

# Wheal Northey



## 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?		Requires improvement	
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 Wheal Northey, which is run by St Austell Healthcare on 25, 26 and 27 April 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, which included an organisational risk register that was monitored and acted upon.
- The practice held six weekly educational sessions which were used as opportunities for local hospital consultants to share latest evidence based practice and answer questions on referring and prescribing practice.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Staff were encouraged and actively supported to develop their roles.
- There were GPs with a special interest (GPwSI) employed at the practice. These included dermatology GPwSI and ophthalmology GPwSI.
- The practice employed two pharmacists five days week who performed roles to assist the GPs across the practice group. These roles included medicine reviews and audits.
- Results from the in house patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Vulnerable patients, their carers and staff at local care homes where some of these patients lived were given

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a direct access phone number; the number gave faster access to staff in the practice so urgent appointments could be accessed. All of the patients had a named GP and there was continuity of care. For example, the named GPs visited their designated care home twice a week to see patients there.

- Patients were able to access urgent appointments on the same day at the Carlyon Road Health Hub from 8am to 8pm Monday to Friday. Patients were able to see either a GP or minor illness nurse for appointments.
- Patients we spoke with said they found it difficult to get through to the Hub to make a routine appointment. The practice had audited the appointment system twice and made changes, but we found further improvements were needed to improve patient flow in the Hub and on the telephone.
- The practice had good facilities at Wheal Northey and its other three sites and was well equipped to treat patients and meet their needs.
- There were age appropriate toys and books in all the waiting rooms of the main site and other three sites.
- Recruitment was well managed and detailed systems were efficiently used to monitor staff recruitment and employment issues.
- The prescriptions team at the practice worked closely with the local pharmacies to ensure blister packs were provided for older people with memory problems.
- 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.

We saw several areas of outstanding practice including:

The diabetic patient care pathway was proactive in supporting patient needs and improving health outcomes for patients through a social prescribing approach. Patients in the first social prescribing group of

180 patients reported that their diabetes was in remission or had significantly improved by 25% through a combination of closely monitored prescribing, exercise, diet and regular monitoring.

Basecamp, a dedicated internet space with a secure mobile phone application was developed at the practice for staff. This provided real time information about current best practice guidelines and shared learning which all clinical staff were able to access, particularly when visiting patients in their own homes.

A monthly outreach clinic was run by a GP partner and practice nurse from the practice for vulnerably housed patients staying at a hostel. The practice had equipped the clinic so that patients were able to be seen at the hostel. Patients access shared care and support to recover from drug addiction, sexual health screening, family planning and mental well being support there.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients through effective access to appointments.

The areas where the provider should make improvement are:

- Review how management of elderly frail patients should be implemented in the same way other patient registers are managed at the practice.
- Review the system for safety netting two week wait referrals to set out clear roles and responsibilities to reduce any potential risks.
- Continue to review security in some consulting rooms to ensure prescription paper remains secure at all times.

**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



- 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 defined and embedded systems, processes and practices to minimise risks to patient safety.
- Detailed systems were efficiently used to monitor staff recruitment and employment issues.
- Medicines were well managed at the practice by a dedicated prescriptions team and managed by a pharmacist. Further improvements were needed in some consulting rooms to ensure prescription stationery remained secure.
- 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, covering all four sites, to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Unpublished data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The data showed a two year trajectory of improvement which had been achieved by setting up a data team, which had prioritised coding for all 31,000 patients when St Austell Healthcare took over the practice group.
- Other systems introduced included a closely monitored birth date recall system for patients on specific registers for conditions such as diabetes and respiratory disorders. All 52 patients who we spoke with or received written comments from said they had confidence in their care and treatment. Some of these patients had long term conditions and remarked that the system was working well for them.
- Holistic patient centred health promotion was strongly advocated at the practice. There were activities improving

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physical and mental wellbeing of patients which had been mapped and were accessible to patients. The practice worked in partnership with local providers such as the Eden Project and Active for Health to deliver these activities. Patients reported positive outcomes from their participation in these activities.

- Staff were aware of current evidence based guidance and had a bespoke systems, such as a secure mobile phone application, in place to update the team in real-time when changes occurred. This included a medicines formulary embedded within the patient record system guiding clinical staff on the latest guidance and cost effective treatments to use.
- The practice employed a pharmacist five days a week, and had recently appointed another pharmacist. Their role and responsibilities included providing advice to patients, conducting medicines reviews, management of medicine safety and performing audits of medicines to ensure the correct processes and checks were being followed. Data from the practice showed positive improvements in the ways medicines were prescribed since the pharmacists had been employed.
- Clinical audits demonstrated quality improvement across a range of activities.
- Staff had the skills and knowledge to deliver effective care and treatment. Staff were encouraged and actively supported to develop their roles.
- There were GPs with a special interest (GPwSI) employed at the practice. These included specialisms such as dermatology and ophthalmology.
- 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.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the in house patient survey showed patients rated the practice highly for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

- Carers at the practice were provided with written and verbal information and were invited to a carer's assessment.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

## Are services responsive to people's needs?

The practice is rated as requires improvement 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. The practice took a multidisciplinary approach to delivery of appointments for patients. For example, nurse practitioners and nurse specialists led the monitoring of patients with long term conditions. An emergency care practitioner supported GPs with home visits to vulnerable people.
- All telephone calls into the practice were handled by receptionists and escalated, where necessary, for triage by a duty GP to determine what type of support or appointment the patient needed. However, the majority of verbal and written feedback from patients highlighted their frustration with the journey of access to make appointments. Patients reported issues with the telephone system with long waits in getting through to the practice. Patients highlighted concerns regarding telephone access to routine appointments released every day at 10am, which they said were quickly filled. GP partners highlighted this as the main priority for improvement, which was on the organisations risk register. They demonstrated changes to systems were communicated to the public through various avenues but recognised further improvements were necessary. The practice had audited the appointment system twice in the previous six months, making changes to the telephone system with a menu of options diverting patient calls direct to specific teams.
- All 55 patients in written or verbal feedback reported satisfaction with accessing same day appointments for urgent concerns at Carlyon Road Health Hub. Urgent appointments could be accessed from 8am by phone or in person and were available up to 8pm every working day at the Hub.

