list compared with the national average.

The practice is both a training practice (for qualified doctors training to become GPs) and a teaching practice (for medical students training to become doctors) The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily.

Extended hours surgeries are offered two days a week until 8pm on Tuesdays and Thursdays. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service.

During our inspection we visited The Medical Centre, Boyd Avenue, Padstow PL28 8ER. Regulated activities included; the treatment of disease, disorders and injuries.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended hours.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 September 2015.

During our visit we spoke 10 patients who used the service. We spoke with 12 staff including GPs, nurses, management and administrators. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed two comment cards where patients and members of the public shared their views and experiences of the service. The practice had a patient participation group (PPG).

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a child was potentially assessed with a life threatening condition. Clinical staff made the decision to involve the air ambulance. The air ambulance could not land in close proximity to the practice and parked further away which wasted time. The child was taken away safely for treatment at a hospital 60 miles away. Lessons learned post incident included a recognition for close accessibility for the air ambulance, clearer signage in the practice car park to indicate that a need may arise to evacuate the car park and effective communication with other patients present at the practice to explain what was occurring.

Patient and staff safety had been considered at the practice. A call for help system using hand held pager devices was in place together with other alert systems to summon assistance. We were provided with examples of how these devices had been used to summon emergency first aid assistance. One GP described an incident where he had been able to use the device to summon assistance whilst he administered emergency resuscitation to a collapsed patient. Staff had arrived swiftly in response to the pager alert with the emergency kit, including oxygen and emergency medicines. The management of the emergency had been successful. Lessons learnt post incident included the importance of a full staff debrief, provision of spillage kits, pocket masks, and regular training for all staff in the use of the automated external defibrillator (AED – a device used to restart a patient's heart in the event of a heart attack).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice was aware of how to use the new National Reporting and Learning System (NRLS) eForm to report patient safety incidents, but had not yet been obliged to use it.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who had received the required level of training, and a deputy. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and

tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with current practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit was 17 August 2015. Improvements included ensuring patient toilets were checked regularly for paper hand towel replenishment.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Blank prescription forms and prescription pads were not handled in accordance with national guidance as although there was an audit trail through the practice, they were not kept securely at all times. The practice had identified this and was in the process of drafting a standard operating procedure to improve prescription form security.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers and on telephones in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs, for example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 90% to 100% and five year olds from 90 to 100%.

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available by appointment and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 92%, which was better than the national average of 81.8%. Written reminders were sent to patients who did not attend for their cervical screening test.

Patients had access to appropriate health assessments and checks. These included tailored health checks for patients such as a Well Man clinic and a Well Woman clinic. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. Information such as NHS patient information leaflets were also available.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 520 out of 535 of the total number of QOF points available. This practice was not an outlier for any QOF and their exception reporting was 5% which was within the national average. Data from 2013-2014 showed:

- The percentage of patients who had received an annual health check for diabetes or COPD was 91% which was higher than the CCG average of 85%.
- The percentage of patients with hypertension having regular blood pressure tests was at 82%, similar to the CCG average of 80%.

The practice could evidence quality improvement through the use of full audit cycles. For example, we looked at four full cycle clinical audits where all relevant staff had been involved. Examples of completed full cycle audits included medicine audits and prescribing audits. Asthma audits showed that regular reviews of patient's medicine dosages took place and improvements made according to patient's needs. Emergency equipment audits examined the best practice for emergency equipment, comparing use of equipment at the practice with recommended NICE best practice, making improvements, then auditing again within

Good

Are services effective?

(for example, treatment is effective)

six months to ensure these improvements had impacted positively on patient care. Improvements included a review of the type of emergency medicines available, which had resulted in the purchase of a new emergency trolley.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.
- All GPs were up to date with their yearly appraisals and there were systems in place for annual appraisal of all other members of staff. The managing partner carried out the office managers appraisals who then carried out appraisals of their respective teams. Nurse's appraisals were carried out by the lead nurses.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All 10 of the patients we spoke with and both of the two patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG spoke positively of the GPs and staff at the practice and their respect and professionalism towards patients. Comments highlighted the fact that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice had joined a west Cornwall initiative called 'Living Well'. This project promoted a joined up approach with health and social care agencies, and the voluntary sector, to encourage social interaction, health promotion and allowed individuals to set objectives based on how they wanted to live. The practice had successfully referred patients to Living Well and had maintained discussions in a multi-disciplinary setting to ensure ongoing support for these patients. Feedback from the patients was positive.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at their home if the patient wishes 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.

