

# Drs Round, Bridger, Ball, Campbell, Purchas & Lin

## 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?

Outstanding 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook a planned, comprehensive inspection of Probus Practice on 4 February 2015. The practice provided primary medical services to approximately 8700 patients living in the village of Probus and surrounding villages in Cornwall. The practice also had a main branch surgery (Grampound) that was open four days a week and had a small dispensary attached. Additional to this, it used three other rural locations where patients were seen. Tregony branch, the Merlin Centre and Summercourt. A triage service was offered every day by the on call GP.

The practice comprised of a team of six GP partners (four male and two female) who held managerial and financial responsibility for running the business. In addition there were two salaried GPs, four registered nurses, eleven qualified dispensers and three health care assistants. There was also a comprehensive administrative team that consisted of a full time practice manager, a deputy practice manager, a finance manager, receptionists and administration staff.

Patients who used the practice had access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice had a dispensary attached. A dispensing practice is where GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting. Probus practice dispensed to patients who did not have a pharmacy within a mile radius of where they lived.

The practice is rated as good. A safe, caring, effective, responsive and well-led service was provided that met the needs of the population it served.

Our key findings were as follows:

- There were arrangements in place to respond to the protection of children and vulnerable adults and to respond to any significant events affecting patient's well-being.
- The practice worked well with other health care service to enable a multi-disciplinary approach in meeting the health care needs of patients receiving a service from the practice.

# Summary of findings

- Patients told us they were treated with respect and kindness and staff maintained their confidentiality.
- Patients were able to have an appointment on the same day unless they wished to see a particular GP. Some patients said if they wanted to see a particular GP for continuity of care and treatment they had to wait. The practice took complaints seriously.
- There was a clear management structure with approachable leadership. Staff were supported and had opportunities for developing their skills. The provider responded to feedback from patients.

We saw several areas of outstanding practice including:

- Patients were able to access appointments when they needed them. Appointments were available at four different locations at varying times throughout the week in different rural locations. This included triage appointments by the on call GP when booked appointments were not necessary. Extended hours were offered four times a week for those people that were working.
- Patients were enabled to attend a memory clinic that operated in the village once a week. This was led by

one of the GPs at the practice. This gave an opportunity to monitor and evaluate those people with dementia on a regular basis and plan their care accordingly.

- The practice has been EEFO approved. (The term EEFO does not stand for anything. EEFO is a word that has been designed by young people, to be owned by young people) EEFO works with community services to make sure they are young people friendly. Once a service has been EEFO approved it means that service has met the quality standards. For example, confidentiality and consent, easy to access services, welcoming environment and staff trained on issues young people face. Part of this scheme is the C-Card scheme. The C card is given so that a younger person can get free condoms at different places across Cornwall & the Isles of Scilly. This is in partnership with the local secondary school. One of the GPs at the practice has become a younger persons 'champion' and has plans to implement further improvements to the health of younger people.

**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.

Patients we spoke with told us they felt safe, well cared for and confident in the care they received.

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.

Recruitment procedures and checks were completed as required to help ensure that staff were suitable and competent.

The practice was clean, tidy and hygienic. Systems were in place to maintain the cleanliness of the practice to a high standard. There were systems in place for the retention and disposal of clinical waste.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run.

The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services and strived to achieve the best outcome for patients who used the practice.

Supporting data showed staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation of professional qualifications had been completed.

The practice had extensive health promotion material available within the practice and on the practice website.

Good



### Are services caring?

The practice is rated as good for providing caring services. All the patients we spoke with during our inspection were very complimentary about the service. All the patients who completed a comment card in the weeks before our inspection were entirely positive about the care they received. We saw staff interacting with patients in a caring and respectful way.

Good



# Summary of findings

Staff were motivated and inspired to offer kind and compassionate care and put significant effort in to providing care that took account of each patient's physical support needs and individual preferences. Patients were involved in planning their care and making decisions about their treatment and were given sufficient time to speak with the GP or nurse. Patients were referred appropriately to other support and treatment services.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.