**Requires improvement**



# Summary of findings

- The practice at the main site of Wheal Northey and the three branch surgeries had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was easily available. Examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- All vulnerable patients including the over 75s, their carers and care homes had a named GP for continuity. They had access to a direct line telephone number so that they could contact the practice without delay when an urgent response was needed.
- The practice brought some services closer to home for patients through sub-contracting with secondary providers. Examples included: A consultant led secondary care ophthalmic clinic for patients across the locality with macular degeneration and glaucoma (degenerative eye conditions),

## Are services well-led?

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

Good



- 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. The team had won awards in recognition of their work in the area, which included: Primary Care Innovation – turn around award averting a service failure. Patience of a Saint Award from people using a homeless charity hotel for services to them.
- There was a clear leadership structure and the majority of staff felt supported by an enthusiastic and energised management. Two culture surveys had taken place in the previous nine months with an action plan in progress to address issues highlighted for improvement by the staff involved.
- The practice had policies and procedures, accessible online for staff, to govern activity and held regular governance meetings and there was an overarching system to ensure these were kept under review.
- 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 held for example through an organisational risk register.
- 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.

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- 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 active patient participation group. For example, action taken regarding dissatisfaction regarding ease of access to appointments and recognition of this as a continuing issue for improvement.
- As a training practice, there was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and evidence seen demonstrated that safe delivery of care to patients was competency based.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Each patient had a named GP and were also able to see other GPs at the practice. Unlike other patient health groups, the practice did not have a cohesive system such as a register or lead GP specialising in and having responsibility for oversight of frail elderly patients. We highlighted this was an area for improvement and saw the practice noted the need for a lead GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice employed an emergency care practitioner who supported the GPs in carrying out home visits. A duty GP was accessible for triaging the support and care vulnerable elderly patients might need.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care. A direct line telephone number was provided to these patients and their carers to ensure they could access care or advice when needed.
- The practice followed up on older patients discharged from hospital, where they were aware about the admission and discharge, and ensured that their care plans were updated to reflect any extra needs and changes of treatment.
- Care plans were in place for patients at high risk of unplanned admission to hospital and these were shared with local out-of-hours providers, the ambulance services and emergency department. Regular hospital avoidance of admission meetings were held.
- Patients had access to a direct line for requesting support and rapid home visits were available and carried out by GPs, a nurse consultant and an emergency care practitioner.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Older patients and carers were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible
- The practice had responsive systems in place for the care of 244 patients living in care homes. All care homes supported by the practice had a named GP, who visited twice a week to discuss

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and review the care provided to their patients. The care homes were given a direct line telephone number so that they could contact the practice without delay when urgent access to treatment was needed.

## People with long term conditions

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

Good



- Person centred health promotion was provided via an onsite social prescribing team. Patients with long term conditions were assessed and prescribed bespoke programmes of activities to improve their overall health. Patients reported significant improvements in their health; for example, a patient with diabetes improved their blood results moving from diabetic to 'normal' range following a programme of exercise, diet, medicines review and regular monitoring.
- The practice had an educational programme with housebound patients at risk of developing diabetes and worked with the community matrons to ensure practice patients with diabetes received the care and screening needed.
- Nursing staff had lead roles in long-term disease management. Patients at risk of hospital admission were identified as a priority and able to access rapid home visits which were carried out by GPs, a nurse consultant and an emergency care practitioner.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- St Austell Healthcare at Wheal Northey practice had signed up for the local 'shared care record project' in 2016. This enabled health and care professionals such as Cornwall Health Ltd running the out of hours service, the ambulance service and Royal Cornwall hospital to view relevant information about the patients to support a better understanding of patients needs in unplanned or emergency situations.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

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## Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were around the national standard of 95% achievement for all standard childhood immunisations. Data provided by the practice showed year on year improvement in immunisation rates particularly for children ages two years and over.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. For example, new mothers were able to access a check of themselves and their baby at 8 weeks.
- Appointments were available outside of school hours and up to 8pm at night at Carlyon Road Health Hub (Monday to Friday). All four of the practices premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There were age appropriate toys and books at all sites in the waiting rooms.
- Young people were able to access drop in appointments for advice about sexual health matters, contraception and their wellbeing.

## 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).

Good



- The needs of these populations had been identified and the practice was making adjustments to the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations and online access

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to appointments were available for working people. The practice recognised further improvements were needed and had been carrying out audits about patient flow and access, as well as reviewing patient comments.

- Online services were available to request repeat prescriptions, appointments and to view blood test results. Information about managing health conditions could be found on the practice website pages.
- Extended opening hours and appointments were available at the Carlyon Road Health Hub from 8am to 8pm Monday to Friday.
- The practice was proactive in promoting health checks for patients. These included offering referrals for smoking cessation, providing health information, routine health checks, carers assessments and reminders to have medicine reviews. This gave the practice the opportunity to assess the risk of serious conditions on patients which attend. The Practice also offered age appropriate screening tests including cholesterol testing.

## 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 provided care and treatment to patients living in vulnerable circumstances including homeless people, refugee families and those with a learning disability. The practice held registers of patients and used these in a proactive way to recall patients for appointments to assess their general health.
- A monthly outreach clinic was run by a GP partner and practice nurse from the practice for vulnerably housed patients staying at a local hostel. Patients were able to access shared care and support to recover from drug addiction, sexual health screening, family planning and mental well being support there.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients who needed them. For example, patients identified at risk of developing diabetes were offered a one hour appointment to discuss their lifestyle and receive support through the social prescribing scheme to help improve their health.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



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- The practice had information available for vulnerable patients and their carers about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 practice carried out advance care planning for patients living with dementia.
- In 2016/17 84.5% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average (30-75%). The practice had increased the percentage of patients reviewed from the previous year 2015/16 by 4.2% and had plans to further improve patient diagnosis.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. A clinical pharmacist had been employed by the practice to assist with this role.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example, monthly multidisciplinary meetings were held with a consultant psychiatrist and mental health workers to review patients under their care experiencing complex mental illnesses. Risks were identified and proactive management plans agreed.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The prescriptions team at the practice worked closely with the local pharmacies to ensure blister packs of medicines were provided for older people with memory problems to help indicate when they should take their medicines.

Good



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## What people who use the service say

The national GP patient survey results were published in July 2016 but had not included this new organisation registered in September 2016. The practice had carried out several patient surveys in 2016 to remain aware of patient's views. One survey was sent to 193 patients, with 101 returned, and a response rate of about 52%. The patient list at the time was 31,000 therefore the responses represented 0.3% of the patients registered.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards, which were all positive about the standard of care received. Patients referred to staff being polite, professional and caring and treatment being excellent, responsive and efficient. However, patients in 16 (53%) of the comment cards highlighted telephone access to the appointment system as being a problem.

