Meneage Street Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Meneage Street Surgery on 15 September 2015.

Overall the practice is rated as good.

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

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

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?

Good

The practice is rated as good for providing safe services. When something went wrong, patients received a sincere and timely apology and were informed of the actions taken to prevent a reoccurrence. Openness about safety is encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Monitoring activity enabled staff to understand risks and provided a clear picture of the current picture of safety.

There were clearly defined systems to safeguard people from abuse. These reflected national professional guidance and legislation and were appropriate for the care setting. Safeguarding vulnerable adults, young people and children was given sufficient priority. Staff took a proactive approach and had received up to date training. There was active engagement in local safeguarding procedures. Staffing levels and skills mix were planned and reviewed to keep patients safe. Staff responded appropriately to signs of deteriorating health and medical emergencies. Current and future risks to safety were assessed and plans were in place to respond to emergency situations.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients care and treatment was planned and delivered in line with current evidence based guidance and legislation. Patients received comprehensive assessment of their needs which included clinical needs, mental and physical health and well-being. Information about patient's care and treatment was routinely collected and monitored. This included diagnosis and referrals to other services. Outcomes for patients who used the service were positive and meet expectations. Clinical audits were carried out and there was participation in relevant local audits such as reviews of services, peer review and service accreditation. Staff were qualified and had the skills they needed to carry out their roles in line with best practice. Learning needs were identified and appropriate changes implemented. Staff were supported through timely supervision, appraisal and revalidation. When patients received care from a range of different staff, this was co-ordinated and information shared appropriately. Consent to care was obtained in line with the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Staff were proactive in supporting people to live healthier lives.

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Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from people who used the service, those who are close to them and other stakeholders was positive about the way staff treat people. People are treated with dignity, kindness and respect and relationships with staff were positive. People were encouraged to be partners in their care and in making decisions, with any support they need. Staff spent time talking with patients or those close to them. They were communicated with in a way they could understand. Staff responded compassionately when people needed help and support. People's privacy and confidentiality was respected at all times. Staff helped patients and those close to them to cope emotionally with their care and treatment. Patients were enabled to manage their own health and care when they could and to maintain independence.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. People's needs were met through the way services were organised and delivered. Flexibility, choice and continuity of care was reflected in the services. The needs of different people were taken into account when planning and delivering services, for example on grounds of age, disability, gender, sexual orientation, pregnancy, race, religion or belief. Care and treatment was co-ordinated with other services. Reasonable adjustments were made when people found it hard to access services. Facilities were appropriate for the services being delivered. Access to appointments and services was managed to take account of people's needs, including urgent needs. The appointments system was easy to use. Waiting times are minimal and were managed appropriately. People were informed of any disruption to their care or treatment. It was easy for people to complain or raise a concern and they are treated compassionately when they did so. There was openness and timeliness in how complaints are dealt with. Improvements are made to the quality of care and shared learning took place as a result of complaints and concerns.

Are services well-led?

Good

The practice is rated as good for being well-led. The leadership, governance and culture promoted the delivery of person centred care. There was a clear vision and values driven by quality and safety which reflected compassion, respect and dignity. There was a realistic strategy and regular engagement with people who use the services and staff. There was an effective governance framework focused on delivering quality care.

Systems were in place to manage performance. Information used in reporting and delivering quality care was accurate and relevant. A

Summary of findings

full and diverse range of views from people who used the service were encouraged and acted upon. There was a comprehensive process to identify and address current and future risks. Clinical and internal audit processes were in place and there was clear evidence of action to resolve concerns. Leaders prioritised safe, high quality compassionate care and encouraged supportive staff relationships. The leadership actively shaped a positive culture through effective engagement with staff, patients and stakeholders. Candour, openness and honesty were the norm. There was a focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and 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.

Of the 328 patients recorded as being diabetic, 291 had been reviewed within the last year which amounted to 88%, the remaining 12% had received a follow up letter to encourage them to have their review.

The practice had 226 patients registered with coronary heart disease, of these 191 had received a recent health check, which at 84.9% was above the national average. Of the 233 patients registered with a heart failure condition, 82% had received a health check within the last six months which was above the national average.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. For example, the practice had achieved 90% - 100% which was above the national average. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside

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of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and community matron who held clinics at the practice four days a week.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, of 41 patients who had attended a smoking cessation clinic in the last 12 months, 100% had successfully stopped smoking. The practice offered NHS health checks for patients aged 40-75 years.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had carried out annual health checks for 29 patients with a learning disability and 19 all of these patients had a health check in the last 12 months. Follow up reminders had been sent to those who had not yet received a health check. Longer appointments had been offered to people with a learning disability.

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

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of the 35 patients registered with mental health issues, all had an up to date comprehensive care plan and had received an annual physical

Summary of findings

health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Advance care planning had been carried out for patients with dementia.

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

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 116 responses which is equivalent to 2% of the patient list) demonstrated that the practice was performing in line with local and national averages.

The practice scored higher than average in the following areas:

1. 96% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 91% and a national average of 87%.
2. 96% of respondents say the last GP they saw or spoke to was good at listening to them compared to a CCG average of 92% and national average of 89%.
3. 72% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 67% and a national average of 60%.

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

1. 54% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 68% and a national average of 65%.
2. 70% of respondents find it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 (which is 0.16% of the practice patient list size) comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs provided compassionate care when patients required extra support. We also spoke with members of the PPG who spoke highly of the service.

Meneage Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Meneage Street Surgery

Meneage Street Surgery is located in Helston. There were 5,913 patients on the practice list and the majority of patients were of white British background. The practice manager told us there were a higher proportion of families and young people on the patient list compared with other practices in the area due to the presence of the large Royal Naval Air Service base nearby.