Patients were able to access appointments when they needed them. Appointments were available at four different locations at varying times throughout the week in different rural locations. This included daily triage sessions by the on call GP when appointments were not necessary.

The premises were accessible to patients with mobility difficulties.

The practice had identified vulnerable groups so that calls from these patients were prioritised for the GP. The practice had learned from complaints received to improve the quality of care.

The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to issues raised and learned from patients' experiences, concerns and complaints to improve the quality of care.

Outstanding



## Are services well-led?

The practice is rated as good for being well led. There was a practice manager and experienced administrative staff all of whom had clearly defined roles. All staff had an annual appraisal and meetings were held to engage staff in the operation of the practice. When staff were not involved in meetings they were given copies of the record of the meetings. There was an active patient participation group that sought feedback from patients in collaboration with the practice. Issues identified through the patient satisfaction survey were actioned.

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 the care of older people.

All patients aged 75 and over had a named GP but were able to choose an alternative if they wished or if this was more convenient for the patient.

Pneumococcal vaccinations and shingles vaccinations were provided for older people. Housebound older patients receive immunisations at home where necessary. Appointments were available in three other locations to enable older patients to access a more local service.

The practice did not provide specific older person clinics. Treatment was organised around the individual patient and any specific condition or need they had. A computer pop up system prompted clinicians to offer any tests or routine monitoring.

The practice worked with the community multidisciplinary team to identify patients at greater risk of admission. Practice nurses work with the community nursing team to provide a streamlined service.

The practice identified older patients with life-limiting conditions and co-ordinated a multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.

Family and Carers were included where patients requested. The practice communicated with family members (with consent) to clarify information or inviting them to come along with the patient.

The GPs worked to avoid unnecessary admissions to hospital and used care plans which were reviewed every three months to avoid patients being admitted to hospital unnecessarily.

Good



### People with long term conditions

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

The practice identified patients who might be vulnerable, including those with multiple or specific complex or long term needs and ensured they were offered consultations or reviews where needed. The staff at the practice maintained links with external health care professionals for advice and guidance about particular long term conditions, such as diabetes and asthma. When needed longer appointments and home visits were available.

Patients with long term conditions had tailor-made care plans in place. Patients were pleased with the care they received for their

Good



# Summary of findings

long term conditions and were offered clinics at a time convenient to them for monitoring and treatment of conditions. These included diabetes, heart failure, hypertension, high cholesterol, renal failure, asthma and chronic respiratory conditions. The nurses took a lead role in particular conditions and attended educational updates to make sure their knowledge and skills were up to date.

Appointments were available for patients with asthma and chronic lung disorders. The practice used spirometry, a lung capacity test, as part of its service to assess the evolving needs of this group of patients. The practice also promoted independence and encouraged self-care for these patients.

Patients were supported with weight management and referrals to dieticians were made where appropriate.

Specific appointments were made which supported and treated patients with diabetes; they included education for patients to learn how to manage their diabetes through the use of insulin. Health education about healthy diet and life style for patients with diabetes was provided.

Home visits and medicine reviews were provided by GPs, for patients with long term conditions who had been recently discharged from hospital.

The practice used a specific computerised patient record system allowing out of hours service providers to access information about specific patients. This helped promote continuity of care and treatment, providing a more seamless service for the patient. The practice's GPs and the out of hours service GPs were then aware of any treatment that had been given to patients with long term conditions, or those at the end of their life.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Parents we spoke with were very happy with the care their families received.

There were well organised baby and child immunisation programmes available to help ensure babies and children could access a full range of vaccinations and health screening.

The practice had effective relationships with health visitors and the school nursing team, and was able to access support from children's workers and parenting support groups. Systems were in place to alert health visitors when children had not attended routine appointments and screening. Health visitors and midwives ran

Good



# Summary of findings

weekly clinics from the practice. The practice referred patients and worked closely with a local family and child service to discuss any vulnerable babies, children or families. There was a lead GP who ran a Family Planning Clinic each week from the practice.

Men, women and young people had access to a full range of contraception services and sexual health screening including chlamydia testing and cervical screening.