We spoke with 22 patients during the inspection. All 22 patients said they were satisfied with the care and treatment they received and thought all staff were approachable, committed and caring. Patients said the premises was always clean and tidy. Seven of the 22 patients said getting a routine appointment was sometimes difficult and getting through on the telephone was nearly always a problem early in the morning. All the

patients we spoke with said they did not like the telephone instructions to call back at 10am as this was not always convenient. One patient said his job prevented him using a telephone between these times. When questioned about getting an appointment, all the patients told us they were able to 'get an appointment' on the same day or the next day but getting an appointment on the day with a GP of choice was very difficult. One patient said they went wherever their GP was working and did not mind waiting to see the GP of their choice.

Both the NHS Friends and Family survey forms and an easy to read version of the same form for children were available at all four sites for patients to complete. Results for the NHS Friends and Family survey were available at Wheal Northey. The practice provided data showing 82% of patients in the Friends and Family test would recommend the practice to their friends and family.

The practice was closing Woodland Road Surgery (a branch location) whilst the inspection was underway. Patients had been consulted about the proposed closure prior to the decision being made, where pros and cons had been outlined to them. The information was sent to patients and also published on the practice website to ensure they knew how to access services.

## Areas for improvement

### Action the service **MUST** take to improve

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients through effective access to appointments.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review how management of elderly frail patients should be implemented in the same way other patient registers are managed at the practice.
- Review the system for safety netting two week wait referrals to set out clear roles and responsibilities to reduce any potential risks.
- Continue to review security in some consulting rooms to ensure prescription paper remains secure at all times.

## Outstanding practice

We saw several areas of outstanding practice including:

- The diabetic patient care pathway was proactive in supporting patient needs and improving health

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outcomes for patients through a social prescribing approach. Patients in the first social prescribing group of 180 patients reported that their diabetes was in remission or had significantly improved by 25% through a combination of closely monitored prescribing, exercise, diet and regular monitoring.

- Basecamp, a dedicated internet space with a secure mobile phone application was developed at the

practice for staff. This provided real time information about current best practice guidelines and shared learning which all clinical staff were able to access, particularly when visiting patients in their own homes.

- A monthly outreach clinic was run by a GP partner and practice nurse from the practice for vulnerably housed patients staying at a hostel. The practice had equipped the clinic so that patients were able to be seen at the hostel. Patients access shared care and support to recover from drug addiction, sexual health screening, family planning and mental well being support there.

# Wheal Northey

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included four GP specialist advisers, Four CQC inspectors, a CQC pharmacist inspector and a CQC Assistant Inspector.

- Foxhole Surgery Carpalla Road, Foxhole, St Austell, Cornwall, PL26 7TZ (branch)
- Park 19 Bridge Road, St Austell, Cornwall, PL25 5HE (branch)

There were 31,200 patients registered with the practice when we inspected in April 2017. The following regulated activities are carried out at the practice; Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures.

### Background to Wheal Northey

There have been significant changes for the practice group in recent years including the takeover of an inadequate GP practice. Changes are still underway and improvements are in the process of being implemented. In 2014, the three GP practices in St Austell formed a consortium called St Austell Healthcare (SAHC) to assist with the management and care delivery of a failing practice. At the time, 8,300 patients re-registered with SAHC increasing the total overall register to approximately 31,200 patients. SAHC put systems in place immediately to manage any potential risks, including reviewing all patient records of the failing practice.

Since 2015 the consortium had streamlined its registration with CQC twice. The latest was in March 2017 when St Austell Healthcare was registered as one practice at Wheal Northey. The practice is located on the outskirts of St Austell at Wheal Northey, with about 3% of the people coming from minority ethnic groups. At the last census the practice area population identified themselves as predominantly White British. There are three branch surgeries two of which are located in St Austell and one at Foxhole:

- Wheal Northey, 1 Wheal Northey, St Austell, Cornwall, PL25 3EF (registered location)
- Carlyon Road Health Hub 14 Carlyon Road, St Austell, Cornwall, PL25 4EG (branch)

The practice population area is in the fifth decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is higher than national figures with males living to an average age of 83 years for males and females to 86 years. The population of St Austell and Cornwall has a high incidence of chronic disease, economically inactive and unemployment.

The practice has reviewed the skill mix of staff and provides a multidisciplinary approach to care for patients. SAHC employs 94 staff working across four sites, including the main practice at Wheal Northey. There are 11 partners comprising of 10 GPs and a managing partner /executive manager who sit on the partnership board. There are three salaried GPs and two GP retainers. The GP retainer scheme enables GPs to maintain their skills and development with a view to returning to NHS GP practice in the future. The gender mix of GPs is nine males and five females. Together they provide 87 patients sessions per week (10.88 WTE staff).

The GPs are supported by a large team, including an executive manager, a finance and estates manager, operations manager, business support managers, administrative and reception staff. There is a large team of nurses led by a nurse consultant and two matrons. The



## Detailed findings

team is organised into urgent and planned care with highly qualified and skilled nurses able to deliver all aspects of care and support for patients. In total, there are 14 qualified nurses and eight healthcare assistants. Six nurses and a clinical pharmacist hold the non-medical independent prescribers qualification and are able to treat patients with minor illnesses. The practice has recruited an emergency care practitioner who works alongside GPs in seeing patients at the practice and carrying out home visits each day to vulnerable patients with complex health needs. A dedicated prescribing team managed by a clinical pharmacist deals with all medicines queries, prescriptions and reviews for patients. This team has recently increased with the addition of a second clinical pharmacist.

Wheal Northey is a teaching and training practice with four approved GP trainers. The practice provides placements for GP registrars training to become GPs. GPs work with the university of Exeter Medical School providing placements for 3rd, 4th and 5th year medical students on the undergraduate programme. Placements are also provided for foundation doctors (FY1 or FY2 is a grade of medical practitioner in the United Kingdom undertaking the two year post graduate Foundation Programme). Wheal Northey is one of a small number of practices in Cornwall able to provide placements for student nurses on the undergraduate programme at Plymouth University.

Patients using the practice have access to community staff including district nurses, health visitors, midwives and mental health workers. The practice has contracts to run several clinics enabling patients to be seen on site. These include an ophthalmology service, where patients with macular degeneration and glaucoma are able to see a consultant ophthalmologist from the Royal Cornwall Hospital Trust. Shared care arrangements for patients in recovery from substance misuse. The practice has a social prescribing team comprising of onsite Cornwall County Council health promotion officers working collaboratively with the practice own social prescribing co-ordinator to assess and signpost patients to activities and events to promote better health. All activities and events available have been mapped and work is ongoing with third party providers to expand these for people living in the St Austell area.

