

St Agnes Surgery

Quality Report

Pengarth Road
St Agnes
Cornwall
TR5 0TN
Tel: 01872 553881
Website: stagnessurgery.co.uk

Date of inspection visit: 8 October 2015
Date of publication: 04/02/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to St Agnes Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the St Agnes Surgery on 8 October 2015. Overall the practice is rated as requiring improvement.

Specifically, we found the practice to be good for providing, caring, effective and responsive services, but found the practice to require improvement for safe and well-led services.

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.
- 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 also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed
- Review arrangements for prescribing under Patient Group Directions to ensure all are authorised for use in the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Ensure that there are risk assessments in place for all staff in roles deemed not to need a Disclosure and Barring Service check. Staff undertaking chaperone duties must have received (DBS) checks.

- The provider must have an overview and records to support the systems and processes in place, that demonstrate risks to health, safety and welfare of people are well managed in relation to calibration of equipment and the testing of electrical equipment.

Importantly the provider should:

- The GPs should share findings from their audits to improve upon the care provision.
- Undertake individual staff appraisals for all staff.
- Keep a written record of all complaints so that any trends can be identified and rectified.
- Keep a risk log to identify safety issues within the practice, including activities relating to fire procedures.

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 requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example in recruitment not all pre employment checks had been carried out. Prescription forms were not monitored or stored safely.

Requires improvement



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 group appraisal and staff were given the opportunity to develop their skills. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP, or a GP of their choice, 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. Information about how to complain was available and easy to understand and evidence seen showed that the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as requires improvement 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 but these were not up to date or complete.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events

Requires improvement



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 requires improvement for the care of older people.

The practice was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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.

Requires improvement



People with long term conditions

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

The practice was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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.

We saw evidence that the practice continued to develop and improve services for people with long term conditions. For example, the practice held informative and educational evening meetings for patients with long term conditions.

Requires improvement



Families, children and young people

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

The practice was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

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 in line with local averages for all standard childhood immunisations. For example, vaccination rates for five year old children were 94.7%. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. Cervical screening rates for women aged 25-64 were 79.68%, which was comparable to the CCG average of 81.88%

Working age people (including those recently retired and students)

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

The practice was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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. For example the practice offered early morning and later evening appointments. The practice was proactive in offering online services as well as a full range of health promotion.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Information was given to vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of

Requires improvement



Summary of findings

abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

The practice was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

A register at the practice identified patients who had a mental illness or mental health problems. Patients had access to on site psychological therapy. The practice had links with the local depression and anxiety service. Patients living with dementia had care plans which were reviewed regularly. Mental health reviews were conducted to ensure patients received appropriate doses of medicines and had their physical health assessed. Blood tests were performed on patients receiving certain mental health medicines. There was communication, referral and liaison with the psychiatry specialist. Staff appreciated the advice and support provided. Staff were aware of the Mental Capacity Act and were in the process of organising training for this and deprivation of liberty. Patients with mental illness and those living with dementia were discussed and reviewed during safeguarding meetings where appropriate.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above the local and national averages. Out of the 240 surveys sent out there were 116 returned, a response rate of 48.3%.

93.8% find it easy to get through to this surgery by phone compared with a CCG average of 81.8% and a national average of 73.3%.

- 98.4% find the receptionists at this surgery helpful compared with a CCG average of 90.9% and a national average of 86.8%.
- 69.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67.1% and a national average of 60%.
- 94.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.7% and a national average of 85.2%.
- 93% say the last appointment they got was convenient compared with a CCG average of 94.6% and a national average of 91.8%.
- 87.6% describe their experience of making an appointment as good compared with a CCG average of 81.5% and a national average of 73.3%.

- 79.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.8% and a national average of 64.8%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.5% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards of which 27 were positive about the standard of care received. Patients described the practice staff as being very helpful, and being treated with respect and dignity. The three comment cards that were not so positive commented on the attitude of trainee GPs and sometimes having to wait longer than they felt they should do to see a GP.

We also spoke with two members of the patient participation group (PPG). We found their views aligned with findings from comment cards. For example patients referred to being able to see a GP or nurse on the same day. Patients were positive about the practice and the treatment they received. Patients said they had enough time with the GPs and nurses and said they were listened to and involved in their care.