The practice has been EEFO approved. (The term EEFO does not stand for anything. EEFO is a word that has been designed by young people, to be owned by young people.) EEFO works with services in the community to make sure they are young people friendly. Once a service has been EEFO Approved it means that service has met the quality standards. For example, confidentiality and consent, easy to access services, welcoming environment and staff trained on issues young people face. Part of this scheme is the C-Card scheme. The C card is given so that a younger person can get free condoms at different places across Cornwall & the Isles of Scilly. This is in partnership with the local secondary school. One of the GPs at the practice has become a younger persons 'champion' and has plans to implement further improvements to the health of younger people.

Appropriate systems were in place to help safeguard children or young people who may be vulnerable or at risk of abuse.

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

The practice is rated as good for the population group of the 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 offer continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

Health & well-being checks to patients aged 40-74 years old who do not have a chronic disease were being carried out by GPs and nurses. Invitations had been sent to this group of patients to have a general check-up and nurses took every opportunity when patients attended about another concern to carry out well being checks.

To improve patient access the practice offered extended opening hours from 6.30pm until 7.30pm twice a week which were helpful to patients who worked.

**Good**





# Summary of findings

## People whose circumstances may make them vulnerable

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

Patients with learning disabilities were offered a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. Patients who find it stressful to come to the practice were visited in their own home.

Practice staff encouraged patients with alcohol addictions to self-refer to an alcohol service for support and treatment.

The practice had access to language interpretation services but stated that patients usually chose to attend the practice with a family member.

The practice had identified that some patients were vulnerable because of the rural location and reduced public transport network. As a result the practice had enabled patients to use other smaller branch surgeries in the surrounding area. The practice had also established a home delivery service for patients who were unable to collect their prescriptions from the practice.

Good



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

The practice is rated as good for the care of people experiencing poor mental health.

The practice had a register at the practice which identified patients who had mental illness or mental health problems and were assigned a GP of the patient's choice for continuity.

The practice used QOF to ensure mental health checks and medicine reviews were conducted to ensure patients received appropriate doses and care plans were in place. Blood tests were regularly performed on patients receiving certain mental health medicines.

Patients were enabled to attend the memory clinic that operated in the village once a week. This was led by one of the GPs at the practice. This gave an opportunity to monitor and evaluate those people with dementia on a regular basis and plan their care accordingly.

The practice worked with the community mental health team and referred patients for urgent intervention when required. The GPs liaised with community psychiatric nurses to discuss vulnerable patients and referred patients to the community mental health team if necessary.

The practice staff had an understanding of the Mental Capacity Act 2005.

Good



# Summary of findings

## What people who use the service say

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected six comment cards, all of which contained positive comments.

Comment cards were detailed and stated that patients appreciated the service provided, the caring attitude of the staff and the staff who took time to listen effectively. There were comments praising GPs, nurses and the reception team.

These findings were reflected during our conversations with the nine patients we spoke with and from looking at the survey from January 2015. The feedback from patients was overwhelmingly positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients said they were happy, very satisfied and said they had no complaints and received good treatment. Patients told us that the GPs and nursing staff were excellent.

Patients were happy with the appointment system and were pleased that they could access the branch surgeries or a triage session offered by the on call GP if required. We were told patients could either book routine appointments four weeks in advance or make an appointment on the day.

Patients knew how to contact services out of hours and said information at the practice was good. Patients knew how to make a complaint. None of the patients we spoke with had done so but all agreed that they felt any problems would be managed well. Other patients told us they had no concerns or complaints and could not imagine needing to complain.

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

Patients found it easy to get repeat prescriptions and appreciated having the dispensary on site.

