

# Carnon Downs Surgery

## Quality Report

The Surgery,  
Carnon Downs,  
Truro,  
Cornwall  
TR3 6JD

Tel: 01872 863221

Website: [www.carnondownssurgery.co.uk](http://www.carnondownssurgery.co.uk)

Date of inspection visit: 19 January 2016

Date of publication: 29/04/2016

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Outstanding practice	8

### Detailed findings from this inspection

Our inspection team	9
Background to Carnon Downs Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carnon Downs Surgery on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice

- The staff held fund raising activities, such as parachute jumps, and cycle rides from Paris to Cornwall to raise funds for local charities and the memory café in the village which patients attended

### 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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Longer appointment times were available to enable older patients with multiple ailments to be discussed in one visit.
- The practice did not have any residential or care homes in their catchment area, so they focused on keeping patients at home for as long as possible, if the patient made that choice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The staff held fund raising activities, such as parachute jumps, and cycle rides from Paris to Cornwall to raise funds for local charities and the memory café in the village which patients attended

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data from the Quality and Outcomes Framework showed that outcomes for patients were good for patients with long term conditions. For example, 90.1% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received an annual health check review within the past 12 months.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review into check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

- Weekly meetings were held to review any outstanding issues such as missed appointments, new complications, or drug alterations.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 71.43% of patients diagnosed with asthma had received an annual health check review within the past 12 months.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice promoted SAVVY Kernow, a local scheme which encourages young people to become savvy and seek help and advice about their health, wellbeing or everyday life.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 85.86% which was comparable to the national average of 81.83%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Of 27 patients registered at the practice with a learning disability, all had received a health check in liaison with the local learning disability team.
- The practice offered longer appointments for patients diagnosed with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice actively supported the local memory café located in the village hall by participating in charity events to help raise funds. A member of the reception team had been instrumental in the setting up of this service.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a counselling service available to patients and a self-referral service for those patients experiencing or being diagnosed with anxiety and depression.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 251 survey forms were distributed and 153 were returned. This represented a response rate of 61% and was 2.9% of the total practice list

- 93.2% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 81.8% and a national average of 73.3%.
- 92.2% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%, national average 85.2%).
- 99.5% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 90.6%, national average 84.8%).

- 97.1% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 84.8%, national average 77.5%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 67 comment cards which were all positive about the standard of care received. Patients had written comments which included praise for staff professionalism, kind and caring behaviour and the delivery of a high standard service.

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

## Outstanding practice

- The staff held fund raising activities, such as parachute jumps, and cycle rides from Paris to Cornwall to raise funds for local charities and the memory café in the village which patients attended



# Carnon Downs Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a pharmacist advisor, and a practice manager specialist adviser.

## Background to Carnon Downs Surgery

The Carnon Down Surgery was inspected on 19 January 2016. This was a comprehensive inspection.

The practice is situated in the village of Carnon Down approximately 4 miles from Truro in Cornwall. The practice provides a general medical service to 5,200 patients. 34.7% of the patients were aged 65 years or over.

There is a team of three GPs partners, two male and one female and two salaried GPs. Some worked part time and some full time. Partners hold managerial and financial responsibility for running the business. The team is supported by a practice manager,

four practice nurses, an assistant practitioner, a healthcare assistant and additional administration staff.

The practice also has a dispensary with a dispensary manager and three dispensers. The dispensary is open Monday to Friday between 8:30am and 6:15pm and 8:30am to 11:15am on Saturday morning.

Patients using the practice also had access to the community matron who is based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between 8:30am and 6:30pm Monday to Friday. Appointments are available from 8:30am every morning to 6pm daily. Extended hours appointments are offered on a Saturday morning for pre bookable appointments between 8:30am and 11:15am. The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

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

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

The practice provided regulated activities from The Surgery, Carnon Downs, Truro, Cornwall. We visited this location during our inspection. The practice did not have any branch sites.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# 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 on 19 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with the patient participation group and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 67 comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

We also looked at how well services 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 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example we were told of an incident where a vaccine had been administered at the incorrect time in the immunisation schedule. The patient was unharmed. There was evidence that the practice had learned from their evaluation of the incident; new protocols were put in place and the findings were shared with relevant staff via their line managers or the practice manager.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a

Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last in December 2015, and we saw evidence that action was taken to address any improvements identified as a result.

The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a delivery service for some patients to have their dispensed medicines delivered to their homes, and suitable records were maintained to monitor this. Arrangements were in place to ensure that patients were given all the relevant information they required. The arrangements for managing medicines, including controlled drugs, in the dispensary kept patients safe (including obtaining, recording, handling, storing and security).

The practice had written procedures in place for the production of prescriptions, and dispensing of medicines. These were regularly reviewed and accurately reflected current practice. There were systems in place for the management of repeat prescriptions. Systems were in place to ensure that all prescriptions were checked and signed by the GP before being handed out to patients. Medicines were scanned using a barcode system, to help reduce the risk of any errors. All prescriptions for controlled drugs were also checked by a second dispenser. Some medicines were made up into blister packs to help patients with taking their medicines, and safe systems were in place for dispensing and checking these.

