

# The Lander Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	10
Background to The Lander Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lander Practice on 20 August 2015. Overall the practice is rated as Good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

# Summary of findings

The practice had their own physiotherapy department employing five senior physiotherapists in a purpose built clinic with three cubicles and fully equipped gymnasium. Patients were referred to this department by the GPs and they could take urgent and routine referrals. In the past

year they had treated 1,402 patients, 23% as urgent cases and 77% as routine. This service assisted patients to return to and remain in work. Patients feedback on this service was 98% excellent and 2% good.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. 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.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence 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. The practice had its own physiotherapy department that provided a service for their patients.

Good



### Are services caring?

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

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. All patients said they found it easy to make an appointment with their named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



# Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

All patients had a named GP to provide continuity of care. The practice had implemented care plans with the carers that included carer's health checks. A register of carers was kept. There were safeguards in place to identify older adults 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 clinics were provided at the practice for older patients or given during routine appointments. The practice employed its own nurse to visit patients who were housebound, had difficulty getting to the practice, or in local care homes and were not under the care of the community or district nurse.

The practice had implemented care plans in conjunction with the district nurses for patients at risk of being admitted to hospital as part of an optional enhanced services scheme. This included older patients. The appointment system allowed for staff to identify if patients had a disability more prevalent in older patients, such as hearing loss, poor sight or limited mobility, so assistance could be given on arrival.

Good



### People with long term conditions

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 medication 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. Monthly clinics were held jointly with the diabetic specialist nurse and the practice were able to start insulin therapy for some diabetic patients.

Good



### Families, children and young people

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,

Good



# Summary of findings

children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice was EEFO (EEFO is a name of a scheme in Cornwall which helps young people access health services easily) accredited to level two. We saw good examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with learning and 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 and provided support for Cornwall Health for homeless patients by picking up urgent visits.

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.

Good



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

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

Good



## Summary of findings

The practice held a register of patients experiencing poor mental health. All patients had a named GP and there was evidence they carried out annual health checks for these patients. The practice regularly worked with the multi-disciplinary teams in case management of people experiencing poor mental health, and those with dementia, for example the community mental team and the primary care dementia practitioner. The practice also carried out screening for early onset dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including counselling services. They had systems in place to follow up patients who had attended Accident and Emergency (A&E). Staff had received training on how to care for people with dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line or better when compared to local and national averages. Out of the 242 surveys sent out there were 127 returned, a response rate of 52%.

- 90% find it easy to get through to this practice by phone compared with a CCG average of 82% and a national average of 73%.
- 86% find the receptionists at this practice helpful compared with a CCG average of 91% and a national average of 87%.
- 76% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.

- 94% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 82% and a national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients described the receptionists as being very helpful, all the staff as being kind and considerate and felt as though they had been listened too.

## Outstanding practice

The practice had their own physiotherapy department employing five senior physiotherapists in a purpose built clinic with three cubicles and fully equipped gymnasium. Patients were referred to this department by the GPs and they could take urgent and routine referrals. In the past

year they had treated 1,402 patients, 23% as urgent cases and 77% as routine. This service assisted patients to return to and remain in work. Patients feedback on this service was 98% excellent and 2% good.

# The Lander Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, and included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

## Background to The Lander Medical Practice

The Lander Medical Practice provides primary medical services to people living in Truro. The practice also has a branch practice at Threemilestones in Truro. We visited the main practice at Lander Medical Practice, (Truro Health Park), during our inspection. We did not visit the branch practice at Threemilestones.

At the time of our inspection there were approximately 16,000 patients registered at the Lander Medical Practice. There are nine GP partners, six male and three female, and two female salaried GPs. In addition the GPs are supported by five part time practice nurses, two specialist part time nurses, five part time health care assistants, a practice manager, and additional administrative and reception staff.

The practice also has a physiotherapy department that employs a team of five physiotherapists and a physiotherapy assistant.

Patients using the practice also have access to community staff including district nurses, health visitors, a specialist palliative care nurse and midwives.

The Lander Medical Practice is open from 8am until 6:30pm Monday to Friday. Late evening and early morning appointments are available each day for patients that find

it difficult to visit the GP during the day. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice also holds weekly morning surgeries at a branch in Threemilestones,

The practice has a Personal Medical Services (PMS) contract. With this contract the NHS specifies what the GPs, as independent providers, are expected to do and provides the funding for this.

The practice was a training practice for doctors who are training to become GPs and for medical students from the local medical school. Five GPs are GP trainers and three GPs are academic trainers for medical students.

## 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.

## How we carried out this inspection

Before visiting the practice, we reviewed a range of information we held about the service and asked other

# Detailed findings

organisations, such as the local clinical commissioning group, local Health watch and NHS England to share what they knew about the practice. We carried out an announced visit on 20 August 2015.