## Outstanding practice

We saw several areas of outstanding practice including:

- Patients were able to access appointments when they needed them. Appointments were available at four different locations at varying times throughout the week in different rural locations. This included daily drop in sessions when booked appointments were not necessary. Extended hours are offered twice a week for those people that were working.
- Patients were enabled to attend a memory clinic that operated in the village once a week. This was led by one of the GPs at the practice. This gave an opportunity to monitor and evaluate those people with dementia on a regular basis and plan their care accordingly.
- The practice has been EEFO approved. (The term EEFO does not stand for anything. EEFO is a word that has

been designed by young people, to be owned by young people.) EEFO works with community services to make sure they are young people friendly. Once a service has been EEFO Approved it means that service has met the quality standards. For example, confidentiality and consent, easy to access services, welcoming environment and staff trained on issues young people face. Part of this scheme is the C-Card scheme. The C card is given so that a younger person can get free condoms at different places across Cornwall & the Isles of Scilly. This is in partnership with the local secondary school. One of the GPs at the practice has become a younger persons 'champion' and has plans to implement further improvements to the health of younger people.

# Drs Round, Bridger, Ball, Campbell, Purchas & Lin

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Drs Round, Bridger, Ball, Campbell, Purchas & Lin

Probus surgery provides primary medical services to approximately 8700 patients. The practice provided primary medical services to people living in the village of Probus and surrounding villages in Cornwall. The practice also had a main branch surgery (Grampound) that is open four days a week and has a small dispensary attached. Additional to this, it uses three other rural locations where patients are seen. Tregony branch, the Merlin Centre and Summercourt. A triage service is offered every day by the on call GP.

The practice comprises of a team of six GP partners (four male and two female) who hold managerial and financial responsibility for running the business. In addition there are two salaried GPs, four registered nurses, eleven qualified dispensers and three health care assistants. There is also a comprehensive administrative team that consists of a full time practice manager, a deputy practice manager, a finance manager, receptionists and administration.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice has a dispensary attached. A dispensing practice is where GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting. Probus surgery dispensed to patients who did not have a pharmacy within a mile radius of where they lived.

The practice had opted out of providing out-of-hours services to their own patients and refer them to another out of hours service.

### 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

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

- Is it safe?

# Detailed findings

- 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)

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

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

We carried out our announced visit on Wednesday 4th February 2015. We spoke with nine patients, four GPs, three of the nursing team and three of the management and administration team. We collected six patient responses from our comments box which had been displayed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients.

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

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety, for example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. These alerts were circulated and discussed at partner and management meetings and if necessary resulted in new policies being devised.

Staff were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where incidents and significant events were discussed. Records showed the practice had managed these consistently over time and so could show evidence of a safe track record.

### Learning and improvement from safety incidents

The process following a significant event or complaint was formalised and followed a set procedure. GPs discussed the incidents as they occurred but more formally at monthly clinical meetings where actions and learning outcomes were shared with all staff. We were given clear examples of where practice and staff action had been prompted to change as a result of incidents. For example we saw evidence of some joint working with a local care home due to the increased number of pressure sores being seen by the visiting GP. A significant event was recorded and a safeguarding referral made. Further training was given to the staff at the home by the GPs to ensure good practice was provided. All significant events were shared with other staff through staff meetings. There were systems in place to make sure any medicines alerts or recalls were actioned by staff.

### Reliable safety systems and processes including safeguarding

There was an embedded culture of using any incident, accident or event as an opportunity to learn from and improve the service. The practice had a clear systematic process in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during over the last five years. Significant events were discussed weekly and formally once a month at significant event meetings to

make sure action had been taken and the event re-reviewed. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. For example, there was an incident when a child had been given the wrong vaccination. No harm had come to the child as a result of this. The staff had reviewed their actions and set clear safety procedures in place, including re organisation of the vaccine fridge and a check buddy system for the nurses to reduce the risk of it happening again.

Staff explained the system they used to manage and monitor incidents. We saw examples of incidents and saw records were completed in a comprehensive and timely manner.

National patient safety alerts were disseminated verbally and by email to practice staff. Staff were able to give examples of recent alerts. The dispensers employed looked at any safety alerts involving patient medicines and communicated to all staff.

The formal chaperone policy was in place. Posters offering patients this service were displayed in the practice. A chaperone is a member of staff or person who acts as a witness for a patient and a medical practitioner during a medical examination or treatment. Selected staff had been trained to be a chaperone and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

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

# Are services safe?

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. There were standard procedures that set out how they were managed. These were being followed by the practice staff. There were satisfactory arrangements in place for the destruction of controlled drugs.

