

The Health Centre

Quality Report

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Date of inspection visit: 27 September 2017
Date of publication: 14/11/2017

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	Outstanding 
Are services safe?	Good 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection was an announced focused inspection carried out on 27 September 2017 to follow up on information we received and to confirm the practice had continued to meet legal requirements and to identify additional improvements made since our last inspection.

We carried out an announced comprehensive inspection at The Health Centre on 28 April 2015. At that inspection the overall rating for the practice was Outstanding. The four domains of responsive, caring, effective and well led were rated as outstanding and the safe domain was rated as good. All inspection reports for The Health Centre can be found by selecting the 'all reports' link for The Health Centre on our website at www.cqc.org.uk.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Weekly meetings took place the agenda of which included significant events and incidents. These

prioritised risks at the practice and showed agreed actions. For example, following a serious accident on a lifeboat one of the GPs had joined the RNLI and had become the lifeboat doctor.

- The needs of vulnerable patients had been identified and since our last inspection additional measures had been put in place. For example, additional nurse clinics were held on the small islands.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 97% of the patients surveyed said they found it easy to make an appointment with a named GP and added 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.
- Procedures for emergencies were in place. We were told that each of the inhabited islands had a defibrillator and trained 'first responders' (people who had completed first aid and emergency response training), who lived on the islands.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

- The Health Centre provided placements for GP registrars (qualified doctors training to be GPs) and medical students. Feedback from trainees and students demonstrated this was a popular placement.
- 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.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Procedures for emergencies were in place. When visiting the 'off islands' (inhabited Scilly islands smaller than the main island of St Marys) GPs took a doctors bag, which contained medicines and equipment likely to be needed. In an emergency the GPs called the emergency boat, specifically for the islands, which was staffed by paramedics and contained suitable emergency equipment. We were told that each of the inhabited islands had a defibrillator and trained 'first responders' (people who had completed first aid and emergency response training), who lived on the islands.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Since our last inspection the practice had, employed a reablement physiotherapist who worked with other social services to provide a short term package of care designed to support patients to regain their confidence and independence at home following illness or hospital admission.

Outstanding



Summary of findings

- Patients we spoke with 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.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 96% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the national average of 84%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice continued to have a clear vision and strategy to deliver high quality care and promote good outcomes for their permanent and transient patient population. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Weekly meetings took place the agenda of which included significant events and incidents. This prioritised risks at the practice and showed agreed actions. For example, following a serious accident on a lifeboat one of the GPs had joined the RNLI and had become the lifeboat doctor.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Outstanding



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 111 were returned. This represented about 4% of the practice's patient list. The results were:

- 98% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 97% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.

- 95% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients described the practice as being friendly and efficient as well as straight forward and honest.

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

The Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Health Centre

The Health Centre was inspected on Wednesday 27 September 2017. This was a focussed inspection.

The St Mary's Health Centre provides primary medical services to people living on the Isles of Scilly, a group of five inhabited islands that lie 28 miles southwest of Lands' End. The Health centre is located on the largest of the islands, St Mary's. There are also fully equipped consulting and treatment rooms in community centres on the smaller islands of Treco, St Martins, St Agnes and Bryher.

The practice is a location operating as a branch of the Medical Centre based in the Cornish mainland town of Helston. Due to its island location one GP partner is designated the lead for the St Mary's health centre.

At the time of our inspection there were approximately 2,300 patients registered at the practice. The practices population is in the ninth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The average male life expectancy for the practice area is 83 years which is higher than the national average of 79 years; female life expectancy is 87 years which is higher than the national average of 83 years.

There is a team of three GPs, two male and one female. The team are supported by a practice manager, a practice nurse, physiotherapist, three healthcare assistants, a primary care paramedic, dispensing and additional administration and reception staff.

Patients who use the practice have access to community staff including district nurses, health visitor's, school nurse and a community midwife. Community psychiatric nurses and counselling professional make regular visits from the mainland to provide services.

The practice is open between Monday to Friday 8:30am to 6:30pm and on Saturday from 9:30am to 11:30am. Treco and St. Martins off island surgeries are held once a week, 2pm – 4pm. Bryher and St. Agnes off island surgeries are held on alternate weeks 2pm – 4pm. Telephone consultations are available as well as the facility to have a video consultation using skype.

Outside of these hours patients dial the practice telephone number and obtain instruction on how to contact the GP on call for emergencies. Where the emergency occurs on one of the off islands patients are advised to dial 999 and connect with the coastguard who will coordinate the emergency, using the water ambulance if needed.

The practice is a teaching practice for doctors training to become GPs and for medical students.

