Narrowcliff Surgery

Inspection report

Narrowcliff
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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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (The previous inspection was in March 2015 where we rated the practice as good overall)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive at Narrowcliff Surgery on Wednesday 11 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There had been changes and improvements in the governance processes within the nursing team and with the management of medicines requiring refrigeration since the last inspection.
- Medicines were managed well at the practice and the practice had lower than local and national prescribing rates for opioid and antibiotic prescribing and prescribing costs.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients gave positive feedback about the care and treatment they received. Results from the July 2017 national GP patient survey showed the practice had performed better than CCG and national averages for all 23 questions.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff said the practice was a good place to work and added that the leadership team were supportive and encouraged career development and learning.
- There was evidence of systems and processes for learning, continuous improvement and innovation. The practice had taken part in many local pilots to test new methodology and software.

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

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Narrowcliff Surgery

Narrowcliff Surgery is a GP practice which provides services under a Personal Medical Service (PMS) contract for just under 13,500 patients. The main practice is situated in the seaside resort of Newquay, Cornwall. There is an independent pharmacy on the premises.

The practice population area is in the fifth decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. The practice distribution and life expectancy of male and female patients is equivalent to national average figures. The practice had a slightly higher than average number of patients aged over 75 and 85 years, (10% of the practice list were over the age of 75 years compared to the national average of 8% and 3% of the patient list were over the age of 85 compared with the national average of 2%). Average life expectancy for the area is similar to national figures with males living to an average age of 78 years and females living to an average of 84 years.

There is a team of nine GPs (four female and five male). Of the nine GPs eight were partners and one was salaried GPs. The whole time equivalent (WTE) of GPs was just over seven WTE.

The team also includes a practice manager, two secretaries, 12 reception staff, five healthcare assistants/ phlebotomists and seven nurses.

Patients using the practice have access to community staff including community nurses and health visitors. Patients could also access counsellors, depression and anxiety services, alcohol and drug recovery workers, voluntary services and other health care professionals.

The practice is a teaching practice for student nurses, medical students and GP Registrars (doctors training to become a GP).

The GPs provide medical support to residential care homes and nursing homes in the area and provide weekly 'ward rounds' and annual health reviews for these patients.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and diagnostic and screening procedures and operate from the location of:

Narrowcliff Surgery, Narrowcliff, Newquay, Cornwall. TR7 2QF

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods, untoward emergencies and epidemics. For example, recently two locum staff failed to arrive at the practice. Emergency measures were put in place and as a result of of the effective use of their telephone triage system the GPs were able to appropriately and safely prioritise patient care and delegate work amongst the clinical team.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. The practice used an electronic system for blood samples which allowed efficient ordering, processing and follow up of test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The embedded checking systems for managing and storing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients whom required regular monitoring received reviews due to medicine complexities were involved in regular reviews of their medicines.
- The practice employed a dispensing technician to review medicine changes following discharge from hospital, medicine queries and online prescription administration changes.
- The GPs worked with drug and alcohol workers to provide opiate prescribing plans including weekly and daily pick-ups from the pharmacy.

Good

Are services safe?

- The prescribers at the practice had lower than local and national prescribing rates for opioid prescribing, prescribing costs and antibiotic prescribing.

There had been changes in the management and governance of medicines that required refrigeration since the last inspection. New daily, weekly and monthly checks had been implemented along with the introduction of new guidance of what to do if temperatures become out of range. We found that these medicines were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses and told us that leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. For example, at the last CQC inspection it was noted that some governance processes within the nursing team were not always conducted in a way that minimised risk. This breach of regulation was treated as a significant event. The investigation and meetings held resulted in the introduction of failsafe systems to check fridge temperatures and introduced clear lines of responsibility and accountability of roles which were monitored by the lead nurse.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had developed many templates within the computer system to prompt staff to capture and record investigation and test results. These included a sick child template, travel template and diabetic screening template.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP and nursing team worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through Out of Hours services.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of medicines to lower cholesterol for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions such as diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 92% and 95% which was better than the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and knew how to respond if the symptoms were apparent.

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

- The practice's uptake for cervical screening was 72%, which was below the national 80% coverage target for the national screening programme. The staff recognised

the uptake trends matched the lower national rates and were ensuring opportunistic health education took place. There were systems in place to follow up patients that did not attend.

- The practices' uptake for breast and bowel cancer screening were in line the national average. For example, 74% of females between the ages of 50 and 70 had been screened for breast cancer in the last 36 months compared with the national average of 70%. Additionally 58% of patients between the ages of 60 and 69 had been screened for bowel cancer in last 30 months compared to the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine. For example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, patients with addictions and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for monitoring and administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice conducted a contraceptive device retention audit. This showed clinicians where retention was slightly below the national figure of the 80% success rate for retention. This identified clinicians who were performing very slightly less effectively in these techniques and resulted in additional training and if necessary retirement from performing the procedure. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the prescribers at the practice had raised concerns about prescribing sedative medicines to patients with alcohol addictions. The GPs invited a psychiatrist to talk to the prescribers about this issue and supported a decision to stop prescribing this type of medicines to patients with alcohol addiction. In May 2016 the practice met with these patients to review their prescriptions and reduced the number of patients being prescribed sedatives from 21 to nine patients.

- Exception reporting rates were in line with local and national figures.
- The practice used information about care and treatment to make improvements.