The practice is registered both for GP teaching and as a training practice for under graduate education (medical students).

The practice has four GPs (two male and two female). The practice is managed by three GP partners and one practice manager partner. The practice also had one salaried GP. There are three practice nurses, one health care assistant, three phlebotomists, and a practice manager, reception and administration staff.

The practice is open between 8am and 7pm three evenings a week and 8am to 6.30pm two evenings a week. Appointments are available anytime within those hours.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service operated by another provider.

All services are provided from Meneage Street Surgery, there are no branch sites.

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

Detailed findings

• People with long-term conditions

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Tuesday 15th September 2015.

During our visit we spoke with a range of staff and spoke with 18 patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 10 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with the patient participation group (PPG).

Good

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 had been told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the template for significant events was on each member of staff's computer desktop. Staff described to us recent incidents which had been dealt with safely. One example included an incident where a patient presented with abdominal pain. The patient was sent for a scan to detect the cause of their pain. The scan had been signed off as being checked, but there was no mention of a follow up. Lessons learned included the importance of having a system in place to ensure follow ups occurred on every occasion.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- 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.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had been completed September 2015.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment.

Good

Are services safe?

- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

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

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

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

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice provided a counselling room and facilitated a counsellor on a weekly basis. Counselling included cognitive behaviour therapy from local support agencies.

The practice's uptake for the cervical screening programme was 97%, which was significantly greater than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

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

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Overall the practice achieved higher QOF points than the CCG average. For example, data from 2013-2014 showed:

- In July 2015 newly diagnosed patients 20 out of 22 patients attended a diabetes education programme, a success rate of 90%.
- Of 360 patients who had blood sugar level of 75 or less, 95% had received a 12 monthly health review.
- Of 80 COPD (respiratory disorders) patients – 99% had received their flu vaccination.

The practice could evidence quality improvement with two cycle clinical audits and all relevant staff were involved. For example, the practice participated in local CCG audits such as antibiotic prescribing and medication audits. Evidence showed that medicines and dosages for patients had been changed where appropriate, and improvements made as a result of these audits. An example of good practice was that information from an audit of patients referred to secondary care (and A&E attendances) had been discussed with other practices locally to improve shared learning.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.
- All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff. The next annual appraisals for staff were planned for November 2015.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

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

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

Data from the National GP Patient Survey July 2015 showed from 116 responses that performance in many areas was above average;

1. 95% said the last GP they saw or spoke to was good at explaining tests and treatments which was higher than the CCG average of 90% and the national average of 86%.
2. 99% had confidence and trust in the last GP they saw or spoke to which was higher than the CCG average of 97% and the national average of 95%.

Patient records did not presently have a marker on the computer system to indicate whether a patient serves or had served in HM Armed Forces. The potential impact of this was that medical conditions linked to patient's military service, for example post-traumatic stress disorder, could be missed. The practice told us they planned to flag these patients and take note of the Armed Forces Covenant, which sets out the country's moral obligations towards its military veterans.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

1. 90% say the last nurse they saw or spoke to was good at involving them in decisions about their care which was higher than the CCG average of 89% and the national average of 85%.
2. 87% say the last GP they saw or spoke to was good at involving them in decisions about their care which was in line with the CCG average of 87% and higher than the national average of 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice was in regular contact with CCG prescribing technician team. For example**,** the practice was part of a pilot scheme in the area to help patients maintain their independence at home and avoid unnecessary hospital admissions. This included the practice helping to run a local clinic which provided support and care to patients in this at risk group.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. One recent proposal was to allow the PPG to interview patients in the waiting room in order to gather data for PPG surveys and this had been implemented. There was a PPG noticeboard in reception which included the minutes of the most recent PPG meeting.

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

- The practice provided evening appointments on two days each week until 7pm for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients with a learning disability or patients with multiple concerns to discuss.
- Home visits were available for elderly patients or patients who found it difficult to leave home.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and language translation services available.
- The practice was planning to visit local schools in order to encourage more young people to join the practice PPG.
- The practice had achieved level two EEFO status, which was an invented word for a scheme designed by young people for young people. EEFO status included being young people friendly and providing services relevant to young people including sexual health and contraceptive advice.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 74% compared to the CCG average of 80% and national average of 75%.The practice had responded to feedback by providing additional late opening times.

The practice is open between 8am and 7pm three evenings a week and 8am to 6.30pm two evenings a week. Appointments are available anytime within those hours.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service operated by another provider.

Listening and learning from concerns and complaints

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

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

The practice kept a complaints log for written complaints. There had been one formal complaint in the previous twelve months. This had been dealt with in a timely and professional manner. There had been 15 written compliments received from patients during the same period stating how pleased they were with the practice staff and service provided.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice staff knew and understood the values. Aims and objectives were recorded in writing. These included providing high quality holistic medical care and services for each patient, continuity of care, providing a named GP and to deliver evidence based care.

Governance arrangements

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

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Innovation

The practice provided a service to treat patients with failing eyesight. The practice was the first GP practice in England to provide a community macular clinic on site. Macular degeneration causes deterioration of the eye-sight, which mainly affects older people. The practice had been nominated for an ophthalmology honours award from an internationally recognised pharmaceutical company for the best eye care category. The practice had liaised with the local media in order to report this service and share it with a wider audience. The positive impact of this service had supported 958 patients to date.

Future challenges included a planned housing development in Helston which required GP facilities. The practice was involved in discussions with the housing developers and with GP service consultancy development to help ensure effective GP provision for the future.