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

This report relates to the regulatory activities being carried out at the following locations:

St Mary's Health Centre, King Edward's Lane, TR21 0HE, Treco (community centre), St Agnes (community centre), Bryher (community centre) and St Martins (community centre).

Detailed findings

We visited St Mary's Health Centre and St Martins community centre on this inspection.

Why we carried out this inspection

We carried out an 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 we hold about the practice and asked other organisations for example, Healthwatch, to share what they knew. We carried out an announced visit on 27 September 2017. During our visit we:

- Spoke with a range of staff including three GPs a nurse, an enablement physiotherapist, administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited one of the island practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

At our comprehensive inspection on 28 April 2015 we rated the practice as good for providing safe services. During our focused inspection of 27 September 2017 we found that the practice had continued to sustain and embed their safe services, whilst seeking to make additional improvements.

Safe track record and learning

There continued to be a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice continued to carry out a thorough analysis of the significant events. We noted where a coroner had raised questions with the practice these were responded to appropriately and to the required timescales.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- The prevention and control of Infection control continued to be managed well. Individual staff had allocated responsible roles for the management of infection control. The practice completed annual infection control audits, which contained action plans. We saw that any actions identified were shared with the team, discussed and acted upon. This demonstrated staff shared ownership for good infection control practice. Polices supported infection control practice. Polices were reviewed annually, or sooner, if required.
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

Monitoring risks to patients

The procedures for assessing, monitoring and managing risks to patient and staff safety were sustained.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave ensuring patients benefitted from continuity of treatment.
- 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 also had extensive medical equipment in the "doctors car" used on St Mary's and on the emergency boat that serviced the smaller islands. This equipment covered all likely emergencies including births and deaths.
- Procedures for emergencies were in place. When visiting the 'off islands' (inhabited Scilly islands smaller than the main island of St Marys) GPs took a doctors bag, which contained medicines and equipment likely to be needed. In an emergency the GPs called the emergency boat, dedicated to the islands, which was staffed by paramedics and contained suitable emergency equipment. We were told that each of the inhabited islands had a defibrillator and trained 'first responders' (people who had completed first aid and emergency response training), who lived on the islands.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our comprehensive inspection on 28 April 2015 we rated the practice as outstanding for providing responsive services. The practice understood the needs of their local population and took action to make improvements; this had led to staff undertaking further training and additional services being provided in this unique island setting. The practice was well equipped to treat patients and meet their needs. Clinics had been established on the off islands to reduce the need for patients to travel by boat. GPs also worked alongside the ambulance service and provided an emergency service to patients on the off islands, using the ambulance boat. During our focused inspection of 27 September 2017 we found that the practice had continued to sustain and embed their responsive services, whilst seeking to make additional improvements.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had worked hard to ensure they were responsive to the needs of the community given their isolation from mainland services. Communication systems were quick and efficient and the practice had recognised the advantages of working within a relatively small, close knit community.

Since our last inspection and following a serious event the practice had reviewed its services in relation to alcohol dependency. An Addaction counsellor now visited the island fortnightly and could see patients at the health centre, in the patient's home or speak with them by video link. This service had also been extended to include the adult and young people's services. The practice had also recognised the higher levels of mental health issues with teenage patients on the islands and put in place fortnightly multi-disciplinary meetings with social services, the school and CAMHS (Child and Adolescent Mental Health Services) to provide support.

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 and included when patients were referred to, or after they were discharged from hospital. Information was shared between services, with patients'

consent, using a shared care record. At our last inspection the practice had held weekly meetings with other health care professionals. At this inspection we found that these meetings were now held daily when vulnerable patients were discussed.

Since the last inspection the practice had introduced combined clinics for patients with more than one long term condition to reduce the burden on the patient of making multiple visits and improve patient outcomes.

At our inspection in April 2015 the purpose of the nurse led clinics on the off islands had been to monitor patients with chronic illnesses. At this inspection we found these clinics had been extended to include health checks, cervical smears and flu clinics.

Since our last inspection the practice had, employed a reablement physiotherapist who worked with other social services to provide a short term package of care. This service was designed to support patients to regain their confidence and independence at home following illness or hospital admission and negating the need to travel to the mainland for reablement.

The majority of the practice population were English speaking patients but during the summer months the islands received a large number of migrant workers. Access to online and telephone translation services were available for these patients where needed.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

The practice;

- Offered extended hours on a Saturday morning between 9.30 and 11.30am for working patients who could not attend during normal opening hours.
- Ensured there were longer appointments available for patients with a learning disability.



Are services responsive to people's needs?

(for example, to feedback?)

