

The Falmouth Health Centre Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Falmouth Health Centre Practice on 4 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Information sharing and co-ordinated care was effective. The practice held daily meetings at 2pm which were attended by clinical staff at the practice and other health professionals such as community nurses, health visitors and midwives co-located in the same building.
- Risks to patients were assessed and well managed. For example, legionella checks were in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The practice provided time and resource opportunities for staff development.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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. A recent refurbishment had taken place providing three new treatment rooms at the practice following charity funding from the practice's league of friends.

Summary of findings

- 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. All staff we spoke with felt supported by the practice leadership team.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had identified 3% of the practice list as being carers.

We saw one area of outstanding practice:

- The practice was amongst the first in the country to become a pilot site for e-Consult, an innovative online system for patients to access primary medical services with a 24 hour response time. E-Consult took the patient through a pathway that altered depending on their enquiry, enabling the patient to enter details of

their health condition, alcohol and smoking consumption and other key health information. E-Consult offered a range of self-help solutions for minor illnesses such as consulting with a pharmacist to reduce the need for a visit to the practice. Positive patient feedback about the pilot had been obtained from Healthwatch Kernow, who were conducting an e-consult survey in October 2016. 35% of users were able to resolve their health issues without the inconvenience of attending an appointment at the practice. Patients had a new way to contact their GP which was popular both for younger people using new technology and for the working population who could use it at any time of the day or night.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. The practice held formal monthly meetings when these were discussed.
- Lessons were shared following incidents to make sure actions were taken to improve safety in the practice. Daily meetings were held which included any informal shared learning. More formal meetings were held every month.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been 10 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice provided protected time and resources for further staff development such as relevant NVQ completion.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice held daily meetings at 2pm which were attended by practice GPs and nurses, together with community nurses, health visitors, podiatrists, dentists, midwives, speech therapists, social services and sexual health services who were

Summary of findings

based in the same building. Minutes from these meetings showed that operational matters were discussed together with patient care, safeguarding issues and the top 2% most vulnerable patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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 showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant 2014. The practice had identified four military veterans to date.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was amongst the first in the country to become a pilot site for e-Consult, an innovative online system for patients to access primary medical services with a 24 hour response time. 2.5 patients per 1000 patients at the practice currently used e-Consult, which was higher than all other practices piloting the scheme.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had a named GP. Patients told us that they appreciated being on the same GP's list for a number of years. GPs told us that patients were free to see any other GP should they wish to do so.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 87% which was higher than the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 85% which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was part of the SAVVY scheme to support young people's access to healthcare. SAVVY was not an acronym but a name coined by young people for services aimed at, and accessible by, young people. At this practice, SAVVY included a c-card scheme providing free condoms and sexual health advice to young people and a green card scheme at the neighbouring school. Pupils could obtain a green card from their school office which excused them from class during school time and enabled them to attend the practice for a GP or nurse appointment, in confidence.

Working age people (including those recently retired and students)

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

- 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 such as online GP consulting with e-consult, online appointment booking and repeat prescription ordering and online access to medical records.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and for those with complex or multiple conditions.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 96% which was higher than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97% which was better than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. Survey results showed the practice was performing in line with or better than local and national averages. 239 survey forms were distributed and 116 were returned. This represented 1.3% of the practice's patient list. Results from the survey showed;

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients described a well organised service with friendly and approachable staff in a clean and hygienic environment.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the friends and families survey for August 2016 showed that of 50 respondents, 100% were likely or extremely likely to recommend the practice to friends or family.

Outstanding practice

- The practice was amongst the first in the country to become a pilot site for e-Consult, an innovative online system for patients to access primary medical services with a 24 hour response time. E-Consult took the patient through a pathway that altered depending on their enquiry, enabling the patient to enter details of their health condition, alcohol and smoking consumption and other key health information. E-Consult offered a range of self-help solutions for minor illnesses such as consulting with a pharmacist to reduce the need for a visit to the

practice. Positive patient feedback about the pilot had been obtained from Healthwatch Kernow, who were conducting an e-consult survey in October 2016. 35% of users were able to resolve their health issues without the inconvenience of attending an appointment at the practice. Patients had a new way to contact their GP which was popular both for younger people using new technology and for the working population who could use it at any time of the day or night.

