

Penntorr Health

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Penntorr Health on 17 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make appointments and that there were urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered ultrasound, general dermatology and hand surgery services on the Penntorr Health practice site.
- 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. For example, the display screen in the Penntorr Health practice waiting area had been improved with the use of a clearer type face. For example, where patients over the age of 75 had been given a named GP who was not their usual one. The PPG fed this back to the practice who wrote to patients telling patients if they preferred a different GP could be allocated.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw one area of outstanding practice:

- The purpose built premises at Penntorr Health provided excellent, safe and accessible facilities for patients. These premises were maintained to a high degree of cleanliness, through regular auditing of the environment.

The areas where the provider should make improvement are:

- Devise an action plan with regard to improving patient feedback satisfaction scores where these fell below CCG and national averages in relation to nursing and reception staff.
- Consider mental health related performance indicators that are below the CCG and national average in terms of additional staff training and staffing resources.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice was clean and infection control protocols were regularly monitored to ensure current and best practice was followed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average. Some indicators for mental health performance were lower than local and national averages. The practice recognised some clinical indicators had fallen below average and were confident with recent staffing changes that the averages would improve.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care for its satisfaction scores on consultations with GPs.
- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care for satisfaction scores relating to nurses and reception staff.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to. For example, patients told us they chose which GP to try to book an appointment with where they felt they would be given enough time to talk through their concerns without feeling rushed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered ultrasound, general dermatology and hand surgery services. These services were provided by other organisations on the Penntorr Health practice site.
- Patients were satisfied with the appointment system to make an appointment with their named GP. There were also urgent appointments available the same day.
- The practice had purpose built GP facilities, which opened in 2015. It was well equipped to treat patients and meet their needs. District nurses, cancer nurse specialists and physiotherapy services were also accommodated in the building. This meant health professionals could conveniently arrange multi-disciplinary meetings to discuss patient health care needs.
- There was also a pharmacy and an ambulance station on the same site as the GP practice.
- Information about how to complain was available and easy to understand and evidence showed 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.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example for dermatology and hand surgery services.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer practice appointments and urgent appointments for those with enhanced needs.
- The practice provided a service to local nursing and care homes. A GP visited the nursing home on Mondays to see any newly admitted patients, review patients and follow up on any medical care needs. Nursing and care homes had a direct telephone line to the practice to discuss any patient concerns.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was above the CCG and national averages.
- Uptakes of screening invitation rates for women over 50 at risk of developing breast cancer and patients over 60 at risk of developing bowel cancer were better than both the CCG and national averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was mixed. For example the numbers of diabetic patients who had received a foot examination in the last 12 months were below the CCG and national averages of 79.7% and 81.5% respectively. The practice score was 68.8%. However, the percentage of newly diagnosed diabetic patients who had been referred to educational programmes was 82.4%, significantly above CCG and national averages at 51.5% and 66.3%. The percentage of diabetic patients that received a flu vaccination at the practice in 2014/2015 was 82.8%. This was better than both the CCG average of 76.4% and national average of 77.6%. GPs were working to improve the statistic averages and newly appointed nursing staff had resolved the nurse staffing shortage.
- Longer appointments and home visits were available when needed.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances. For example in providing a 24 hour phone call reminder for patients who had their child booked in for a routine childhood immunisation.
- Immunisation rates were comparable with the local CCG rates for all standard childhood immunisations.
- The number of children aged 14 – 19 years diagnosed with asthma who had received an annual review was at 77.0% of the identified patients. This was better than the CCG average of 67.7% and the national average of 69.7%.
- The uptake for female patients on the national cervical screen programme was 77.4%, which was comparable to the CCG average of 78.2% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, school nurses and health visitors.
- The practice was EEFO accredited (EEFO is a name of a scheme in Cornwall which helps young people access health and sexual health services easily). The practice was also registered as a centre for CCARD collections.

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).

Good



- 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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice offered extended opening hours for appointments on one evening per week until 9.00 pm, alternating the day between a Tuesday and Wednesday each week.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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)

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Performance for mental health related indicators was worse than the CCG and national average. For example, 69.6% of patients with mental health needs had a comprehensive care plan, this compared to the CCG average of 73.0% and the national average of 77.2%. Patients with dementia who had their care reviewed in the last 12 months were at 65.8%

Summary of findings

compared to the CCG average of 75.8% and the national average of 77.0%. Newly diagnosed patients with depression receiving a review within 10 – 56 days was 60.0% compared with the CCG average of 65.7% and the national average of 63.8%.