- Ensured home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Ensured same day appointments were available for children and those patients with medical problems that require same day consultation.
- Ensured patients were able to receive travel vaccines available on the NHS as well as those only available privately.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

The practice was open between Monday to Friday 8:30am to 6:30pm and on Saturday from 9:30am to 11:30am. Tresco and St. Martins off-island surgeries were held weekly between 2pm and 4pm. Bryher and St. Agnes off-island surgeries were held on alternate weeks between 2pm and 4pm. Telephone consultations were available as well as the facility to have a video consultation through video link.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Since our last visit the GPs had introduced three daily visits a week to the care home on the island to provide continuity of care

Appointment times had also been adjusted on a Thursday (a local "shopping day") allowing for more in the middle of the day so that patients from the smaller islands could visit the practice within their boat travel times.

We visited one of the 'off island' clinics. The practice had its own medical practice boat to access the islands. The boat skipper told us the boat was available when ever requested by the practice staff, which included times other than routine and scheduled clinics. There was a dedicated GP consultation and treatment room in the island community centre. The GP room was secure and contained suitable furniture and equipment in order to assess and treat

patients. The community centre and GP room were accessible for wheelchair users and included accessible toilet facilities. The clinic took place one afternoon a week. Prescriptions were emailed to and processed at the practice on the main island.

The practice nurse also ran a separate weekly clinic on the 'off island' and the midwife and health visitor made personal home visits, based on the assessed needs of patients.

We spoke with patients attending the 'off island' clinic. They told us they could easily get an appointment and that the clinics ran for as long as patients needed to be seen on the day. They said they never felt rushed and that any treatment options were discussed fully with them. We were told by two patients of experiences of urgent evacuation from the island for health care to the main island and also to the main land. Patients told us their care and treatment needs were responded to quickly and effectively.

Outside of these hours patients dial the practice telephone number and obtain instruction on how to contact the GP on call for emergencies. Where the emergency occurred on one of the off-islands patients were advised to dial 999 and connect with the coastguard who would coordinate the emergency using the water ambulance if required.

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

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 96% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 97% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.



Are services responsive to people's needs? (for example, to feedback?)

- 84% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

The 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 information continued to be available to help patients understand the complaints system. There was a poster and leaflets displayed in the waiting room explaining how to complain should patients wish to do so.

We looked at three complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and showing openness and transparency. The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and saw no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, the practice were exploring ways of changing the layout of the reception area to allow for increased confidentiality.

Are services well-led?

Outstanding



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

Our findings

At our comprehensive inspection on 28 April 2015 we rated the practice as outstanding for providing well led services. During our focused inspection of 27 September 2017 we found that the practice had continued to sustain and embed their well led services, whilst seeking to make additional improvements.

Vision and strategy

The practice continued to have a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values remained part of the practice's strategy and five year business plan. We saw evidence the strategy and business plan were regularly reviewed by the practice and also saw the practice values were clearly displayed in the waiting areas and in the staff room. The practice vision and values included to offer the highest standard of health care and advice to their patients and transient patient population. They had a team approach to monitor the service and ensure that it met the current standards of excellence.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, in safeguarding, infection control and health and safety.
- Practice specific policies were implemented and were available to all staff. These were kept under review and available to any member of staff on any computer within the practice.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice had an annual programme of audits for example, minor surgery, cervical smears, medicines and infection control. Completed audits were discussed at the weekly clinical meetings and used to ensure improvements made were implemented, monitored and service quality improved. For example, a recent audit to review the strength of the minor operation

process. The audit looked at infection rates, histology processing, complications and outcomes as well as auditing preoperative information consent and follow up prescriptions of medicines. The practice found systems had not been in place to ensure all histology specimen results were received back. New systems to monitor histology specimens had now put in place.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Weekly meetings took place the agenda of which included significant events and incidents. This prioritised risks at the practice and showed agreed actions. For example, following a serious accident on a lifeboat one of the GPs had joined the RNLI and had become the lifeboat doctor.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partner and GPs 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 and salaried GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 and GPs encouraged a culture of openness and honesty. From the sample of 11 documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with

Are services well-led?

Outstanding



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

district nurses, enablement physiotherapist, and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they enjoyed working at the practice, 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 and staff. It proactively sought 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.

- The practice also received feedback from the island Healthwatch team. They met with a representative formally every three months to discuss any concerns that had arisen, but also had feedback between these meetings.
- The practice sought feedback from staff 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. 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.

- The GPs were trainers and the practice gave medical students and GP registrars experience of working on the islands for a week at a time.
- The practice provide representation on the local housing board to help alleviate housing issues on the islands
- The GPs continues to work with other agencies to improve upon the travel and transport issues for patients obtaining treatment on the mainland.