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. We saw that the practice had in place a policy that all prescriptions were signed before dispensing took place and this was working in practice.

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

Patients were pleased with the process of obtaining repeat prescriptions and appreciated having the dispensary.

The practice had established a home delivery service for patients who were unable to collect their prescriptions from the dispensary or practice and a service for patients to pick up their dispensed prescriptions at an alternative remote locations.

They also had arrangements in place to ensure people were given all the relevant information they required with their medicines.

## Cleanliness and infection control

During our inspection we looked at all areas of the practice, including the GP surgeries, nurses' treatment rooms, and patients' toilets and waiting areas. All appeared visibly clean and were uncluttered. The patients we spoke with commented that the practice was clean and appeared hygienic. Cleaners were employed by the practice and there was a cleaning schedule in place to make sure each area was thoroughly cleaned on a regular basis. There was

also a record that each task had been carried out. The practice was cleaned in line with infection control guidelines, with the cleaners routinely attending every morning and evening.

There was an infection control policy in place. This gave full information about aspects of infection control such as the handling of specimens, hand washing, and the action to be taken following exposure to blood or bodily fluids. The lead nurse was the lead for infection control at the practice. Infection control training was provided for all staff as part of their induction, and we saw evidence that the training had been updated.

We saw there were hand washing facilities in each consulting room and treatment room. Instructions about hand hygiene were displayed. Hand wash and paper towels were next to each hand wash basin, and hand gel was available throughout the practice. Protective equipment such as gloves, aprons and masks were readily available. Curtains around examination couches were disposable and had been replaced within the past six months. Examination couches were washable and were all in good condition. An infection control audit had been carried out in January 2015 whereby some issues were identified as needing improvement. We saw evidence that these had since been undertaken. For example, the cleaning of the toys in the waiting area. The cleaning team were notified and improvements made

## Equipment

The practice had their own risk assessment and policy which focused on all areas of the building and the practice used an external company to maintain all servicing contracts. These included water safety, electrical equipment, gas safety, legionella, boiler safety and fire systems. The last fire drill had been performed in January 2015 and legionella checks had been carried out in November 2014 as part of routine maintenance checks.

Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required.

A clear system and maintenance records were kept to demonstrate that there was in place to report and treat any defects or physical issues with the accommodation. Staff said the system worked well.



# Are services safe?

There was a detailed business continuity plan in place which explained what action was necessary in the event of incidents including major incidents, loss of power or outbreak of epidemic or pandemics.

## Staffing and recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The practice had a low turnover of staff. The practice said they used locums as staff cover but tried to use the same one for continuity. GPs told us they also covered for each other during shorter staff absences.

The practice used a team approach where the workload for part time staff was shared equally. Staff explained this worked well but there remained a general team work approach where all staff helped one another when one particular member of staff was busy.

Recruitment procedures were in place and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Once in post, staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

Criminal records checks were performed for GPs, nursing staff and all administrative staff.

The practice had clear disciplinary procedures to follow should the need arise.

The registered nurses Nursing and Midwifery Council (NMC) status was completed and checked annually to ensure they were listed on the professional register, to enable them to legally practice as a registered nurse.

## Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed, rated and mitigating actions recorded to reduce

and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings. For example, minutes showed that flu vaccines were ordered early as a result of problems with supplies the previous year.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example there were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. GPs said that they did not hesitate in contacting the consultant at the local paediatric assessment unit if they had concerns about an acutely ill child.

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support and had annual updates on this. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (allergic reaction to medicines) and hypoglycaemia (low blood sugar). Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff were up to date with fire training. Records showed that regular fire drills were undertaken.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The GP told us they lead in specialist clinical areas such as chronic illness, heart disease and asthma and the practice nurse supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, GPs told us this supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice was keen to ensure that staff had the skills to meet patient's needs. For example, the nursing team had updated their skills in their lead roles to ensure best practice was being followed in relation to diagnosis, medicines management and care. There were annual check and health action plans for patients living with learning disabilities.