The Falmouth Health Centre Practice

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, and a second CQC Inspector.

Background to The Falmouth Health Centre Practice

The Falmouth Health Centre Practice Medical Practice was inspected on Tuesday 4 October 2016. This was a comprehensive inspection.

The main practice is situated in the coastal town of Falmouth, Cornwall. The deprivation decile rating for this area is five (with one being the most deprived and ten being the least deprived). The area included two large social housing estates and one relatively affluent area. The 2011 census data showed that 98% of the local population identified themselves as being white British. The practice provides a primary medical service to 8,900 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for trainee GPs. The practice had one GP registrar at the time of the inspection.

There was a team of six GPs partners, three female and three male. Some worked part time and some full time. The whole time equivalent was 4.75 GPs. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager,

patient services manager, assistant patient services manager, one nurse prescriber, three practice nurses, two health care assistants, two phlebotomists and additional administration staff.

Patients using the practice also have access to community nurses, health visitors, podiatrists, dentists, midwives, speech therapists, social services and sexual health services who are based in the same building. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered at the following times, 7am to 8am Monday to Friday.

Outside of these times patients are directed to contact Kernow Health out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, online appointment booking, online consultations, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

Regulated activities are provided from a single location; The Health Centre, Falmouth, Cornwall TR11 2LH. We visited this location during our inspection.

Detailed findings

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 an announced visit on 4 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

- Reviewed 14 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred in radiology where a request for a detailed scan for a specific investigation had been submitted and had been misplaced resulting in a delay for the patient. The mistake was identified by a GP. Shared learning took place. The practice put in place a protocol to prevent reoccurrence whereby their clinical computer system showed a pending task which had to be completed once a request for an scan was received.

Another example included a child patient receiving the same child immunisations twice. This happened because an error had been made on the computer system, appointments were managed by the local NHS trust at that time. Investigations were made and advice was sought from the CCG (clinical commissioning group). It was found that there was no risk to the patient. The duty of candour was complied with as the child's parents were notified of the mistake and explained an error had been made, with no harmful effects. Shared learning with the NHS trust took

place to prevent any reoccurrences. A double check system was put in place to check whether child patients had received relevant vaccinations already, prior to their appointment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GP 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses had received level three training or were working towards it.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Every member of staff employed by the practice had received a DBS check. Staff who carried out chaperone duties had received chaperone training specific to their role.
- The practice maintained appropriate standards of cleanliness and hygiene. 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

Are services safe?

identified as a result; for example, the provision of personal protective equipment had been identified as a result of the audit. The most recent infection control audit was completed in September 2016.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 87% which was higher than the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97% which was better than the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- A range of audits had been completed on cervical smear tests, orlistat prescribing (used for fat loss in the morbidly obese), minor surgery and opiate medicine prescribing.
- Findings were used by the practice to improve services. For example, evidence of a complete audit cycle for opiate medicine prescribing showed that between 2010 and 2015 when the five annual audits had been completed, medicine dosages were being actively managed and consumption was decreasing, helping patients to use alternative treatments or reduced dosages with fewer harmful side effects. Using opiates on a long term basis increased the risk of addiction. The audit sought to reduce this risk for patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services which were co-located in the same building. These services included community nurses, health visitors, podiatrists, dentists, midwives, speech therapists, social services and sexual health services. Practice GPs held a daily meeting at 2pm which was open to all of these health professionals. This facilitated strong communication between the practice and other health care professionals.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet (healthy weight counsellors attended the practice); stop smoking clinics and alcohol cessation. patients were also signposted to the relevant service.
- The practice offered NHS health checks for patients aged over 40 years and had carried out 140 of these since April 2016. These checks included blood pressure, blood tests for long term conditions and healthy lifestyle advice.