Opening hours at Wheal Northey are 8am to 6pm, which is in line with local contractual arrangements in Cornwall. Appointments are available during these times with the out

of hour's service answering telephone calls from 7.30pm. There is one telephone number for patients to phone into, with options to choose from so that their call is diverted to the appropriate team. Routine appointments are released every day and patients can book routine appointments up to eight weeks in advance.

The branch surgeries are open as follows:

Carlyon Road Health Hub 14 Carlyon Road, St Austell, PL25 4EG (branch) open from 8am to 8pm Monday to Friday. At Carlyon Road Health Hub, patients are able to access urgent care by appointment. There is a duty GP and nursing staff to see patients who need same day appointments.

Park 19 Bridge Road, St Austell, PL25 5HE (branch) open from 8.30 am to 5.30 pm Monday to Friday

Foxhole Surgery Carpalla Road, Foxhole, St Austell, PL26 7TZ (branch) 8.30 to 1pm (Mon, Tue, Thur and Fri) and 8.30 am to 4.30 pm (Wed). There is a Nurse Led Clinic held each Wednesday with a Phlebotomy (blood tests) clinic on alternate Tuesday mornings.

During evenings and weekends, when the practice is closed, patients are directed to attend NHS Walk in centre or to dial NHS 111 to talk to the Out of Hours service delivered by Cornwall Health Ltd.

We inspected all four sites of Wheal Northey, Carlyon Road Health Hub, Park and Foxhole Surgery.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was the first inspection of the practice since the provider St Austell Healthcare was registered in September 2016. Further changes to registration had taken place in March 2017, reducing the number of registered locations to one at Wheal Northey. 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit of Wheal Northey on 25th, 26th and 27th April 2017.

During our visit we:

- Spoke with a range of staff and spoke with 22 patients who used the service. 4 nurses, 3 HCAs and a nurse consultant.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of eight patients.
- Reviewed 30 comment cards collected from all four sites, where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Visited the three branch surgeries: Carlyon Road Health Hub, Park and Foxhole Surgery.
- Spoke with a range of community based staff working with the practice
- Spoke with other providers in the St Austell area who are working in collaboration to deliver social prescribing activities such as therapeutic gardening and walks at the Eden Project and Active Plus, which provides therapeutic and life skills activities for veterans, young and older people.

- Spoke with seven members of the practice Patient Participation Group (PPG)

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. Throughout the report we reference four sites, comprising of the registered location of Wheal Northey and three branch surgeries Carlyon Road Health Hub, Park and Foxhole Surgery.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform their line manager of any incidents and there was a recording form available on the practice's computer system. The practice held a risk register of incident recording, which was monitored by lead managers and recorded 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). Staff explained the process of investigating significant events was supportive and had also been used more recently to discuss different actions taken by the previous organisations and to conclude with a common approach to safe patient care.
- From discussion of the 45 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. Records were detailed outlining actions taken and demonstrated that events had been reported externally. For example to the NRLS (The **National Reporting and Learning System (NRLS)** is a central database of patient safety incident reports.)
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We attended a significant event meeting which was included as a standing agenda item on the education learning session. These meetings were attended by clinical staff and an administrator who took minutes. Each case was discussed whilst protecting the identity of the member of staff and patient. Any issues raised within complaints were also discussed as part of the complaints process. We found GPs were open and transparent about their learning and reflection. GPs agreed action points to be taken and governance arrangements ensured these were acted upon.

- We spoke with the administrator after the meeting who showed us the notes taken at significant event meetings, the updated event record and subsequent summary newsletter which was sent to all staff by email. Staff spoken with confirmed they received this newsletter and found it interesting and informative.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event resulting in a delayed and deferred visit leading to patient complications was discussed. A review of the case highlighted the decision making process regarding the delay and action taken by the GPs. The event triggered a discussion by all GPs as to what routine action they took and resulted in an agreed plan. The plan included a triage of home visits, reminding all GPs of the process and requesting administration staff to chase up when patients do not answer calls made by the GP.
- The practice also monitored trends in significant events (SEA) and evaluated any action taken. There was risk register, for which each SEA had been rated and a named lead responsible for following up. The practice had carried out a trends analysis which had produced action plans focussing on improved continuity of care for vulnerable patients; having a responsible person for patients with complex needs and a cohesion and co-ordination of information through the implementation of a new patient IT system.

### 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 were two lead GPs responsible for adult and child safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. A training matrix showed GPs had received level three child safeguarding training, nurses level two and health care assistants level one.

## Are services safe?

- A notice in the consultation and treatment rooms advised patients that chaperones were available if required. A chaperone protocol was in place and had been reviewed within the last 12 months. All staff who acted as chaperones at all four sites confirmed they 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). Chaperone training was undertaken through e-learning, staff were able to describe their responsibilities in fulfilling the chaperone role.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place at three out of four sites. At Park, Carlyon Road Health Hub and Wheal Northey we saw each treatment room had a general cleaning checklist. All six patients at Foxhole Surgery we spoke with reported high levels of satisfaction with the cleanliness there. We found the branch surgery was clean, but lacked appropriate documentation seen at the other sites. We highlighted this in feedback to the practice and received confirmation immediately afterwards that the same recording system of cleaning completed had been introduced at Foxhole Surgery.
- Staff were responsible for cleaning their rooms and clinical equipment used after each session, at all sites we saw a sticker system to identify that clinical equipment had been cleaned. All dignity curtains had been replaced within the last 6 months.
- Two senior nurses in matron roles were the leads for infection control. There were link nurses at all four sites who liaised with the local infection prevention teams to keep up to date with current best practice. There was an IPC protocol and staff had received up to date training. Annual and monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit in November 2016 introduced a new policy about cleaning toys in the waiting rooms. Staff at all four sites verified this was done weekly.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice

minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a cold chain protocol in place and we observed the protocol being followed during an identified issue with a fridge storing medicines.

The practice had a prescriptions team responsible for handling repeat prescriptions which included the review and monitoring of high risk medicines. The practice used computer software to search for patients taking high risk medicines. All patients on repeat medicines had a review by the pharmacist or their GP in their month of birth. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of a full time clinical pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were not securely stored at two out of four sites when consulting rooms were not used. However, there were systems in place to monitor their distribution and location. Printers and treatment room doors at Park and Wheal Northey were not locked. To address security of prescription stationery in part, the practice immediately altered the protocol, which set out security of blank prescriptions when not in use. We saw photographic evidence showing where blank prescriptions were now stored in a locked cupboard and the policy stated only authorised named staff had access to this stationery. The clinical pharmacist and nurses were qualified as an Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. 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 medicines using patient specific prescriptions, which we reviewed and found within date. HCAs at all sites described this process and showed us documents used.

