

Penalverne Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Penalverne Surgery on 26 September 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean, tidy and hygienic. We found arrangements were in place which ensured the cleanliness of the practice was maintained to a high standard.
- The patient participation group (PPG) were engaged and well represented across a diverse range of ages and professional backgrounds. The PPG suggestions for changes to the practice management team had been acted upon

Summary of findings

- The practice also had a dispensary at their branch practice which dispensed medicines to about 500 patients. The practice had arranged a delivery service for some patients to have their dispensed medicines delivered to their homes
- 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 one area of outstanding practice:

The practice has created an innovative new role for a practice matron to provide further care to their high risk patients. Their role included carrying out health and medicine reviews for patients with long term conditions within their own homes. Updating care plans, including

plans for end of life care and carry out home visits on a daily basis was part of their role. They were part of the multi-disciplinary team and could signpost patients to the right services. Since being in post the practice matron had reduced the number of home visits required by the GPs by 76% which equated to 17.5 hours more time in the practice for GPs.

The area where the provider should make improvement are:

- Review the processes for identifying carers in the practice to increase those being identified and to offer carers support and guidance about available services.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were appropriate arrangements for the efficient management of medicines.
- Risks to patients were assessed and well managed.
- Health and safety risk assessments were in place. For example, a fire risk assessment, infection control audit and legionella risk assessment had been performed and were up to date.
- The practice was clean, tidy and hygienic. We found suitable arrangements were in place which ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example: 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89% and 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.
- People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provide choice and ensured continuity of care.
- The involvement of other organisations and the local community was integral to how services were planned and ensured services met patients needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- 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



Summary of findings

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

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients with complex care needs or those at risk of hospital admission had personalised care plans. These were shared with local organisations to facilitate continuity and proactive care.
- The practice the practice has created an innovative new role for a practice matron to oversee patient care in the community which resulted in enhanced care for those patients.
- The practice was part of the Penwith Pioneer Project / Living Well project; frail patients were offered support from an Age UK worker to develop a care plan to allow them to be cared for and supported in their home. Age UK/Living Well/Carers UK representatives attended the multidisciplinary team meetings in support of, and to provide extra care to many vulnerable patients.

People with long term conditions

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

Good



- 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, 91% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received an annual health check review within the past 12 months.
- The practice had links with the Palliative Care team and held regular GSF (Gold Standard Framework) meetings to plan patient care and kept an end of life register.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- 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 'SAVY' Kernow, a local scheme which encourages young people to become savvy and seek help and advice about their sexual, mental and physical health, wellbeing or everyday life.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 87%, which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- The practice offered extended hours appointments with a GP on one evening a week and on alternate Saturday mornings.
- Patients were able to order repeat prescriptions on-line.

Good



Summary of findings

- The practice offered text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations, to help improve access to healthcare particularly for working patients and students.
- The practice held well woman clinics which included contraception advice and the administering of long acting reversible contraception.
- Patients were able to receive minor operations and cryotherapy clinics,

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



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice used the food voucher scheme, used the 'Breadline charity' and referred homeless patients to the YMCA, a charitable organisation that provides accommodation.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below both the clinical commissioning group (CCG) average of 84% and national average of 84%.
- The practice supported and released a member of the practice team to join with Penwith Dementia Action Alliance forming a new group called "Dementia Friendly St Just and Pendeen". The purpose of this initiative was to raise dementia awareness to

Summary of findings

non-clinical staff; this was in addition to dementia awareness on-line training which all staff took part in. This had been of benefit to the practice team by increasing their learning and also enhancing the patient experience through recognition of early dementia and flagging up any concerns to the clinical team.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 93%, which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 213 survey forms were distributed and 124 were returned. This represented about 2% of the practice's patient list. The results showed that;

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

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

The practice participated in the friends and families survey which asked patients how likely they were to recommend the practice to friends and family. The latest results showed that of 20 responses 19 of the patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the processes for identifying carers in the practice to increase those being identified and to offer carers support and guidance about available services.

Outstanding practice

- The practice employed a community matron to provide further care to their high risk patients. Their role included carrying out health and medicine reviews for patients with long term conditions within their own homes. Updating care plans, including plans for end of life care and carry out home visits on a daily

basis was part of their role. They were part of the multi-disciplinary team and could signpost patients to the right services. Since being in post the practice matron had reduced the number of home visits required by the GPs by 8% which equated to 17.5 hours more time in the practice for GPs.

Penalverne Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 September 2016. During our visit we:

- Spoke

- 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.

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 CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient at the branch surgery collapsed whilst having a blood test taken by the phlebotomist. Following this, arrangements were changed for the patient to see the practice nurse at the main practice for future tests.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three nurses and all other staff level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Health Care Assistant 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 had been undertaken in August 2016 and we saw evidence that action was taken to address any improvements identified as a result; for example, a dressing trolley had been replaced.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had 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.
- There was a named GP and a practice pharmacist responsible for the dispensary at the Pendeen Surgery and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded

Are services safe?

for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice branch site 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
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area 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 had been checked in January 2016 to ensure the equipment was safe to use. Clinical

equipment had been checked in November 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, and audits.