GPs in the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit in this area which was used by GPs for revalidation and personal learning purposes.

There was a protocol for repeat prescribing which was in line with national guidance. In accordance with the protocol, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. Patients said they were sent reminders on the prescription or by letter regarding these checks and thought the system worked well. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

### Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff training records and discussions with staff demonstrated that all grades of staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. We saw that appraisals took place regularly and included a process for documenting, action planning and reviewing appraisals.

GPs were supported to obtain the evidence and information required for their professional revalidation. This is where GPs demonstrate to their regulatory body, the GMC, that they are up to date and fit to practice. The practice was also accredited as a GP training practice by the South West Deanery of Postgraduate Medical Education, providing experience for GP registrars. A GP registrar is a qualified doctor undertaking post graduate general practice training.

The practice nurses and health care assistants were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, they showed evidence of their training in administration of vaccines, cervical cytology and travel advice. Those with extended roles such as diabetes and asthma were also able to demonstrate that they had appropriate training to fulfil these roles.

### Working with colleagues and other services

We saw that appropriate processes were in place that ensured patients were able to access treatment and care from other health and social care providers where



# Are services effective?

## (for example, treatment is effective)

necessary. This included where patients had complex needs or suffered from a long term condition. There were clear mechanisms to make such referrals in a timely way and this ensured patients received effective co-ordinated and integrated care. We saw that referrals were assessed as being urgent or routine. Patients we spoke with, or received written comments from said that where they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

Discussion with staff and records of clinical and staff meetings demonstrated the practice team were committed to working collaboratively and people who have complex needs were supported to receive coordinated care.

We saw that clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. This included regular meetings with professionals such as health visitors to discuss child health and safeguarding issues and MacMillan nurses and district nurses to plan and co-ordinate the care of patients coming to the end of their life. There was also a co-ordinated approach to communicating and liaising with the provider of the GP out of hours service. The practice provided detailed clinical information (electronically) to the out of hours service about patients with complex healthcare needs. Also all patient contacts with the out of hours provider were reviewed by a GP the next working day.

A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient information to be shared in a secure and timely manner. The practice had a list of patients who were vulnerable, at risk due to long term conditions and those receiving palliative care. Electronic systems were also in place for making referrals to secondary care services.

Regular meetings were held throughout the practice. Information about risks and significant events were shared openly at meetings and all staff were able to contribute to discussions about how improvements could be made.

There was a practice website with information for patients including signposting, services available and latest news. Information leaflets and posters about local services were available in the waiting area.

### Consent to care and treatment

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment.

Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Where people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation. Clinical staff we spoke with clearly understood the importance of obtaining consent from patients and of supporting those who did not have the mental capacity to make a decision in relation to their care and treatment.

### Health promotion and prevention

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people was perceived as an opportunity to do so.

The practice had been EEFO approved. EEFO works with services to make sure they are young people friendly. Once a service has been EEFO approved it means that the service has met quality standards. For example, confidentiality and consent, easy to access services, welcoming environment and staff trained on issues young people face. Part of this scheme is the C-Card scheme. The C card is given so that a younger person can get free condoms at different places across Cornwall & the Isles of Scilly. This is in partnership with the local secondary school. One of the GPs at the practice has become a younger persons 'champion' and has plans to implement further improvements to the health of younger people.

New patients, including children, were offered appointments to establish their medical history and

# Are services effective?

(for example, treatment is effective)

current health status. This enabled the practice to identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma.

A wide range of health promotion information was available and accessible to patients particularly in the waiting areas and on the practice website. There was a younger person display board in the entrance to the practice. This displayed services that younger people could access in confidence.

Health promotion services provided by the practice included smoking cessation services and a weight management. The practice had arrangements in place to

provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation, influenza, travel and other relevant vaccinations were provided.

A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up to determine the reason and provide an alternative appointment.

