

St Keverne Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 on 9 September 2015.

We have rated the practice overall as providing a good service. Specifically we found the practice to be good for providing responsive, safe, effective, caring and well led services. It was also found to be providing good services across all the patient population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

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

However there were areas of practice where the provider should make improvements:

- An updated infection control audit should be undertaken.
- A Patient Participation Group should be developed, to encourage patient involvement and ensure that feedback from patients is acted on and services further improved.

Summary of findings

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.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to coordinate and improve patient treatment outcomes.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Kernow Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice offered a community aural care service for patients across the CCG and other practices could refer patients to this service rather than to secondary care.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

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

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was no patient participation group (PPG) although every effort was being made to recruit members. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

St Keverne had twice the national average of patients over the age of 65 and responded exceptionally well to their needs, offering home visits and longer appointments. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed. Residents within two local care homes, who were registered with the practice, were case managed by their own GP to prevent unplanned hospital admissions and to provide continuity of care. Each GP visited the two care homes in the area two/three times per week to review their patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Special messages were attached to the computerised patient records that Out of Hours services could see, to ensure consistent care. If a patient was admitted to hospital, the practice sent a written summary to the hospital with details of both the current problem and of past medical history including current medication and allergies to enable consistency of care.

When necessary, home visits were made by GPs or community nurses to carry out reviews.

The practice extended hour's appointments to allow access to working age patients with chronic diseases.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

The practice had an open access policy for seeing babies and children. The practice had a weekly ante-natal clinic provided and Midwives and Health Visitors held clinics at the practice every two weeks. The midwives and health visitors had access to the practice computer system and liaised well with the GPs.

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 was working towards being 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.

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

Good



Working age people (including those recently retired and students)

The practice is rated as good for working age people. Advance appointments (up to four weeks in advance) were available for patients to book. The practice offered an online appointment booking service. Extended hours were also available on a Tuesday evening so that patients that could not attend in their working day could see a nurse or GP.

Suitable travel advice was available from the GPs and nursing staff within the practice and supporting information leaflets were available within the waiting areas.

The staff were proactive in calling patients into the practice for health checks. This included offering referrals for smoking cessation, providing health information, routine health checks and reminders to have medicine reviews. This gave the practice the opportunity to assess the risk of serious conditions on patients which attend. The practice also offered age appropriate screening tests including cholesterol testing.

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. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and 53% of these patients had received a review. Those that did not attend were contacted and offered another appointment.

The practice were able to refer patients with alcohol addictions to an alcohol service for support and treatment. The support service visited the practice if required. The practice were also able to refer patients with depression/stress/anxiety to a service for support and treatment. The support service visited the practice weekly.

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

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 (including people with dementia). 100% of patients suffering with dementia had received an annual health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff were aware of the Mental Capacity Act and had training planned for the near future. There were nationally recognised examination tools used for people who were displaying signs of dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2nd July 2015 showed the practice was performing higher than local and national averages. There were 119 responses out of 237 sent out.

- 98% find it easy to get through to this surgery by phone compared with a CCG average of 82% and a national average of 73%.
- 94% find the receptionists at this surgery helpful compared with a CCG average of 91% and a national average of 86.8%.
- 92% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.

- 99% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 96% describe their experience of making an appointment as good compared with a CCG average of 82% and a national average of 73%.
- 52% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and a national average of 65%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients described the staff as friendly and helpful.

Areas for improvement

Action the service **SHOULD** take to improve

- An updated infection control audit should be undertaken.
- A Patient Participation Group should be developed, to encourage patient involvement and ensure that feedback from patients is acted on and services further improved.

St Keverne Health Centre

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 pharmacist inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to St Keverne Health Centre

St Keverne was inspected on Wednesday 9 September 2015. This was a comprehensive inspection.

The practice provided GP primary care services to approximately 3000 people living in and around the area of St Keverne covering an area of approximately 90 square miles. The population the practice served was predominantly elderly people.

The practice has a General Medical Service (GMS) contract and also offers Directed Enhanced Services, for example the provision of minor surgical procedures for patients. They also offered local enhanced services, for example full family planning services for its patients.