Areas for improvement

Action the service **MUST** take to improve

Importantly, the provider must:

- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed
- Review arrangements for prescribing under Patient Group Directions to ensure all are authorised for use in the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Ensure that there are risk assessments in place for all staff in roles deemed not to need a Disclosure and Barring Service check. Staff undertaking chaperone duties must have received (DBS) checks.

- The provider must have an overview and records to support the systems and processes in place, that demonstrate risks to health, safety and welfare of people are well managed.
- All staff must receive an up to date appraisal.

Action the service **SHOULD** take to improve

Importantly the provider should:

- The GPs should share findings from their audits to improve upon the care provision.
- Undertake individual staff appraisals for all staff.
- Keep a written record of all complaints so that any trends can be identified and rectified.

Summary of findings

- Keep a risk log to identify safety issues within the practice, including activities relating to fire procedures.

St Agnes Surgery

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 CQC medicines inspector.

Background to St Agnes Surgery

The St Agnes Surgery provides primary medical services to people living in St Agnes and surrounding areas including Mount Hawke, Porthtowan, Blackwater and Perranporth. There is also a branch practice at Mount Hawke and patients can choose which practice they would prefer to attend.

At the time of our inspection there were approximately 8,000 patients registered at the St Agnes Surgery. There are five full time GP partners and one part time partner, four male and two female. In addition the GPs are supported by five practice nurses, a healthcare assistant, a practice manager, and additional administrative and reception staff. The practice also has a dispensary at each location staffed by five dispensing staff within the practice. The practice is a training practice for doctors training to become GPs.

Patients using the practice also have access to community staff including district nurses, health visitors, midwives, physiotherapists and counsellors.

The practice is open from Monday to Friday, between the hours of 8am and 5.30pm. Appointments are available between these times and could be booked up to eight weeks in advance. There are early appointments

on Wednesdays and Fridays for people unable to access appointments during normal opening times. GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice also holds a morning surgery between 8:30am to 11:30am in the branch practice in Mount Hawke on a Monday, Tuesday, Thursday and Friday morning.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, 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 8 October 2015. We spoke with four patients, three GPs, two of the nursing team and members of the management,

Detailed findings

reception and administration team. We collected 30 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

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice used the significant events analysis process to monitor all diagnosis of cancer and meningitis, areas where things had gone wrong, and as a way for celebrating their successes. GPs and nurses would inform the practice manager of any issues and these would be discussed at their all staff monthly meeting. 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.

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, two patients had the same name and the incorrect patient had initially been booked for an appointment, staff recognised their error prior to the visit and this had resulted in a change of policy for reception staff to follow when booking appointments.

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

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. Staff were unclear if the GPs had undertaken training in safeguarding, however evidence of their training to the appropriate level three was sent to us the day after the inspection. The GPs attended safeguarding meetings when

possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and the administration and nursing staff had received training relevant to their role.

The practice information leaflet advised patients that nurses and reception would act as chaperones, if required. We found that not all staff who acted as chaperones were trained for the role and not all 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. However the practice had previously used an external company for this but had not had any external support since 2013. We saw no evidence that staff had been trained in health and safety, indicating that risk assessments had been undertaken by untrained staff so not all risks had been properly identified. For example a recent risk assessment identified no risks for a room where three oxygen cylinders were stored, with no signage on the door. The practice had up to date fire risk assessments and regular fire drills had been carried out but no record was kept of staff that were in attendance. The last record for staff attending a fire drill was in 2008. All electrical equipment was checked in November 2014 to ensure that equipment was safe to use. Not all the clinical equipment had been checked, some had been calibrated but we found two blood pressure machines that had not been calibrated, one since December 2013 and the second since June 2009.

We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead within the practice. Annual infection control audits were undertaken; the last audit was in October 2014. The practice used modesty curtains in the GP consulting rooms and nurse treatment rooms. A GP consulting room used for examination and treatment was seen to have carpet on the floor that did not allow for adequate cleaning. The treatment rooms used by the nurses had washable flooring and there were wash basins for hand washing with a supply of hand wash and paper towels. There was a supply of disposable gloves and aprons with foot operated waste bins. All surfaces could be thoroughly cleaned and we were told by the infection control lead that this procedure was carried out after each consultation. Each of the

Are services safe?

examination beds had disposable paper covers that were changed after every use. The GP consultation rooms each had an examination couch with protective paper covering to help prevent the spread of infection. Each had a separate hand wash basin with soap dispenser and paper towels. The rooms we looked at were visibly clean.