We reviewed three personnel files, including records for a locum GP, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

# Are services safe?

## Monitoring risks to patients

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

- The practice had reviewed a significant event, which led to changes being made in the way patients at risk of self-harm or harm to others were reviewed and supported. We attended a multidisciplinary meeting, which was held regularly and attended by the consultant psychiatrist, GPs and mental health workers. All patients on the mental health register with complex needs were reviewed by accessing their records. The patient's wellbeing, support and any potential risks were discussed and any changes to care plan were agreed with all those present.
- Staff on all four sites confirmed non clinical and clinical equipment was checked and calibrated every year to ensure it was safe to use and was in good working order. Stickers seen on equipment showed this was last completed in March 2017.
- Wheal Northey practice used an external consultant for Health and Safety matters. There was a health and safety policy displayed prominently except at Foxhole Surgery. Prior to the inspection, the practice had identified in its risk assessment that there was no health and safety poster in place at Foxhole Surgery and ordered one. Immediately after the inspection, the practice confirmed the poster had arrived and was now displayed in a prominent place at Foxhole Surgery. The health and safety policy had been reviewed in the last 12 months and the practice had completed other risk assessments to promote the safety of the premises, equipment used, infection control and the occupational health of all staff. For example, a sample of three staff files demonstrated the practice obtained immunity status and held a register of staff vaccinations for all staff employed there.
- Records held on all four sites showed fire detection equipment was tested weekly and fire marshals were appointed. A fire marshal at Carlyon Road Health Hub had not yet had training for this role but verified they had received confirmation of a date when this would take place. We saw an up to date fire risk assessment and a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. The last fire risk assessment completed in

2016 highlighted there was a lack of fire detection system at Foxhole Surgery (branch). Staff and records seen confirmed a fire detection system had been installed since the assessment.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Records held centrally at Wheal Northey showed the last PAT (Portable appliance test) on electrical equipment was carried out in August 2016 by an external contractor. Stickers on electrical equipment seen across all four sites also verified this had been done.
- 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.

## 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. Training records demonstrated clinical staff had received anaphylaxis (a medical emergency arising from severe allergic reaction, which is life threatening for a patient) training to use these safely with patients in the event of an emergency.
- The practice had a defibrillator available for each 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. Staff on all four sites verified checks were done monthly, but records at Park did not detail

## Are services safe?

that this included checking the emergency equipment. This was fed back to the lead nurse at Park who said she would now document the date when emergency equipment was checked.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan covered all four sites and included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. This included sharing updates at educational and clinical meetings, sending notifications and emails of updates and embedded links within clinical templates used to assess patients. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Examples seen included the safe use of an epilepsy treatment in women of child bearing age, early diagnosis and treatment of suspected sepsis and non-alcoholic liver disease.
- The practice monitored that these guidelines were followed through audit.

Systems were in place to monitor equipment and medicines alerts sent by the Medicines and Healthcare products Regulatory Agency (MRHA).

The management of long term conditions was nurse led at the practice. These patients were called for medicine reviews in the month of their birthday. Patients were issued with written care plans with information also stored within the patients electronic record.

All clinical staff used a series of bespoke templates to ensure patients received comprehensive standardised care and ensured suitable screening was offered to all patients. These templates had links to NICE (National Institute for Health and Care Excellence) evidence based guidelines and patient information leaflets on health education and dietary advice based on current evidence based guidelines. Examples seen included templates for diabetes, asthma and cognitive assessment.

### Management, monitoring and improving outcomes for people

In 2014, three GP practices in St Austell formed a consortium called St Austell Healthcare Limited (SAHC) to assist with the management and care delivery of a failing practice. Following a formal merger in May 2015 the 8,300 patients re-registered with SAHC increasing the total overall

register to approximately 31,200 patients. SAHC put systems in place immediately to manage any potential risks by reviewing the 8,300 patient notes from the failing practice to ensure every health condition was ascribed an appropriate code and from this created registers to closely monitor patient's health. In March 2017, SAHC was registered as one practice Wheal Northey and had further refined systems to manage patients' health and wellbeing in an effective way.

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). There were no published QOF results for this organisation due to registration changes with CQC. We looked at the data held by the practice and discussed this with the data team and clinical staff. This practice was not an outlier for any QOF (or other national) clinical targets. The data demonstrated a trajectory of improvement in all patient outcomes. The practice had increased the total number of points achieved by 70.8 by April 2017 from the year before. The total number for 2015/16 was 428.9 out of a total of 545 and 2016/17 was 499.5 out of a total of 545. For example:

- Performance for diabetes related indicators had improved for patients. For example, in 2016/17 84.6% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This was an increase of 26.7% from the previous year 2015/16 (national average 88.3%).
- Performance for mental health related indicators had improved for patients. For example, in 2016/17 95% patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months. This was an increase of 12.4% from the previous year 2015/16 with 82.9% patients reviewed (national average 88.5%).

We pathway tracked 15 patients with complex health needs by reviewing their records. Management and treatment of these patients was found to be effective. All of the patients had been reviewed regularly, had changes made to treatment where appropriate to ensure this was within

# Are services effective?

## (for example, treatment is effective)

current prescribing guidelines. For example a prescription was altered to liquid medicines for an older patient with Parkinson's disease who was having swallowing difficulties; this ensured the risk of choking was minimised.

There was evidence of quality improvement including clinical audit:

Thirty four clinical audits were commenced in the last two years. Five of these were completed audits where the improvements made were implemented and monitored. The practice supports vulnerable patients staying at a hostel and provides monthly outreach clinics there. In 2016 GPs completed audits to review the effectiveness of healthcare for patients who were homeless or vulnerably housed. The completed audits demonstrated improvement in the percentage of patients receiving family planning support, the uptake of cervical screening had improved with 80% of women screened at the outreach clinic and chlamydia testing was offered.

Findings were used by the practice to improve services. For example, an audit of safe prescribing of sodium Valproate (a medicine used to treat epilepsy) in women of child-bearing age and documentation of contraception. Patients were reviewed and changes made where necessary to reduce the potential associated risks.