There are three GP partners, one male and two female. The practice is registered as a GP training practice for under graduate medical students' education. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two practice nurses, two health care assistants, a dispensary team and additional administration staff.

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. St Keverne dispensed to patients who did not have a pharmacy within a mile radius of where they lived.

Patients using the practice also had access to community nurses, midwives, community mental health teams and health visitors who visit the practice.

The practice is open from Monday to Friday 8.30am to 6.15pm. Appointments are available between 8.30am and 6pm on Monday to Friday. There are extended appointment times on Tuesday evening until 7.30pm. Outside of these times there is a local agreement that the out of hours service (Cornwall Health Out of Hours Service) take phone calls and provide an out-of-hours service.

The practice offered a range of appointment types including a daily open access surgery. This system offers eight appointments (per GP) and no appointment is necessary between the hours of 8.30 and 10am. Telephone consultations and advance appointments are bookable up to four weeks in advance.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out our announced visit on 9th September 2015. We spoke with two patients, three GPs, two of the nursing team and with members of the management, reception and administration team. We also spoke with a member of staff from the local care home. We collected 16 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.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events. For example, ear drops were dispensed for a patient instead of eye drops. The patient administered them for two days before realising the mistake. Prompt actions were taken by the practice and all actions were shared with all staff to prevent it from happening again.

There were systems, processes and practices in place to ensure all care and treatment was carried out safely and lessons were learned and improvements made when things went wrong.

Staff were aware of whom to report concerns and incidents to and had work processes in place to minimise these occurrences. The provider exercised a duty of candour and where things went wrong we saw patients had been kept informed and had received an apology.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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.

- All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last formal infection control audit had been undertaken in October 2012 and we saw evidence that action was taken to address the shortfalls identified as a result. An updated audit was planned for the near future.
- We checked how medicines were stored in the main dispensary, and found that they were stored securely and were only accessible to authorised staff. Records showed that medicines needing refrigeration were monitored and that temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- There were no records of room temperature monitoring kept, however the temperature was acceptable at the time of our inspection, and ventilation was available to ensure that medicines would always be kept at suitable

Are services safe?

temperatures. Systems were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.

- All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription forms in the dispensary were stored securely and an audit trail of the handling of these forms within the practice was maintained in line with national guidance.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Medicines were scanned using a barcode system to help reduce any dispensing errors.
- The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.2% of the total number of points available, with 3.9 exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from health and social care information centre showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example 99.3% of diabetic patients had received an influenza vaccination compared to the CCG average of 93%.
- The percentage of patients with hypertension having regular blood pressure tests was 92%, this was better than the national average of 83%.
- The dementia diagnosis rate was 100% this was higher than the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been eight clinical audits completed in the last two years. Findings were used by the practice to improve services. For example, there was a completed audit cycle considering frail elderly patients with multiple medications. These patients were most likely to suffer drug side effects. The aim was to review all repeat prescriptions actioned to nursing home residents; this audit was completed in

conjunction with a community pharmacist to ensure safe and appropriate prescribing, and to achieve a safe reduction in polypharmacy in the nursing home population.

The polypharmacy review resulted in a 9% reduction in total repeat medication prescriptions to the nursing home residents, with the average number of repeat prescriptions per patient reduced by 1.3 items. This audit was undertaken in June 2014 and then repeated in September 2014.

Effective staffing

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

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

Coordinating patient care and information sharing

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

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

Are services effective?

(for example, treatment is effective)

treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated.

We saw evidence to show that the practice was implementing the gold standards framework for end of life care. The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Multi-disciplinary palliative care meetings were held monthly and attended by the GP, administrator, community matron, district nurse, practice nurse and the palliative care nurse.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. It was practice policy to offer a health check with the health care assistant to all new patients registering with the practice. The GP was informed of any health concerns detected and these were followed up in a timely way. We noted a culture among the practice staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic flu and tetanus vaccination to patients who were temporary residents.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and seven out of 12 had received an annual physical health check to date. The practice had also identified the smoking status of 97% of patients over the age of 15 which was 1.7% above the national average. The practice actively offered smoking cessation advice to these patients. The practice's performance in respect of national screening was variable. For example

- The practice performance for cervical screening uptake was 82.9%, which was 1% above the national average.