Dedicated sharps boxes were available in all the treatment rooms and were used appropriately.. There were systems in place to manage clinical waste and a contract was in place for its collection and safe disposal.

We checked how medicines were stored in the both dispensaries, 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 medicine was stored at the appropriate temperature. 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.

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. There were systems in place for the highlighting of high risk medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Medicines were scanned using a barcode system to help reduce any dispensing errors, and all prescriptions for controlled drugs and medicines dispensed into blister packs were double checked by a second dispenser.

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.

Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

Emergency medicines were held at the practice, and checks were undertaken to make sure that they were available and suitable for use if needed. A limited selection of emergency medicine was held with the emergency trolley. There were no warning signs on doors where oxygen was being kept in the practice.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance; however there was no signed and authorised PGD available for this year's influenza vaccination programme although we were told that some had already been administered. PGDs provide a legal framework that allows some registered health professionals to administer a specified medicine(s) to a pre defined group of patients, without them having to see a doctor.

Information provided by the practice showed that staff retention at St Agnes Surgery was high. All of the staff told us they enjoyed working at the practice. There was a recruitment procedure, this did not include proof of identity, documentary evidence of qualifications and a full employment history. The policy did not highlight which staff would need a criminal record check using the Disclosure and Barring Service (DBS), neither were there risk assessments completed to determine whether or not a DBS check was needed for specific roles.

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. For example administration staff told us they used a rota system to cover the work and ensure they maintained skills in more than one area of work.

Arrangements to deal with emergencies and major incidents

Are services safe?

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had 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 an accident

book in which events had been recorded.. 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 patient.; Current results were 86.8% of the 100% of the total number of points available. The practice had an exception rate of 13.9% , the reasons for this was discussed with our GP advisor. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 74.4% which was lower than the CCG average of 89.3% and the national average of 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was 98.7% which was higher than the CCG average of 98.7% and national average of 97.8.
- The dementia diagnosis rate of 90% was above the national average of 83.92%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Each GP undertook their own clinical audits in areas such as peripheral arterial disease and prescribing, for revalidation purposes but there was no shared learning from these individual audits to show how the practice improved services.

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 most 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, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient electronic record and the intranet system. This included 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 on going care and treatment. This included when people moved between services, including when they were referred, or after discharge from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79.68%, which was comparable to the CCG average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

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 were 97% and for five year olds 94.7%. Flu vaccination rates for the over 65s were 65.75%, and at risk groups 48.18% These were comparable to the CCG and national averages. The practice were proactively trying to improve these rates by further raising awareness and taking every opportunity when an eligible patient attends for an appointment.

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

The practice was accredited with Level 2 EEFO status. EEFO is a word that has been designed by young people, to be owned by young people. EEFO works with other community services to make sure they were young people friendly. Once a service had been EEFO approved it meant that service had met the quality standards. For example, confidentiality and consent, easy to access services, welcoming environment and staff trained on the issues young people face to face. Part of this scheme was the use of a C card which allowed young people to access free condoms.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 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 two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.6% said the GP was good at listening to them compared to the CCG average of 91.7% and national average of 88.6%.
- 94.9% said the GP gave them enough time compared to the CCG average of 90.8% and national average of 86.6%.
- 97.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.2%
- 93.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.5% and national average of 85.1%.

- 98.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and national average of 90.4%.
- 98.4% patients said they found the receptionists at the practice helpful compared to the CCG average of 90.6% and national average of 84.8%.

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 above local and national averages. For example:

- 97.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86%.
- 95.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87.1% and national average of 81.4%