The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their

## Are services safe?

competency regularly reviewed. Prescription pads and printer paper were securely stored and there were systems in place to monitor their use. An audit trail was maintained to track their use in the practice.

Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. The medicines were regularly checked to make sure they were in date and fit for use. Patient Group Directions (PGD) were used by the practice to allow nurses to administer medicines in line with legislation. These had been adopted and authorised for use in the practice, however, each PGD had not been authorised individually but had been signed off by the lead GP and nurses using a master sign-off sheet. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer certain vaccinations under specific circumstances. The arrangements for handling and storing vaccines in the practice kept patients safe.

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in May 2015 to ensure the equipment was safe to use and

clinical equipment was also checked in May 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager prepared a GP and nurses rota on a monthly basis, which took absences into account and to cope with patient demand.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 95.2% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 76.47% which was similar to the national average of 77.54%
- The percentage of patients with hypertension having regular blood pressure tests was 84.23% which was better than the national average of 81.83%.
- Performance for mental health related indicators was 87.5% which was similar to the national average of 89.5%

Clinical audits demonstrated quality improvement.

We saw that six clinical audits had been completed in the last two years; these were completed audits where the improvements made were implemented and

monitored. The audits included medicine audits, minor surgery, repeat prescribing and infection control audits. The practice participated in local audits, national benchmarking, accreditation, and peer review. Findings were used by the practice to improve services. For example, recent action taken as a result included, following a change in medicines for thinning blood the dispensers identified all patients taking these medicines. The practice ensured that every patient given these medicines were taking the correct dosage, had the appropriate information booklet for their condition and had been counselled on the importance of carrying the anticoagulant card with them at all times.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place weekly and monthly and that care plans were routinely reviewed and updated.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Weight matters and smoking cessation advice was available from a local support group.

- The practice's uptake for the cervical screening programme was 85.1%, which was higher than the Clinical Commissioning Group (CCG) average of 76.4% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for females being screened for breast cancer was 83.5% which was higher than the CCG average of 76.9% and the national average of 72.2%. The patient uptake for bowel screening was also higher at 65.1% compared to the CCG average of 59.3% and the national average of 55.4%.
- Childhood immunisation rates for the vaccinations given were better than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.1% to 100% and five year olds from 88.4% to 93%.
- Flu vaccination rates for patients over 65 years of age were 79.33%, and at risk groups 54.95%. These were also above the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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

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

All of the 67 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97.5% of patients said the GP was good at listening to them compared to the Commissioning Group (CCG) average of 91.7% and national average of 88.6%.
- 95.8% of patients said the GP gave them enough time (CCG average 90.8%, national average 86.6%).
- 99.5% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 98% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.5%, national average 85.1%).

- 98.4% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4 %%).
- 99.1% of patients said they found the receptionists at the practice helpful (CCG average 90.9%, national average 86.8%)

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the Commissioning Group (CCG) average of 90.4% and national average of 86%.
- 95.9% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.1%, national average 81.4%)
- 96.7% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.7%, national average 84.8%)

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. Cornwall Carers were hosted at the practice

## Are services caring?

and offered local support and advice to patients. The reception team supported local transport arrangements and signposting to services including dog-walking/care if anyone is unwell or admitted.

The practice computer system alerted GPs if the patient was also a carer. The practice had identified 94 patients as carers which was 1.8% of the practice list. Written information was available to direct carers to the various

avenues of support available to them. A staff member was also a champion for supporting carers by recognising their needs and signposting them to local support networks and services.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a Saturday morning clinic for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, older patients and patients with complex conditions or multiple ailments.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Staff were actively involved in initiatives to support local groups who provided support for their patients. For example, the staff held fund raising activities, such as parachute jumps, to raise funds for the memory café in the village which patients attended.

### Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Routine appointments were from 9am to 11:40am every morning and 3:30pm to 5:30pm daily, although patients could be seen at any time throughout the day. Extended surgery hours were offered every Saturday morning between 8:30am and 11:15am. Urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than the local and national averages.

- 84.5% of patients were satisfied with the practice's opening hours compared to the Commissioning Group (CCG) average of 79.9% and national average of 74.9%.
- 93.2% of patients said they could get through easily to the practice by phone (CCG average 81.8%, national average 73.3%).
- 75.9% of patients said they always or almost always see or speak to the GP they prefer (CCG average 67.1%, national average 60%).

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system for example, posters were displayed in the waiting room and summary leaflets were available.

We looked at seven complaints received in the last year and found these were satisfactorily handled and dealt with in a timely way, showing openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had, following being given a prescription by a GP, been told that they would need to go to a local chemist as they had been recorded as being a non dispensing patient in error. Following this event patients records were checked to ensure that patients would not experience similar problems.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the staff side of the reception area and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents: The practice gave affected patients reasonable support, truthful information and a verbal and written apology and they kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings each week
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff stated they 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 services delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, to improve patient access to the practice additional staff had been deployed to answer the telephones during busy times and an additional separate phone line had been installed for prescription requests.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us, being part of a small team they felt involved and engaged in decisions to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice worked with Cornwall Carers service and

hosted a monthly 'help and advice surgery' for patients and other members of the community. Additionally they loaned patients medical equipment to monitor their health to better inform their treatment.