The practice's uptake for the cervical screening programme was 85%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 92% and five year olds from 82% to 94%. CCG averages ranged from 82% to 91% and 82% to 92% respectively.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission 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 spoke with five patients at the practice. Patients told us that a cohort of patients had recently agreed to reform the patient participation group (PPG). This was planned to take place in October 2016. Patient 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 felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format. For example, all letters were available in braille, large print and on magnetic cassette tape format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. There was an information board for carers. The two visual display screens were situated in the waiting room and displayed information relevant to carers. A new carer's support group was based at the practice and met at the practice every Wednesday. The carer's lead was employed by Kernow Carers to help promote support and information to carers. A practice receptionist was the practice carer's champion and liaised closely with the carer's lead. Information sheets showing all of the available support services were provided to carers. The carer's lead

carried out face to face and telephone appointments together with home visits. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as being carers.

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.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice was in the process of reviewing their protocol on this and had so far identified four military veterans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- The practice offered early morning appointments from 7am to 8am Monday to Fridays for working patients who could not attend during normal opening hours.
- GP appointments were 12 minutes long. Nurse appointments could be a range of different timings to accommodate patient conditions, for example 40 minutes for lung function testing, contraceptive coil clinics were 50 minutes.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a range of online services including online consultations; appointment booking and repeat prescriptions, change of address and access medical records.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a nominated yellow fever centre and had a room which could be used as an isolation room.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had baby changing facilities.
- Reception had a privacy booth to speak confidentially with patients if required.
- There were clear flowcharts, pictures and pictogram charts to assist patients with different communication needs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were offered anytime between those times. Extended hours appointments were offered from 7am to 8am Monday to Friday.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were displayed at reception explaining how to make a complaint should a patient wish to do so.

We looked at 11 complaints received in the last 12 months and found these had been satisfactorily handled with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that they had been waiting for an hour to see a nurse. On investigation it was found that the self-check in system had been used incorrectly and as a result the patient had not appeared as arriving at the practice for their appointment. The practice manager had contacted the patient and explained how to prevent reoccurrence. The patient was satisfied with the outcome.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. All policies were on the practice shared drive online. These were also in paper format at reception.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every year. These included team building activities, shared learning and discussions about the continuous improvement of the service.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had carried out a patient survey regarding their extended hours. The practice had acted upon the results of this and implemented early morning appointments from 7am to 8am five days a week.
- The practice had also instigated online services as a result of patient feedback, including a website, a social media page and e-Consult online GP consultations.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff had submitted suggestions as to how to manage the workload of the duty doctor during times of peak demand. This included greater use and promotion of online and telephone services. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

For example, the practice was the first in the clinical commissioning group Carrick locality to adopt an innovative IT pilot for online GP consultations. e-Consult took the patient through an online treatment pathway, offered a range of self-help solutions, allowed patients to communicate with a GP online, or consult with a pharmacist to reduce the need to make a GP appointment. The practice found that 2.5 patients per 1000 a week used

this new system. This was the highest rate in the Carrick locality of the 10 practices who had undertaken the pilot. Positive patient feedback about the pilot had been obtained from Healthwatch Kernow, who were conducting an e-consult survey in October 2016. 35% of users were able to resolve their health issues without the inconvenience of attending an appointment at the practice.

The practice was part of a part of a county wide trial to receive blood test results electronically to speed up blood test result processes and improve patient safety. This included full details of which kind of blood test was required so that all health professionals involved in the process could clearly see details of the original request. This helped to reduce the margin of error.

The practice was a teaching and a training practice with one GP registrar and eight medical students having a placement during the previous 12 months. One GP at the practice was a qualified GP trainer. We spoke with and saw written evidence of positive feedback from these staff.

Administration staff were given the opportunity to undertake NVQ training, for example in management skills.. The practice provided them with the time and resources to complete these.