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

Patient and carer support to cope emotionally with care and treatment

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

There was a practice register of carers and the computer system alerted GPs if a patient was also a carer. Carers were supported, for example, by offering health checks, referral for social services support and advising them of a local training programme they could attend which gave additional advice and support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice told us they engaged regularly with the NHS England Area Team, Kernow Clinical Commissioning Group (CCG) and other practices to discuss local needs, priorities and improvements. Clinical Commissioning Groups (CCG) are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. We saw minutes of meetings where actions had been agreed to implement service improvements, to better meet the needs of the patient population. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered early morning and evening appointments on a Wednesday.
- Appointments were flexible to allow for reception staff to offer appointments that corresponded to bus timetables.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities, hearing loop and translation services available.
- The building was modern and spacious with all facilities being fit for purpose.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8:30am to 11am every morning and 3:30pm to 5.30pm daily. Extended hours surgeries were offered on Wednesday and Friday morning between 7:30am and 8am. If demand for appointments was high then additional appointments were made available between 2pm and 4pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. As appointments

could be pre booked each week the administrator would audit the number of appointments available against demand and if additional appointments were needed then these would be added.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.9% and national average of 74.9%.
- 93.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 81.8% and national average of 73.3%.
- 87.6% patients described their experience of making an appointment as good compared to the CCG average of 81.5% and national average of 73.3%.
- 79.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.8% and national average of 64.8%.

Listening and learning from concerns and complaints

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

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

We looked at three formal complaints were received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way, showed openness and transparency in response to the complaint. Not all verbal complaints were recorded in the complaints log, we were told that minor concerns were dealt with at the time by the practice manager, this did not allow for a formal process of identifying and analysing any trends. Where lessons were learnt from concerns and complaints action had been taken to improve the quality of care. For example, the need for checking patients date of birth alongside their home address before giving out information.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the practice values. A robust strategy and supporting business plans were in place, which reflected the vision and values and these had been regularly monitored. Their vision was to treat patients with respect and as partners in their care, to work in partnership to achieve the best medical care possible and listen to the patients opinions and views.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, but this had not been applied in all areas. The framework outlined the structures and procedures in place and aimed to ensure:

- A clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice

The GP and practice manager took an active leadership role for overseeing that effective systems were in place and used consistently to monitor Quality and Outcomes Framework (QOF) targets and performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

However, the practice did not have effective assurance systems to proactively monitor safety risks. We found several areas of potential risk. There was no overall risk log to identify safety issues.

Examples seen included the fire safety risk assessment, recording of staff attending fire drills had not been completed. Written authorisation for nurses to carry out vaccination was not in place. The recruitment policy did not include the regulated requirement for identification and full employment history. There were no centrally kept

records of individual performance, nurses were responsible for keeping their own learning up to date, and reception staff training records were kept by the administration lead. This resulted in training needs had not been monitored and managed. Not all complaints and concerns had been recorded to enable identification of themes and trends.

Leadership, openness and transparency

Staff told us that the GPs were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

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

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

The practice encouraged and valued feedback from patients. Feedback from patients through the PPG had been obtained, and via surveys and complaints received. It had an active PPG of 10 members. Patients could raise issues via the PPG, who met with the practice GPs at least four times per year. Issues had been promptly actioned and addressed by the practice, who had fed back on actions and outcomes at subsequent PPG meetings. We spoke with two members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. Examples of their positive impact included increasing the time for pre bookable appointments and the introduction of a newsletter sign posting patients to services.

We also saw evidence that the practice had reviewed results from the national GP survey to identify areas for improvement. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice through the PPG.

The practice had also gathered feedback from staff through staff meetings, training days, and discussions. Staff told us

Are services well-led?

Requires improvement 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Innovation

The practice was a teaching practice with a continuous record and commitment to training new GPs. The practice

is registered as a GP teaching and training practice for under and post graduate education. There are GP trainers and approved student assessors. The practice had received excellent feedback from trainees about their experience at the practice, so much so that two had become new partners at the practice.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation:12 Safe Care and Treatment</p> <ul style="list-style-type: none">• Administration• Recording <p>Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.</p> <p>The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance; however there was no signed and authorised PGD available for this year's influenza vaccination programme and some had already been administered.</p> <p>12(2)(g)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements. Systems or processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity(including the quality of the experience of patients in receiving those services)</p> <p>The provider must have systems and processes in place to enable them to identify and assess risks to health, safety and welfare of people who use the service.</p>

This section is primarily information for the provider

Requirement notices

Correct signage should be use for rooms that stored oxygen cylinders

Records should be kept of all staff participating in fire training, including fire drills

Systems should be place to ensure all equipment has been calibrated to ensure safe use.

Risk assessments should be in place for all staff in roles deemed not to need a Disclosure and Barring (DBS) checks

Staff undertaking chaperone duties must have received DBS checks