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 had achieved 100% of the total number of points available with 8.8% exception reporting overall. (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 associated side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk rating within the preceding 12 months was 93% compared to the clinical commissioning group (CCG) average of 89% and national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was in line with local and national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 85%, compared to the CCG average of 86% and national average of 84%.
- Performance for mental health related indicators was either better than or comparable with local and national

averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 93%, compared to the CCG average of 89% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, an audit of medicines that when used in the elderly could cause sedation and increased confusion was undertaken. 59 patients taking these medicines had been identified and were offered medicines reviews. Following these reviews three patients had their medicines stopped and a further patient had their dosage decreased.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice were members of the Mounts Bay Medical research group. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Minor illness diplomas and enrolling on a course with the MacMillan charity.
- 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

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. One nurse had been supported by the practice, by being given a bursary to enable them to complete their nurse training. They received ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- The practice closed every Wednesday between 1pm and 2pm and 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and the over 75 years of age. Patients were signposted to the relevant service.

The practice the practice created an innovative new role for a practice matron to provide further care to their high risk patients. Their role included carrying out health and medicine reviews for patients with long term conditions within their own homes. Updating care plans, including plans for end of life care and carry out home visits on a daily basis was part of their role. They were part of the multi-disciplinary team and could signpost patients to the right services. Since being in post the practice matron had reduced the number of home visits required by the GPs by 76% which equated to 17.5 hours more time in the practice for GPs.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 96% and five year olds from 88% to 100%. (CCG averages were 72% to 96% and 91% to 97% respectively). 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% which was above the CCG average of 78% and the national average of 72%. The patient uptake for bowel screening was slightly lower at 54% compared to the CCG average of 61% and the national average of 58%.

The practice's uptake for the cervical screening programme was 87% which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Are services effective?

(for example, treatment is effective)

how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 and 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.

We spoke with two members of the patient participation group (PPG). 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:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (about 0.9% of the practice list). We saw patient records were flagged for those identified as carers, and that the practice offered more flexibility around appointment times, offered the flu vaccine and directed carers to the various avenues of support available to them. Carers UK (now known as Kernow Carers) attend the multidisciplinary team meetings where carers could be identified and offered support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 additional appointments on a Thursday evening or a Saturday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits by a GP or community matron were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice participated in the food voucher scheme, was dementia friendly, and used Breadline (a local charity providing accommodation and support) or the YMCA for homeless patients to obtain accommodation.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities, a hearing loop and translation services available.
- The practice was part of the Penwith Pioneer Project / Living Well project; frail patients were offered support from an Age UK worker to develop a care plan to allow them to be cared for and supported in their home. Age UK/Living Well/Carers UK representatives attended the multidisciplinary team meetings in support of, and to provide extra care to many vulnerable patients.
- The practice held well woman clinics which included contraception advice and the administering of long acting reversible contraception. The practice's uptake for the cervical screening programme was 87% which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Access to the service

The practice reception was open between 8.30am and 6. pm Monday to Friday with telephone access available from 8am until 6:30pm. Booked appointments were offered between 8.30am and 11am and between 3pm and 5.30pm; additionally there was a duty GP available to see patients throughout the day. The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours were offered either on a Thursday evening between 6.30pm and 9pm or on alternate Saturday morning between 9am and 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or slightly below local and national averages. For example,

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%. An improved telephone system had been brought in to help improve access to the practice.

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

Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. All complaints were regarded as significant events. The practice reviewed complaints annually to detect themes or trends. We looked

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

at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to

the quality of care as a result. For example, following a complaint with regard to the seating facilities at their branch surgery the practice and purchased a high back chair for patients comfort.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

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

Leadership and culture

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

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

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

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

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

- Staff told us the practice held regular team meetings, but added communication was also informal and effective on a daily basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually, the last in January 2016.
- Staff said they enjoyed working at the practice they felt 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.
- One of the Practice Nurses had been released to undertake further learning to become a “cancer care champion” to help facilitate more general support to the whole family and carers to ensure more effective end of life care.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG distributed a

Are services well-led?

Good 

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

questionnaire to patients to gain feedback on new systems introduced into the practice, this included the new telephone system. The survey highlighted that although the system message gave the option of a ring back feature this facility was not available within the practice and they were able to get the message removed.

- 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 they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

The practice is a training practice for medical students, student nurses and for doctors training to become GPs.

The practice was part of the Mounts Bay research group and was actively involved in research to help improve treatment of illness and improve patient wellbeing.

The practice has created an innovative new role for a practice matron to enable them to visit and deliver care to the more frail and vulnerable in their own homes to enhance services for this patient group. This new role, which increased care for the practices elderly and housebound vulnerable patients, covers visits, monitoring patients with long term conditions, housebound patients with chronic diseases (for example, diabetes), complex care and the updating of care plans.