The practice employed a full time clinical pharmacist and had recently appointed another pharmacist. The pharmacists worked with the GPs, local pharmacies and prescription team to offer advice to patients, conduct medicines reviews, check medicine safety and perform audits of medicines to ensure the correct processes and checks were being followed.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- There was 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. Staff told us the practice had acted on feedback about improvements needed in the induction for doctors, including locum staff and GP retainers. Improvements seen included a clearly set out induction programme, with a named GP trainer and time set aside for one to one support. An example of a GP retainer induction and contract was seen, which was based on the template produced by the British Medical Association.
- 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. There was a culture of learning and education within the practice, which was approved as a training and teaching practice. Nursing staff responsible for the management of long term conditions received update training. Many staff had received funding and support to develop within the organisation. Staff told us the GP partners encouraged training and were encouraged to develop extended skills. For example, a HCA said they had been given a range of training which had included, taking blood samples, ECG (heart monitoring), B12 injections, immunisation training, and were booked on to a dressing course. A diabetic specialist nurse explained that she had been supported to do the prescribing course and diabetic training sessions by the practice.
- Additional training and clinical supervision was provided to the staff working at Carlyon Road Health Hub who triaged, assessed and treated patients with urgent care needs such as minor injuries. Staff there verified they had received training to assess and treat back pain, skin complaints and early recognition of sepsis in children.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Named line



# Are services effective?

## (for example, treatment is effective)

managers were responsible for delivering the appraisal programme, which was structured and efficiently monitored. The nursing team told us they received ongoing support from the two matrons.

- There were GPs with a special interest (GPwSI) employed at the practice. These included dermatology and ophthalmology. The dermatology GPwSI performed dermatology reviews with patients for rapid diagnosis and treatment of skin conditions, including low risk cancer lesions.
- 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. The practice held six weekly educational sessions which were used as opportunities for local hospital consultants to share latest evidence based practice with staff and answer questions on referring and prescribing practice. These sessions had helped improve clinical practice amongst the clinical team.

### 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. With patient consent, these records were shared with out of hours providers, the ambulance trust and local acute hospital staff. We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 or where they were receiving end of life care. We reviewed seven patient records and found information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 obtaining consent was achieved through record keeping using the many templates on the computer system and through staff entering free text. We saw three examples of where this had been recorded and heard from patients how their consent was gained and recorded.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving support for diabetes were invited to an educational session on diabetic care and diet. We saw examples of information leaflets given to patients.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition, carers and those requiring advice on their diet, smoking and alcohol cessation.

There was no published data available regarding the practice's uptake for the cervical screening programme. However, the practice showed us data demonstrating 80% of eligible patients had received this screening in 2016/17 which compared with the CCG average of 81% and national average of 82%; systems were in place to improve this figure. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical

## Are services effective?

(for example, treatment is effective)

screening test. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Published uptake rates for the vaccines given were not available but the practice data for 2015/16 showed that vaccines given to under two year olds and five year olds nearly met (practice average 94.3%) the national target of 95%. The practice had additional systems in place over and above the national recall system prompting parents to have their baby or child vaccinated under the scheme.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Data

provided by the practice showed an increase over a two year period in the diagnosis and six month reviews of patients with cancer. For example, in 2015/16 the practice had diagnosed 800 patients with cancer and 90.4% were reviewed at six months. This increased in 2016/17 with 1032 patients diagnosed with cancer, of which 98.5% of patients had been reviewed at six months. In both years the practice exceeded the target of 90% for six month reviews set by the clinical commissioning group (CCG).

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 30 patient Care Quality Commission comment cards. Patients said they felt the practice offered an excellent service once an appointment had been accessed and staff were helpful, caring and treated them with dignity and respect.

All 22 patients we spoke with said the GPs and nurses were good at listening to them and gave them enough time. Patients also said they found the receptionists at the practice helpful.

There were no published national patient survey results since the practice registered in September 2016. However, the practice had carried out a survey and shared the results with us. The survey was sent to 193 patients with 101 completed surveys returned (response rate of 52%).

- 97% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern. (Local (CCG) average: 93% National average: 91%)
- 97% of respondents say the last nurse they saw or spoke to was good at listening to them. (Local (CCG) average: 94% National average: 91%)

We spoke with five patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Patients said they felt involved when planning their care and added that they could challenge and discuss the suggestions and options made by the GPs. Patients said all staff were respectful, friendly and polite.

### 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 30 comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format. Staff printed these directly from nationally recognised websites so patients received up to date information.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 785 patients as carers (About 2.5% of the practice list). There was a carers lead and two health care assistants helped ensure that the various services supporting carers were coordinated and effective. All carers were offered an assessment which offered signposting to support groups including dementia care nurse, memory cafes. Information on financial assistance and carers groups was given. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them to give advice on how to find a support service.

## Are services caring?

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice's policy had been reviewed in October 2016.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 held six weekly educational sessions which were used as opportunities to share research which was relevant to the local population. For example, we saw one of the GPs provide the GPs, nurses, GP trainees and medical students with findings of a study into rheumatoid arthritis.
- There were longer appointments available for patients who needed them.
- Elderly frail and patients with complex health needs were able to access home visits if their clinical needs resulted in difficulty attending the practice. GPs told us up to 40 patients every day needed home visits and these were completed by a GP, Nurse Consultant or emergency care practitioner.
- The practice had responded to the need of patients with diabetes and had created a team to treat diabetes which included four nurses, health care assistants, a GP lead, a social prescribing lead and practice pharmacist. Patients were triaged by the diabetic team who then decided on the best action. This included call back for advice, or appointment with the HCA, diabetic nurse, pharmacist or GP. Patients with diabetes were seen in the month of their birth by the health care assistant who carried out health and screening tests, which were then assessed by a nurse specialist.
- Health promotion was responsively managed and at the forefront of care and treatment of patients. Patients were encouraged to work in partnership with the clinical team to improve their general health and reduce risks and self-management long term conditions. Examples included: Comprehensive access to support for patients at risk of developing or diagnosed with diabetes such as invitation to an education session run by the diabetic nurse team to learn about the types of diabetes, treatment options and care. An appointment with the social prescribing co-ordinator who supported patients to access exercise classes and dietary advice.
- The diabetic nurse was working with the practice social prescribing member of staff and Eden project kitchen staff to offer patients guidance on healthy eating and access to growing vegetables as part of a social prescribing scheme.
- The diabetic lead closely monitored young patients who had diabetes and had been appointed part of the transition team where young people with diabetes were moving from children's services to adult services. The team aimed to increase compliance of younger people with their diabetic care to reduce any associated risks with this.
- The practice had an educational programme with housebound patients at risk of developing diabetes and worked with the community matrons to ensure practice patients with diabetes received the care and screening needed.
- The diabetic specialist nurse had worked closely with the local hospital diabetic specialist nurse for guidance of how to manage patients with complex diabetic care needs.
- The practice had brought services closer to home for patients by supporting staff to achieve advanced qualifications of staff. Patients were able to avoid having to travel to the Acute hospital in Truro. For example, insulin initiation for patients with complex diabetes.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Frail and vulnerable patient's carers and care homes were able to access a dedicated phone line so they could contact the practice without delay when advice or access to treatment was needed.
- Young people were able to access sexual health advice and contraception at a drop in clinic held
- New mothers had access to a dedicated eight week baby check to ensure they were thriving and provided support as needed.
- Patients were able to access in house support and advice from two clinical pharmacists. Advice could be

# Are services responsive to people's needs?

## (for example, to feedback?)

sought via the telephone, email or face to face. The practice was due to start 'polyclinics' where patients with multiple conditions and medicines would be reviewed at one appointment.