During the visit we spoke with GPs, the practice manager, four registered nurses, healthcare assistants, administrative and reception staff. We also spoke with four patients who used the practice. We observed how patients were being cared for and reviewed comments cards where patients shared their views about the practice, and their experiences. We also looked at documents such as policies and meeting minutes as evidence to support what staff and patients told us.

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)

# 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. Staff told us that there was supportive culture at the practice. 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 complete a record that was available on the practice website and inform the practice manager of any incidents. Significant events were discussed at monthly meetings. The practice also carried out an analysis of the significant events at quarterly meetings.

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 or to reinforce safety in the practice. For example, the importance of good GP record keeping following a consultation with a patient, to ensure continuity of care where the patient does not have mental capacity.

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.

### 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:

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children and knew how to share information, document safeguarding concerns and how to contact the relevant agencies. Contact details were easily accessible. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. 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. Staff explained the health visitor she was based at the practice which made communication effective.

A notice was displayed in the waiting room, advising patients that nurses and receptionists 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 completed in August 2014 and regular fire drills had been carried out. All electrical equipment was checked in February 2015 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 best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines within the practice, including emergency drugs and vaccinations, kept patients safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. There were systems in place to ensure medicines requiring refrigeration were stored at the correct temperatures. These systems included daily fridge temperature recordings and policies to maintain the cold chain so that

## Are services safe?

medicines were safe to be given to patients. The practice used prompts for prescribing and regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. For example, antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use and distribution.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

Recruitment checks were carried out and the four 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. The GPs also had a rota system where a named GP was in post to manage urgent calls.

### **Arrangements to deal with emergencies and major incidents**

There was a panic alert system in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training for adults and children 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to 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. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (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. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests and performance for mental health related and hypertension was similar to the national average.
- The dementia diagnosis rate was comparable to the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown seven clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented, repeated and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services and monitor effectiveness. For example, patients using a coil for contraception were audited for side effects and effectiveness. It was found that a high percentage of patients did not attend a

follow up appointment. Information about patient's outcomes was used to make improvements such as; it was found that attendance was increased when the follow up appointment was changed from six weeks to three weeks and the appointment booked by the GP at the initial consultation.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

# Are services effective?

(for example, treatment is effective)

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice had their own physiotherapy department employing five senior physiotherapists in a purpose built

clinic with three cubicles and fully equipped gymnasium. Patients were referred to this department by the GPs and they could take urgent and routine referrals. In the past year they had treated 1,402 patients, 23% as urgent cases and 77% as routine. This service assisted patients to return to and remain in work. Patients feedback on this service was 98% excellent and 2% good.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.84%, which was comparable to the national average of 81.88%. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.2% to 99.4% and five year olds from 92.8% to 97.9% Flu vaccination rates for the over 65s were 71.15%, and at risk groups 48.7%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 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 members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 86% of the patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

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

Patients we spoke with 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.

Results from the national GP patient survey 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.



## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had their own physiotherapy department and staff that they could refer patients too with links to the Cornwall Works Hub that worked towards returning and maintaining people in work. The practice also worked with the local living well project and with nationally recognised relevant charities to promote a befriending service.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning and evening appointments for working patients and school children who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were trained in more than one area of work which promoted a sense of team work.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. A detailed list of the GPs surgery times was available for patients so they were aware of when their GP was at the practice. Extended hours surgeries were offered early mornings. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 90% patients said they could get through easily to the practice by phone compared to the CCG average of 82% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the CCG average of 91% and national average of 85%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

### 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. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting area and summary leaflets were available at the reception desk. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 13 complaints received in the last 12 months. We saw complaints were acknowledged and responded to. All were discussed in staff meetings to identify any learning outcomes and share these with staff. We saw from meeting minutes that complaints were discussed periodically to identify long term concerns or trends.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint regarding a prescription request not being processed the decision was made to change the colour of the paper used for requests so that they were more easily identifiable.

# 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 practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if

they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff also worked within an exchange scheme with the local pharmacy to understand each other's roles. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, television screens had been installed in the waiting areas, showing health promotion material.

The practice had also gathered feedback from staff through the productive general practice scheme supported by the Prime Ministers Challenge Fund, the aim of this is to shape the future of the practice by reviewing its entire processes to enhance patient experience. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

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

The practice had been involved in medical teaching for forty years and had medical students from the Peninsula medical school and the University of Exeter. The practice also had links with the University of London providing placements for three students. Patient participation with the students was entirely voluntary. Patients were notified and able to decline the appointment at any time. Feedback from the GP trainee was positive and confirmed there was support from all GPs and staff at the practice.