- Some staff had received training on how to care for people with mental health needs but dementia specific training had not been completed.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 139 survey forms returned. This represented 1.39% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 91%, national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 85%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received twelve comment cards. Nine were positive about the staff caring attributes. Three cards had negative comments. Negative comments were in relation to staff communication being brusque or irritable and one comment was in relation to appointment planning. People told us the facilities at the practice were excellent, for example with plentiful parking, roomy waiting areas and clinical areas that were well equipped, such as with adjustable examination couches.

We spoke with two patients during the inspection. Both praised a range of staff but stated they preferred to see certain clinical staff, which they felt would give them sufficient time and listen to them in an empathetic way.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Devise an action plan with regard to improving patient feedback satisfaction scores where these fell below CCG and national averages in relation to nursing and reception staff.

- Consider mental health related performance indicators that are below the CCG and national average in terms of additional staff training and staffing resources.

Outstanding practice

We saw one area of outstanding practice:

- The purpose built premises at Penntorr Health provided excellent, safe and accessible facilities for patients. These premises were maintained to a high degree of cleanliness, through regular auditing of the environment.

Penntorr Health

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 second CQC inspector and a practice manager specialist adviser.

Background to Penntorr Health

Penntorr Health is part of The Rame Group Practice. There are four GPs in the partnership, together with two associate GPs, receptionists, administrative and nursing staff, providing a wide range of health care services.

There are two practices in the group. Penntorr Health is in Torpoint, Cornwall and there is a branch practice at Cawsand, Cornwall. During this inspection we did not visit the branch practice in Cawsand.

The practice has approximately 10,000 registered patients. The practice demographic serves the whole local population and is in line with national and local averages for population age ranges.

There are six GPs in the group. Four are male and two are female. There are five practice nurses and two health care assistants.

The practice is a training and teaching practice. This means that the practice trains registrar doctors who are undertaking a period of further experience in family medicine before joining another practice. The practice also accommodates medical students on short term placements from Plymouth University.

The practice is open and appointments are available at Penntorr Monday to Friday 8.30am – 6.00pm. Cawsand is open Monday to Friday 9.00am - 1pm and Monday, Wednesday and Friday 4.00pm - 6.00pm. There is an open session from 12.00pm – 1.00pm at Penntorr where patients can ring ahead on the day and be seen during this time. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available on the same day for people that needed them. The practice offered evening clinics at the Penntorr Health, Torpoint site on alternate Tuesday and Wednesday evenings between 6.30pm and 9pm for working patients who could not attend during normal opening hours. Outside of opening hours patients were directed to the NHS 111 service that was commissioned by Kernow Clinical Commission Group.

Penntorr Health has a car park at the rear of the building and parking at Cawsand is on the road.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff (six GPs, three nurses, one health care assistant and one apprentice health care assistant, the practice manager and six reception/administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We looked at seven significant events over the last 12 months. Learning and action points from incidents were shared with the whole staff team and noted in meeting minutes. For example, where there had been errors due to wrong patient identification the practice had implemented a procedure for ensuring that at least two forms of identification were checked for patients, such as date of birth and NHS number. This was because there were patients registered with the practice with the same name, which had led to errors occurring. Another example was where the practice conducted a teaching session with reception staff regarding appointments for children. This was in response to a significant event following a delay in a parent getting an appointment for their child. Reception staff were talked through the procedure for ensuring all urgent requests for child appointments were referred to a GP.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level three, with the exception of one GP who was on maternity leave.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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. For example, in reviewing the uniform policy for when staff launder their own uniforms to ensure the guidance recommended washing at a suitable temperature to destroy bacteria.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Examples of recent prescribing audits included the introduction of a GP self-assessment tool for antibiotic prescribing, a review of repeat prescribing and a review of an anti-coagulant (blood thinning medicine) for specific patients on this medicine.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Medicines that needed to be stored in a refrigerator to keep then at safe optimum temperatures were stored appropriately. The nursing staff completed a 'cold chain' audit of vaccines in December 2015 to check that the

Are services safe?