- Patients were able to receive some travel vaccines available on the NHS. At Park, patients were able to receive yellow fever vaccine.
- There were accessible facilities, which included passenger lift (at Wheal Northey), accessible toilets, a hearing loop, and interpretation services.

The Practice worked closely with the hospice nurses to provide responsive end of life care. Staff held quarterly palliative care meetings with the hospice and community nursing teams. The practice minuted these meetings and were considering using the gold standard documents. The GPs also worked closely with the complex care team with one of the GPs meeting each week with them to discuss patients. The practice had achieved and implemented the Gold Standards Framework for end of life care, had a palliative care register and held regular internal meetings to discuss the care and support needs of patients and their families.

### Access to the service

Opening hours at Wheal Northey were 8am to 6pm, which was in line with local contractual arrangements in Cornwall. Appointments were available during these times with the out of hours service answering telephone calls from 6pm. There was one telephone number for patients to phone into, with options to choose from diverting the patient to an appropriate team. Routine appointments were released at 10am every day and patients were able to book routine GP appointments up to four days in advance on line.

The branch surgeries were open as follows:

Carlyon Road Health Hub 14 Carlyon Road, St Austell, PL25 4EG (branch) open from 8am to 8pm Monday to Friday. At Carlyon Road Health Hub, patients are able to access urgent care by appointment. There was a duty GP and nursing staff to see patients who need same day appointments.

Park 19 Bridge Road, St Austell, PL25 5HE (branch) opens from 8.30am to 5.30pm Monday to Friday

Foxhole Surgery Carpalla Road, Foxhole, St Austell, PL26 7TZ (branch) opens from 8.30 to 1pm (Mon, Tue, Thur and Fri) and 8.30 am to 4.30 pm (Wed). There is a Nurse led clinic held each Wednesday with a Phlebotomy (blood tests) clinic on alternate Tuesday mornings.

During evenings and weekends, when the practice was closed, patients were directed to attend NHS Walk in centre or to dial NHS 111 to talk to the Out of Hours service delivered by Cornwall Health Ltd.

There were no national patient survey results for this practice. However, the practice had conducted their own in house survey and identified improvements were needed. Patients were particularly dissatisfied with the telephone system and obtaining routine appointments. At this inspection, we received written and verbal feedback from 55 patients. Patients spoke of their difficulty in getting through to the practice by telephone and obtaining an appointment. Twenty two patients we spoke with when questioned in detail confirmed they could get an urgent appointment either on the same day or next morning but that getting more routine appointments or appointments with the GP of choice at a convenient time was routinely difficult. The practice demonstrated that patient access was being constantly reviewed and had made some changes to improve this based on feedback from patients. Examples included: Implementation of options for patients on the telephone system to be diverted to specific teams, such as the nursing or pharmacists. However, governance arrangements around accessing appointments had currently not identified ways to further improve patient flow through the phone system or at peak times in the Hub reception area.

A pilot study was underway monitoring and acting upon telephone requests from patients aiming for improved continuity of care. If a patient had an urgent health need the practice had a duty list and tasked a response to a named GP. Call handling staff were observed during the inspection and involved the duty GP in decisions about how patient requests should be handled if a matter was urgent or needed further consideration. For the purposes of the pilot, patients on two specific GPs lists requesting routine appointments were entered onto one of the two named GPs holding list. Patients were informed they would be telephoned back within 5 days. Patients not registered with these two GPs were given a routine appointment with any available GP within the same timescale.



# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

- Patients who needed to be seen by the duty GP.
- Whether a home visit was clinically necessary. There was a triage system used for this purpose and an allocation protocol so clinicians were clear of who would be visiting the patient. Data seen showed the practice was delivering approximately 40 home visits per day, in addition to twice weekly visits to patients living in local adult social care homes.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP, nurse or emergency care practitioner home visit, alternative emergency care arrangements were made. 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 a system for handling complaints and concerns.

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- A manager and one of the GPs were the designated responsible persons who handled all complaints in the practice.

The practice held a risk register, which included a summary of complaints, actions taken and outcomes for patients. In 2016 the practice received 130 complaints. We looked at a sample of verbal and formal complaints received in the last

12 months and found these had been satisfactorily handled and dealt with in a timely open and transparent way. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice saw there was a trend in complaints about delayed answering of telephone calls. Separate phone lines were installed, access to specific teams was implemented, online services were promoted and the telephone system totally overhauled. The system remained under review as the practice were aware of patients continued concerns about access via the phone system.

We observed a significant event meeting which was attended by GPs, GP trainees, nurses, medical students and an administrator. A complaint had been brought to the meeting so that clinical issues could be discussed by the team. The GP explained the nature of the complaint and described the clinical care that was discussed. The care was discussed by the members of the meeting who all agreed appropriate action had been taken. Complaints in general were discussed and staff ensured that there was sufficient support for staff when a complaint was received about individual members of staff. Attendees of the meeting agreed that support was available from meetings, individual mentors, informal discussion, trainers and from the system called 'Basecamp', a dedicated internet space with a secure mobile phone application. This enabled the team to dial into and discuss management and general issues affecting staff or patients so that these could be dealt with quickly.