Patients were provided with fitness to work advice to aid their recovery and help them return to work.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We received six completed CQC comment cards, spoke with nine patients on the day of inspection and two members of the practice's patient participation group (PPG). We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed our comment cards were complimentary about the way they were treated by the GPs and nurses and other members of the practice team. They told us they were treated with respect and their privacy and dignity were maintained.

There was a strong, visible, person-centred culture at the practice. Staff were motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, those close to them, and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by the practice management team. Staff were seen to be respectful, pleasant and helpful with patients and each other during our inspection visit.

Patients informed us that their privacy and dignity was always respected and maintained particularly during physical or intimate examinations. All patient appointments were conducted in the privacy of individual consultation room. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

Staff we spoke with told us that if they witnessed any discriminatory behaviour or where a patient's privacy and dignity was not respected they would be confident to raise the issue with the practice manager. We saw no barriers to patients accessing care and treatment at the practice.

We looked at the results of the 2015 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey results reflected that 90% of 247 respondents said they would recommend the practice to someone new in the area. 79% said when making an appointment they usually get to see their preferred GP.

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

The practice proactively worked in close partnership with other health and social care professionals. Patients were encouraged to take responsibility for their conditions and to be involved in decisions about medicines and other forms of treatment.

Patients said there was ample opportunity to discuss any health concerns and were given time to consider their options. All the staff we spoke to were effective in communication and all knew how to access and use language interpretation services if required.

We saw that patients' information was treated with the utmost confidentiality and that information was shared appropriately when necessary using the correct data sharing methods. We looked at the consent policy and talked to GPs, nursing and administration staff about consent. We saw the policy provided clear guidance about when, how and why patient consent should be requested. The guidance gave detailed reference to children under the age of 16, patients with limited capacity and chaperoning requirements.

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

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

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact a patient's care and treatment may have on them and those close to them. Whilst the practice had found identifying carers to be one of the practice's challenges they had taken proactive action to identify, involve and support patient's carers. This included providing information at the practice (and on their website) to encourage carers to identify themselves and engage with the practice to access support.

Patients were enabled to attend a memory clinic that operated in the village once a week. This was led by one of the GPs at the practice. This gave an opportunity to monitor and evaluate those people with dementia on a regular basis and plan their care accordingly.

## Are services caring?

A wide range of information about how to access support groups and self help organisations was available and accessible to patients from the practice clinicians, in the reception area and on the practice website.

A counselling support service was also available to provide emotional support to patients following referral by the GP.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Patients told us they felt the staff at the practice were responsive to their individual needs. They told us that they felt confident the practice would meet their needs. GPs told us that when home visits were needed, they were normally made by the GP who was most familiar with the patient.

Systems were in place to ensure any referrals, including urgent referrals for hospital care and routine health screening including cervical screening, were made in a timely way. Patients told us that any referral to secondary care had always been discussed with them.

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other and results were reviewed within 24 hours.

A virtual patient representation group (PPG) had been set up. Membership was composed of a range of patients from different population groups at the practice. We spoke with two member of this group. They told us that the practice encouraged them to contribute suggestions and acted upon them.

### Tackling inequity and promoting equality

The practice had recognised the needs of different population groups in the planning of its services. Staff said no patient would be turned away. Temporary residents were welcomed.

The number of patients with a first language other than English was very low and staff said they knew these patients well and were able to communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The practice had level access from the car park to the front door. Inside the GP consultation rooms and the treatment rooms were on the ground floor, providing level access for patients with limited mobility or using a wheelchair.

The premises were modern and purpose built. The seats in the waiting area were of different heights and sizes and had arms on them to aid sitting or rising. Audio loop was

available for patients who were hard of hearing and staff were knowledgeable about the different needs of the patients who attended. There was disabled toilet access and baby changing facilities were available.

The practice had a Disability Access Survey undertaken by an outside provider. This was a comprehensive inspection of the property which detailed actions that needed to be taken to improve access for those people with disabilities. As a result we saw that improvements had been made. For example we saw that signage had been improved and parking bays made more accessible.