practice was adopting safe practice when storing vaccines. The result that the staff were carrying out best practice recommendations was shared with the staff team.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, such as vaccines.
- We reviewed two personnel files and found 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice completed a cervical smear audit in 2015 to assess for inadequate smears and the completeness and accuracy of the procedure.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. As a result of a fire drill during 2015 the need for additional staff training was identified. This took place and was followed up by a repeated unannounced fire drill to ensure that all staff took the appropriate action for a safe evacuation of the premises.
- 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. Staff who prepared rotas attended management meetings to ensure rotas were planned to ensure that during pressure points in the calendar, such as summer holidays, the practice remained adequately staffed. This also included scheduling more patient appointments around the start and end of bank holidays to anticipate increased patient demand at these times.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and support staff received training every three years. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Monitoring of NICE guidelines was done through weekly clinical meetings, significant events and through complaints. There were also risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 were 92.5% of the total number of points available. The practice said in previous years they had reached 100% but the figure was lower in the last 12 months due to moving premises and changes in nursing personnel at the practice after a period of advertising for vacant nursing positions. Data showed;

- Performance for diabetes related indicators was mixed. For example the numbers of diabetic patients who had received a foot examination in the last 12 months were below the CCG and national averages of 79.7% and 81.5% respectively. The practice score was 68.8%. However, the percentage of newly diagnosed diabetic patients who had been referred to educational programmes was 82.4%, significantly above CCG and national averages at 51.5% and 66.3%. The percentage of diabetic patients that received a flu vaccination at the practice in 2014/2015 was 82.8%. This was better than both the CCG average of 76.4% and national average of 77.6%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.2%, which was similar to the CCG average of 91.1% and national average of 90.6%.

- Performance for mental health related indicators was worse than the CCG and national average. For example, 69.6% of patients with mental health needs had a comprehensive care plan, this compared to the CCG average of 73.0% and the national average of 77.2%. Patients with dementia who had their care reviewed in the last 12 months were at 65.8% compared to the CCG average of 75.8% and the national average of 77.0%. Newly diagnosed patients with depression receiving a review within 10 – 56 days was 60.0% compared with the CCG average of 65.7% and the national average of 63.8%.

Clinical audits demonstrated quality improvement.

- We looked at examples of nine clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, in actively seeking closer links with the tissue viability nurses following wound care audits on complex wounds and in reviewing the content of controlled medicines retained at the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research in the form of clinical trials. Two of the practice GPs dedicated approximately 0.5 days a week each to involvement in clinical trials.
- Findings were used by the practice to improve services. For example, recent action taken as a result included dedicating space at the practice for a specialist consultant led dermatology service, with plans to expand this service in due course to being a 'hub' for dermatology services in the local area.

Information about patients' outcomes was used to make improvements such as sending letters out to at risk patients who were invited to attend the annual flu vaccine sessions to improve the uptake of this service.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Newly appointed staff had dedicated time to shadow other team members.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Clinical staff were given protected training time by having time blocked out of clinic sessions, for example to complete safeguarding and blood monitoring training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring for newly appointed staff and apprentice staff, clinical supervision and facilitation and support for revalidating GPs. There was a rolling programme for staff appraisal. Not all reception staff appraisals were up to date. However, all staff had an appraisal scheduled.
- 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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and

treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice benefitted from having physiotherapy, cancer nurse specialist and district nurse services on-site, sharing work space in the building. This meant that meetings between health professionals were easy to arrange and maintain.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Refresher training for all clinical staff in the Mental Capacity Act 2005 took place in February 2015.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- 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.
- The practice had a health care 'pod' that people could use to check their weight and blood pressure.

The practice's uptake for the cervical screening programme was 77.4%, which was comparable to the CCG average of 78.2% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different

Are services effective?

(for example, treatment is effective)

languages and for those with a learning disability and they ensured a female sample taker was available. 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 CCG averages. For example, information from the practice showed childhood immunisation rates for the vaccinations given to under two year olds and five year olds averaged at about 90% of registered children at the practice. CCG rates ranged from 81.6% to 98.2% for specific vaccines.

Flu vaccination rates for at risk groups, such as patients with diabetes or long standing respiratory conditions were above the CCG and 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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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. Patients we spoke with told us that reception staff had the skills to communicate effectively with them if they had hearing loss. This included the use of a hearing loop and reception staff ensuring they were not distracted when communicating with them.
- There was a meeting room adjacent to the reception that patients could use to have private conversations with reception staff.
- There was separation between the reception desk and the team taking telephone calls. This meant that telephone conversations were not overheard.

Nine of the twelve patient Care Quality Commission comment cards we received were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two comment cards expressed a view that they had encountered staff members who seemed irritated to see them. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, one card expressed the view that their appointment had not been planned sufficiently well to allow them to receive the treatment they had requested on one visit.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey in July 2015 showed how patients felt they were treated with compassion, dignity and respect. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 91%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 79% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%).