Good

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role. For example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. New practice nurses were being supported to develop specific practice nurse roles. This included practice nurse education programmes.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained for nursing staff and monitored by the lead nurse. Staff said they had received mandatory training in the last 12 months.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support both formally and informally. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring and support for revalidation. The practice manager had recognised that not all administration staff and reception staff had received appraisals in the last year. This was due to winter pressures, a new human resources system being introduced and a recent departure of new administration staff that had decided not to stay within the health care sector. An action plan was in place to address this by the end of April 2018. Staff spoken with told us they had dates for training and appraisals booked and how they felt supported within their roles. Staff added that the open door approach of the GPs and practice manager helped with this supportive working atmosphere.
- The induction and development process for healthcare assistants included the requirements of the Care Certificate.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health such as through social and green prescribing schemes and voluntary services. For example, the practice referred patients to the community orchard, elderly social clubs, support groups and residential therapy sessions.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Good

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health such as stop smoking and tackling obesity campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Results of the July 2017 national GP patient survey showed the practice had performed better than CCG and national averages for all 23 questions. For example:

- 89% of respondents stated that they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared with a local average of 84% and national average of 77%.
- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90% national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 91%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

These findings were reflected in the NHS friends and family test results. Of the 278 test results to date 254 were extremely likely to likely to recommend the practice.

The practice ran a book club where friends and patients from the practice donated books. These were sold for a small donation and money raised given to a variety of charities suggested by the patients and patient participation group.

Involvement in decisions about care and treatment

Patients told us that staff helped and supported them to be involved in decisions about care and treatment. Staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Results from the national GP patient survey (July 2017) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. All of the results for GPs and nurses were above local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The GPs operated a telephone triage system for their patients and had the flexibility to arrange appointments at a suitable time for the patient and their need.
- Advance appointments up to eight weeks in advance and evening appointments were available until 7pm Monday to Friday to assist patients not able to access appointments due to their work commitments.
- There was an online appointment booking system which was accessed through the practices website. Patients registered to use this service could book appointments with a GP up to one month in advance.
- A daily minor illness clinic was offered and provided by the nursing team.
- The practice was located in a popular seaside tourist resort. Staff explained that during the summer months the town's population increased dramatically. As a result the practice provided daily 'holiday maker' sit and wait appointments where patients were registered and treated as a temporary patient.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had taken part in a pilot led by Kernow Health Out of Hours staff providing home visits as short term solution to ease the pressure on GPs and expedite care and treatment sooner for patients which in turn decreased the number of unexpected hospital admissions. Anecdotal findings were positive.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice had worked with another practice in the town to delegate each practice to the nursing and care homes in the area. The patients were able to remain with their preferred GP if they chose. The benefits had resulted in improved working relationships between practice staff, reduced requested visits, better continuity of care and treatment for patients and the development of policies for care home staff to follow.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, online services and text messaging services.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, patients with drug and alcohol addictions and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and added that they were pleased with the appointment service. Patients told us they could always get a same day appointment if necessary. Four of the seven patients we spoke with on the morning of the inspection said they had made their appointment that morning after speaking with the GP first. Another patient told us the GP had given advice over the phone and they were there to collect medicine suggested from the pharmacy.
- We spoke with patients with children who said children were always seen as a priority.
- Comprehensive information was available to patients about appointments on the website and within the practice. This included how to arrange urgent appointments and home visits and how to seek medical assistance when the practice was closed.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment were all consistently better than local and national averages.

- 89% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 87%.
- 95% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average – 84%.
- 94% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.
- 93% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, increased numbers of patients registering at the practice had been discussed at a quarterly strategy meeting and resulted in the employment of additional GPs and additional staff to reduce the patient GP ratio to achievable limits.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values which included: to provide the best possible care to patients and support the loyal workforce. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice staff focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The majority of staff had received regular annual appraisals in the last year with remaining staff given dates to receive an appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. For example, holding social events, encouraging communication and conducting stress surveys to gauge morale.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- Communication was effective at the practice and organised through structured, minuted meetings. These included clinical meetings, team meetings, daily coffee breaks, group learning events and weekly educational meetings.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There had been improvements in the governance of nursing tasks. The nursing team had welcomed these changes.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Good

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. The contingency plan used was an active document which was used on a weekly basis which meant that details of contact suppliers were kept up to date.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, staff had recognised the increased demand in requests for travel health within the town and the time taken to process this service. As a result they had reviewed the service provided. This review had resulted in a re designed template used and an action to give patients an information pack to initially highlight their needs and inform them of timescales when vaccines were needed prior to travel. They were then invited to see the nurses who checked this information and gave the relevant health advice and associated vaccines. This change had reduced the appointment times and encouraged patients to be more informed and involved in decision making processes.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was monitored and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active virtual patient participation group and the practice had a Facebook page to communicate with patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Good

Are services well-led?

The practice had taken part in many local pilots to test new methodology and software. For example:

- The practice had trialled a blood test electronic system which had been subsequently adopted by them. More recently the practice had taken part in a trail where the Out of Hours provider performed home visits for the practice to assess whether this benefitted patients. The benefits identified included earlier assessment and transfer of patients for secondary care where appropriate.
- The practice had taken part in a pilot led by Kernow Health Out of Hours staff providing home visits as short term solution to ease the pressure on GPs and expedite care and treatment sooner for patients which in turn decreased the number of unexpected hospital admissions. Anecdotal findings were positive.
- There had been a decision made locally to share the nursing home and care home work with the two practices in the team. This had resulted in Narrowcliff being the named GP practice for certain care homes in the area. This meant a more efficient service being provided, improved communication and continuity of care for patients.

Please refer to the Evidence Tables for further information.