### Access to the service

The appointments system was easy to use and supported patients to make appointments. Waiting times, delays and cancellations were minimal and managed appropriately. People were kept informed of any disruption to their care or treatment. Patient's comments were positive in respect of being able to access the service. We also looked the results of the 2014 GP survey. 92% respondents said they found it easy to get through on the phone.

The opening hours and surgery times at the practice were prominently displayed in the reception area, the patient practice information booklet and on the practice website. To improve patient access the practice offered extended opening hours in the evenings from 6.30pm until 7.30pm four times a week. These hours of access were particularly helpful to patients who worked. Routine appointments and same day appointments were provided. Routine appointments could be booked up to four weeks ahead. GP consultations were provided in 10 minute appointments. Where patients required longer appointments these could be booked by prior arrangement. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients at the practice and on the practice website.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice used complaints as a way to improve patient experience. The process was very open and complaints and concerns were used to influence positive outcomes for all. Their complaints policy and

# Are services responsive to people's needs?

(for example, to feedback?)

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 in the form of a

summary leaflet. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at the complaints log for the past twelve months. The complaints record detailed the nature of the complaint, the outcome of the investigation and how this was communicated to the person making the complaint.

# Are services well-led?

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

## Our findings

### Vision and strategy

There was a well-established leadership structure with clear allocation of responsibilities amongst the clinical and administrative members of the practice team. A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example the practice actively engaged with Cornwall Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and participating in pilots to assess ways of how to improve meeting the needs of people at the practice and within the CCG area.

We saw the business plan that was in place, and saw the practice's vision and values were included in various documents. We spoke with nine members of staff who were all aware of the vision and values of the practice and knew what their responsibilities were in relation to these. We saw that the regular staff meetings helped to ensure the vision and values were being upheld within the practice.

### Governance arrangements

The practice had a clear governance structure designed to provide assurance to patients and the local clinical commissioning group (CCG) that the service was operating safely and effectively.

We saw systems in place for monitoring all aspects of the service such as complaints, incidents, safeguarding, risk management, clinical audit and infection control. All the staff we spoke with were aware of each other's responsibilities. The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. All the policies we looked at had been reviewed and were up to date. The systems and feedback from staff showed us that strong governance structures were in place.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example, one of the practice nurses led on infection prevention and one of the GPs led on safeguarding. There were high levels of staff

satisfaction. Staff were proud of the practice as a place to work and spoke highly of the quality of the leadership, culture and support provided. There were consistently high levels of constructive staff engagement.

Discussion with staff and records we saw demonstrated clinical and staff meetings were held regularly. Staff told us that they had the opportunity and were comfortable to raise issues at staff meetings, at individual appraisal meetings or any other time if necessary.

Human resources policies and procedures were in place to support staff. We saw these were available to all staff electronically. Policies regarding equality and bullying and harassment at work were included. Staff told us they were aware of the policies and how to access them. All staff had an annual review of their performance during an appraisal meeting. This gave staff an opportunity to discuss their objectives, any improvements that could be made and training that they needed or wanted to undertake. Clinicians also received appraisal through the revalidation process. Revalidation is where licensed GPs are required to demonstrate on a regular basis that they are up to date and fit to practice.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through a patient survey in January 2015. The survey found that most patients felt that both GPs and nurses gave them enough time, asked about symptoms, listened well and explained tests and treatments. Patients also said the GPs involved them in their care, treated them with care and concern and took their problems seriously.

The practice had a virtual patient participation group (PPG). We spoke with two members of the PPG prior on the day of our inspection. They told us that when issues were identified the PPG was actively consulted to develop plans to address them. The PPG committee did not meet formally but were emailed as required usually as issues arose through the complaints and feedback book. Recently the PPG were asked to demonstrate the family and friends test online and provide feedback to the practice about their experiences.

# Are services well-led?

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

The practice had gathered feedback from staff through face to face discussions, appraisals and through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and training records and saw that regular appraisals took place which included a personal development plan.

The practice had completed reviews of significant events and other incidents and formally shared action and learning from these events with the staff group to ensure the practice improved outcomes for patients.