Results from the practice Friends and Family survey of July 2015 indicated that 88% of the 50 patients who responded were likely or extremely likely to recommend the practice to friends and family.

Care planning and involvement in decisions about care and treatment

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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example: of 130 respondents, 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care. This was higher than the national average of 85% and local CCG average of 87%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to identifying and meeting the daily routine medical needs of the local population, the practice had responded in a notable way to emergency situations affecting the local community and practice population. For example, following serious incidents involving loss of life at sea in this coastal community, the practice had responded by arranging for the provision of post incident counselling to lifeboat crews and their families, in addition to responding with on the spot first aid care. We were provided with numerous similar examples of this exemplary response.

The practice employed an emergency care practitioner who had led the practice response to a number of serious incidents, which had directly resulted in the saving of lives. In addition, one of the practice GPs was a qualified trainer for emergency care accredited by the UK Resuscitation Council. The practice provided time and resource for this GP to train other health professionals at other GP practices across Cornwall in this important area. This ensured a wider impact with positive outcomes for more patients across Cornwall.

There was an active PPG which met on a regular basis, carried out informal patient surveys and submitted proposals for improvements to the practice management team. There were nine PPG members from a range of different population groups. Feedback about the patient call system was acted upon; the public address tannoy system was disliked in the waiting room because it was unclear and difficult to understand. The practice had responded to feedback by investing in a new system which was much clearer. Patients with hearing or vision impairments were met and greeted by a GP at the time of their appointment.

During the inspection we witnessed responsive care in action when a practice GP carried out an urgent verbal briefing to an ambulance team supported by documentary evidence after an incident at the practice.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered evening appointments to meet the needs of the local working population until 8pm twice a week. These were bookable up to three weeks in advance.
- The practice had introduced online appointment booking in the last six months.
- The practice ensured that patients who were offshore fishermen and would be away at sea for two weeks could receive essential health checks or treatment before they left on their voyage.
- Home visits were available for elderly patients or patients with mobility difficulties.
- Urgent access appointments were available according to clinical need.
- There was an accessible toilet for patients with disabilities.
- The practice had access to translation services for patients whose first language was not English.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 75% which matched the national average.

The practice was open between 8 am and 6.30pm Monday to Friday. Appointments were available between those times. Extended hours surgeries were offered two days a week until 8pm on Tuesdays and Thursdays.

The practice ethos was that any patient who needed to see a GP on the day would be seen that day. Patients requiring a GP outside of normal working hours were advised to contact the GP out of hour's service operated by another provider.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice kept a complaints log for written complaints. There had been eight formal complaints in the previous twelve months which had been dealt with within appropriate timescales.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy was for the practice staff to play their part in the wider health and social care infrastructure: to be an excellent family doctor, to provide as much care as possible outside of the hospital environment.

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The values were to continuously improve, to listen and to innovate, to be respectful to each other and those cared for, to be an excellent employer.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated key areas including clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities. These were described in the staff handbook.
- Practice specific policies that were implemented and that all staff could access.
- A whistle blowing policy which allowed learning from outcomes of analysis of incidents to actively take place.
- A system of continuous clinical audit cycles which demonstrated an improvement of patients' wellbeing.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service via an active PPG.
- Acting on any concerns raised by the PPG, patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, the Living Well programme. The practice had employed an emergency care practitioner paramedic. This member of staff saw patients in the same way as a practice nurse and was able to respond very effectively to emergencies.

The practice was aware of future challenges, for example, the national shortage of GPs and subsequent recruitment difficulty. The practice had instigated work force planning which included the use of innovative information technology systems to ensure a smooth transition from legacy computer systems to a new system once a new broadband system was installed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines We found that the registered person had not protected people against the risk of safe care and treatment. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must be provided in a safe way for service users and must include- The proper and safe management of medicines: How the regulation was not being met: Blank prescription forms and prescription pads were not handled in accordance with national guidance as there was not an audit trail through the practice and they were not kept securely at all times.