# 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 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. The team had won awards in recognition of their work in the area, which included: Primary Care Innovation – ‘turn around’ award for averting a service failure. ‘Patience of a Saint’ award from people using a homeless charity hotel for services to them.
- There was a clear leadership structure and the majority of staff felt supported by management. The recent merger of the locations and changing roles of some staff led to one or two staff stating they felt less well supported. Two culture surveys had taken place in the previous nine months with an action plan in progress to address issues highlighted for improvement including staff support.
- The practice had a clear strategy and supporting business plans which reflected the vision and values. It is recognised that there is currently a national shortage of GPs and practice nurses. The practice had been unable to recruit new GPs to replace retired staff despite several recruitment drives. Succession plans were in place and the practice had reviewed and restructured the organisation to safeguard services for the people of St Austell. This meant patients were helped to cope with significant changes to the way the services were organised in St Austell. The practice had used many different ways to communicate these changes to the people including public events, information on the website and letters sent to patients. Inherited systems were updated to address any potential risks, including the review of every patient record for all patients who were absorbed onto the practice list when previous practices ceased to exist in St Austell. GPs told us this had ensured all patient reviews were completed and had been appropriately followed up.
- Risks were known and the practice demonstrated a proactive approach to managing these with forward five year plans in place to mitigate these. The national review of contracting arrangements with primary

medical services had led to potential financial risks being identified. Proactive plans were underway to manage any changes encountered and led to diversification of services bringing these closer to home for people in the locality.

- The practice had policies and procedures, accessible online for staff, to govern activity and held regular governance meetings and there was an overarching system to ensure these were kept under review.
- 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 held for example, through an organisational risk register.
- 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.
- 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 active patient participation group. For example, action taken regarding dissatisfaction regarding ease of access to appointments and recognition of this as a continuing issue for improvement.
- As a training practice, there was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and evidence seen demonstrated that safe delivery of care to patients was competency based.

### 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 and ensured that:

- Governance arrangements around accessing appointments had currently not identified ways to further improve patient flow through the phone system



# Are services well-led?

Good 

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

or at peak times in the Hub reception area. The practice was aware of these issues and was seeking advice from other practices about how improvements could be made.

- Registers of patients, management of risks, complaints and concerns were managed effectively by named staff. We saw these were accessible on the practice IT system and being monitored constantly by the registered manager as well as being discussed at weekly business meetings, monthly partner meetings and annual strategy away days.
- 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. Each GP partner had an area of responsibility. Staff told us that absences were covered to ensure test results and issues were checked. However, this was not formalised in a policy.
- Practice specific policies were implemented and were available to all staff. We looked at 35 documents on the shared drive and found these had been updated and reviewed. The practice had a recorded system on every policy denoting when this had occurred and was next due. A senior nurse explained how these policies were working documents and could be updated or changed on a day to day basis. If changes were made then all staff were emailed a copy of the new policy.
- A structured programme of meetings was in place. Partners met daily for coffee and we observed all staff were able to come along to speak with the GPs. GPs also met weekly to discuss business issues. These were held on different days of the week to enable all partners to attend in working time. Management team meetings were held weekly and partners also held a monthly evening partners meeting where all partners could attend. Every six weeks, staff could attend training and learn about the performance of the practice. An annual strategy away day was held where key members of staff were invited to participate where appropriate. The practice also held social events and team building events. Nurses held daily huddle meetings at 11am to share information and learning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. These included minor surgery, infection control, environmental, medicines management and clinical audits.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Environmental safety checks were managed efficiently using a rolling programme of checks.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. For example, the practice produced a regular newsletter that included important messages about lessons learnt and changes to policy.
- We saw evidence from newsletters and minutes of meetings that allowed for lessons to be learned and shared with all staff following significant events and complaints.

## 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. At the time of the inspection, the practice had just undergone an organisational restructure with some staff in the process of starting new roles. Staff explained that the leadership at the practice was good and how communication about the proposed organisational changes and process was well communicated with them. All staff had a line manager to report to, which for some people was about to change as a result of the restructuring and had led some staff to feel less supported than previously. Staff told us the practice 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 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. 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.

# Are services well-led?

Good 

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

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 district nurses, palliative care staff 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.
- 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and had been regularly meeting with the practice manager to review GP appointments which was a standing agenda item on the minutes. The PPG told us the practice held regular meetings with them. PPG members said they were fully informed of what was happening within the practice and encouraged to be involved with developments. For example, PPG members helped with patient flow at winter flu clinics and other events and managed to raise nearly £8000 for a bladder scanner at these events. The PPG told us the practice had been informing all patients and the locality about changes at the practice. In their view, they said there was a perception of not being able to get through to the practice on the telephone but they themselves had not had a problem. The PPG had not carried out any recent surveys. In response to patient concerns about accessing the practice by telephone the practice had installed separate phone lines, access to specific teams was implemented, online services were

promoted and the telephone system totally overhauled. The system remained under review as the practice were aware of patients continued concerns about access via the phone system.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice completed two culture surveys with staff in 2016. The survey asked staff for their views about safety, work/life balance, risk of burnout, local leadership and the learning environment. It identified where potential risks were; for example; perception of burnout, limited time for pause and reflection, learning environment not consistent experience across team, dynamics across teams and changes in the way service is managed, discussion about safety issues and learning across the team had been perceived as poor. After implementing an action plan, the survey was repeated in December 2016, trend has shown improvement in most areas by staff empowerment and team cohesion. There were continued areas for improvement; for example, improving support for reception staff and the ongoing challenges within NHS presenting financial pressures leading to the need to restructure.

## 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 one of the first 15 rapid test sites involved in the national transformation of Primary Care in England. One of the key areas of the national transformation project was to consider how national shortages in the primary care workforce and budget constraints could be addressed. The practice recognised the urgent need to review and reorganise services to build financial resilience whilst delivering sustainable safe and effective services. St Austell Healthcare had created a hub and multidisciplinary team approach moving away from the traditional GP led approach to patient care. Data provided by the practice showed there had been a 40% reduction in GP appointment demand from the social prescribing patient group at the practice.

The practice was a teaching and training practice. GPs worked with the university of Exeter Medical School and provided support for 4th and 5th year medical students.

# Are services well-led?

Good 

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

One of the GPs provided support and training for FY2 doctors (A Foundation doctor (FY1 or FY2 also known as a house officer) is a grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.

St Austell Healthcare expanding its involvement with clinical research by being part of the Clinical Research Network. The practice had taken part in three clinical trials run by this network. A named GP partner held the lead role for research and a research nurse post had recently been created. The new research nurse due to take up post shortly after the inspection.

There was innovative collaboration with leisure and health and wellbeing providers to improve the health and wellbeing of patients. The practice had set up an integrated social prescribing team based at Wheal Northey, which included public health staff from Cornwall County Council. The practice demonstrated a positive approach to working in partnership with patients to improve their health. Data and reports from patients with diabetes showed significant improvements for these patients health. For example 180 patients reported a 94% improvement in their wellbeing and had significant weight loss. Patients verified they had one to one support, bespoke plans and access to many healthy living projects to improve their health.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person had systems or processes in place operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: Access to appointments.  Regulation 17(1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	