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with regard to GPs. Results were in line with local and national averages. However, satisfaction was below local and national averages when discussing their care with nurses. For example:

- 90% 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%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 81%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 93%, national average 90%).

The practice told us there had been some changes to nursing personnel over the recent months and that they anticipated patients to have improved satisfaction in the future. Patients told us they generally felt involved in decision making about the care and treatment they received and would try to see a staff member that they felt they had good personal affinity with who would listen to them. They also told us they felt supported by staff and had

Are services caring?

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 aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. However, staff said there were very few patients registered who spoke English as a second 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.

Older patients registered at the practice also benefitted from the support services of a psychiatrist for the elderly, who attended the practice once a month to meet with clinical staff in a meeting to discuss the needs of vulnerable older people.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was offering an ultrasound, general dermatology and hand surgery services which meant that patients did not have to travel long distances for this treatment and assessment. These services were provided by other organisations on the Penntorr Health practice site.

- The practice offered evening clinics at the Penntorr Health, Torpoint site on alternate Tuesday and Wednesday evenings between 6.30pm and 9.00pm for working patients who could not attend during normal opening hours.
- Telephone consultations were offered each morning to patients on a triaged care need basis.
- There were longer appointments available, for example for patients with a learning disability or for minor surgery procedures or dressings.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice at Penntorr Health, Torpoint was purpose built and offered excellent accessible facilities for people with disabilities, for example reduced or impaired mobility or hearing loss.
- The branch practice at Cawsand was a small practice with space for one GP and one nurse. Access at this practice was on the level with no steps.

Access to the service

The practice was open and appointments were available at Penntorr Monday to Friday 8.30am – 6.00pm. Cawsand is open Monday to Friday 9.00am - 1pm and Monday, Wednesday and Friday 4.00pm - 6.00pm. There was an open session from 12.00pm – 1.00pm at Penntorr where

patients could ring ahead on the day and be seen during this time. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available on the same day for people that needed them. The practice offered evening clinics at the Penntorr Health, Torpoint site on alternate Tuesday and Wednesday evenings between 6.30pm and 9pm for working patients who could not attend during normal opening hours. Outside of opening hours patients were directed to the NHS 111 service that was commissioned by Kernow Clinical Commission Group.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 60% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 60%).
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The two people we spoke with on the day of the inspection said that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example by posters in the practice and the patient leaflet, which was also available on the practice web site.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

Are services responsive to people's needs? (for example, to feedback?)

the quality of care. For example, where there had been complaints about the perceived negative attitudes of staff, patients had received an apology and additional staff training had been provided on an individual basis.

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 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.
- The GP partners and the practice manager held strategy sessions on a quarterly basis. Strategy meetings were minuted and actions followed up to monitor progress.

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. All staff meetings were minuted and circulated to the staff team via the practice intranet. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- We noted management team away days were held every three months. There were also education afternoons for staff every three to four months. This allowed the whole practice team to take time out from normal duties to resolve problems, for example improving and streamlining the reception protocol for offering appointments for ease to patients.
- Staff said they felt respected, valued and supported by the management team. 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, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly. The PPG told us they met on a monthly basis with the reception staff manager. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG was in the process of carrying out a patient satisfaction survey. Patient feedback to the PPG past improvements had included:

- Drinking water was now available to patients in the waiting room, both at Penntorr Health and the Cawsand branch surgery.

Are services well-led?

Good 

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

- The display screen in the Penntorr Health practice waiting area had been improved with the use of a clearer type face.
- A new sign had been erected outside the Cawsand branch surgery.
- The PPG had highlighted that patients over the age of 75 had been given a named GP who was not their usual one. As a result the practice had added a sentence to the letter telling patients if they prefer a different GP this could be allocated.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following discussion with staff in how to improve rota and shift allocation patterns there were changes to the way staff request annual leave to ensure this is done in a timely way

to cover staff rotas. Staffing levels were also reviewed at the reception desk and increased following consultation with staff members. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. At the Penntorr Health practice the management team have arranged for Peninsula Ultrasound to visit on a bi-weekly basis and have a dermatology consultant visiting on a fortnightly basis. This included a see and treat lesion clinic, to provide a local service to people. Hand surgery through a community based provider started on 11 December 2015. The practice was also looking to further expand services offered and was working with other local practices and the Cornwall Clinical Research Group to develop the service offered and ensure financial sustainability.