Childhood immunisation rates for the vaccinations given were slightly higher on average to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95.8% compared to the local average of 93.5%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey which showed responses up until July 2015. The evidence from all these sources showed patients were satisfied they were treated with compassion, dignity and respect. For example, data showed that 99.4% of respondents said that their overall experience was good or very good. These results were above the regional Clinical Commissioning Group (CCG) average of 90.6% and the national average of 85.2%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example, 98% of respondents said the GP was good at listening to them, which was above the CCG regional average of 91.7% and the national average of 88.6%. 100% of respondents said they had confidence and trust in the practice nurse, which was above the regional CCG average of 97.8% and the national average of 97.2%.

We looked at the results of the Family and Friends test for May 2015 which asked patients whether they would recommend their GP practice to their friends and family if they needed similar care or treatment. We saw that 100% of respondents said they would recommend this practice.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 16 completed cards and all were positive about the service experienced. All patients said they felt the practice staff were helpful, caring, supportive and friendly. They said staff treated them with kindness, dignity and respect. We also spoke with two patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 86%.
- 99% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 98% 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%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the display screen and patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We saw written information available for carers to ensure they understood the various avenues of support available

Are services caring?

to them. The practice website contained useful information for patients. For example there was a section which showed a pregnancy planner and a link for carers to have access to further information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. For example the practice provided an aural clinic once a week. This clinic used specialist equipment that was not available anywhere else other than at the hospital which was many miles away.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for daily.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice and dispensary was open from Monday to Friday 8.30am to 6.15pm. Appointments are available between 8.30am and 6.15pm Monday to Friday (Wednesday 5pm). The practice provided a walk in open surgery every day between the hours of 8.30am and 10am. This is where no appointment was necessary. Routine appointments were available to book up to four weeks in advance.

There were extended appointment times on Tuesday evening. Four appointments were available to see a GP up until 7.15pm and two with the practice nurse up until

6.45pm. Outside of these times there is a local agreement that the out of hours service (Cornwall Health Out of Hours Service) take phone calls and provide an out-of-hours service.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to two local care homes two or three times a week by the patient's own GP.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was considerably higher than local and national averages. Patients we spoke to on the day were able to get appointments when they needed them. Data confirmed the following:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 75%.
- 96% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 74%.

Listening and learning from concerns and complaints

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

We saw that leaflets were available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and were dealt with in a timely way.

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 support patients, their aim being to provide a high quality service delivered in a friendly and caring manner. The team culture and team behaviours reflected this. The practice took steps to ensure that all patients who needed a service, irrespective of their personal circumstances, were treated equitably and provided with quality healthcare services.

The practice strategy was reviewed regularly by the GP partners, who worked well together to develop short and long term planning. The practice was aware of future NHS developments and any pressures which might affect the quality or range of service and was forward thinking in identifying ways to manage the subsequent impact. There was considered and constructive engagement with staff and a high level of staff satisfaction.

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.
- Staff had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks or issues, and for implementing mitigating actions.

Leadership, openness and transparency

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

Staff told us that regular team meetings were held, that there was an open culture within the practice and they were given the opportunity to raise any issues at team meetings, felt confident in doing so and felt listened to if they did. Staff said they felt respected, valued and supported, particularly by the GP partners. All staff were involved in discussions about how to run and develop the practice, and the GP partners encouraged all members of staff to identify opportunities to improve the service.

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

The practice encouraged and valued feedback from patients, they had gathered feedback from patients through the surveys and complaints received. The practice did not have a patient participation Group (PPG) although had tried several times to encourage patients to join.

We also saw evidence that the practice had reviewed results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

St Keverne Health Centre was a small practice and this had the benefit of a small and stable staff group, many of which had been employed for over ten years. The practice gathered the majority of feedback from staff through informal discussion, but also more formally through the appraisal process and team meetings. Staff said they always felt involved and included and were often asked for their ideas and opinions.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had considered the nature and likelihood of future challenges, for example they were aware that there was a significant increase in the number of migrant workers in the summer months, employed for seasonal work. They

Are services well-led?

Good 

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

had systems in place to ensure this ran smoothly, for example all staff were able to manage the system to register temporary patients well and knew how to access translation services if required.