The Health Centre

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Mary's Health Centre on 28 April 2015. Overall the practice is rated as outstanding.

Specifically, we found the practice to be good for providing safe services, and outstanding for providing effective, caring, responsive and well-led services. It was also outstanding for providing services for all the population groups of older people; people with long term conditions; families, children and young people; people experiencing poor mental health; people who are vulnerable; people of working age and those recently retired.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and improvements made.
- Risks to patients were assessed and well managed, including those relating to recruitment checks. Suitable staff recruitment, pre-employment checks, induction and appraisal processes were in place and had been carried out. Staff had received training appropriate to their roles and further training needs had been identified and planned.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and carried out to enhance the service for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- The leadership, governance and culture at the practice were used to drive and improve the delivery of high quality person-centred care. The GPs had visited Sweden and looked into the Esther Project which focussed on ensuring patients received care in or close to home and knew where and who to turn to for care; it helped patients see the healthcare system as an entity working together to provide good quality care. Staff discovered that most patients wanted to receive as much care in their home or as nearby as possible. If they had to go to hospital, the patient preferred to leave as soon as feasible and have their continuing care needs met at home. To fulfil these principles the GPs at the practice had developed services and obtained additional skills to provide optometry, blood testing, x-rays, ultra-sound scans, and had integrated patient care between all caring agencies on the islands. This had significantly reduced the need for patients to travel by sea or air to hospitals on the mainland, for example we were shown evidence that demonstrated at least 80 patients had received and ultra sound tests, 94 patients had received blood tests and approximately 130 patients had optometry testing.
- Being a close-knit community, to ensure patient confidentiality and encourage younger patients to care for their health, a separate telephone line direct to the GP was available to help protect confidentiality and encourage young people to access services. The practice is an accredited member of a scheme specifically for young people given the name and known as EEFO. The scheme is aimed at young people aged 13 to 19 living in Cornwall and the Isles of Scilly and addresses the barriers identified by national and local research which prohibit young people from accessing the services they need.

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?

Good 

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicines were stored, managed and dispensed in line with national guidance. There were safeguards in place to identify children and adults in vulnerable circumstances. There was enough staff to keep people safe. Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run. There was a holistic approach to assessing planning and delivering care to patients living in this unique setting, the GP's and staff worked collaboratively with other healthcare services to support people with complex needs and reduce the need to obtain health care on the mainland. Care and treatment was delivered in line with national best practice guidance and outcomes for patients were consistently better than expected when compared with other practices. Staff employed at the practice had received appropriate support, training and appraisal. GP appraisals and revalidation of professional qualifications had been completed. The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Feedback from patients was substantially positive with the vast majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and tests to them, and all staff including reception staff were very helpful.

Summary of findings

Accessible information was provided to help patients understand the care available to them. Every effort was made to respect and value patent's individual needs and overcome challenges and obstacles to providing their care in an island setting. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

The GPs worked with the community staff and Living Well, an Age Concern project, to ensure that services were fully integrated and provided within the patient's own home, often negating the need for hospital care on the mainland.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services. The practice reviewed and understood the needs of their local population and took action to make improvements, this had led to staff undertaking further training and additional services being provided in this unique island setting. Patients reported that they could access the practice when they needed and that their care was good. The practice was well equipped to treat patients and meet their needs. Clinics had been established on the off islands to reduce the need for patients to travel by boat. GPs also worked alongside the ambulance service and provided an emergency service to patients on the off islands, using the ambulance boat.

There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way to issues raised. There was evidence that learning from complaints was shared with staff and changes made as a result.

Are services well-led?

Outstanding 

The practice is rated as outstanding for being well-led. The practice had a clear vision and strategy to deliver quality care and treatment and they were continually looking for ways to improve. Staff reported an inclusive culture where innovation was encouraged; staff said they could communicate openly with senior staff. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risks, in relation to both their permanent and transient patient population. There were systems to manage the safety and maintenance of the premises and to review the quality of patient care.

The practice had an active patient participation group (PPG) which was involved in the core decision making processes of the practice and they welcomed the close liaison with Healthwatch Scilly to obtain feedback and make improvements for patients.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice is rated as outstanding for providing care to older people.

All patients over 75 years had a named GP but could see a GP of their choice. Health checks and health promotion were offered to this group of patients. The practice worked with the community matron to care for patients within their own homes. Inter-island travel, provided by foot passenger ferries between the St Mary's and the off islands, was challenging during inclement weather so the GP's and nurses had set up clinics on the off islands so patients (particularly older people) would not have to travel to St Mary's. The practice held monthly multi-disciplinary team (MDT) meetings where patients with complex needs, including end of life care, were discussed. Attendees of these meetings included GP's, the nurse practitioner, district nurses, and health visitors. The practice also had established links with the Macmillan nurses based in Helston. The practice team strived to provide good quality palliative care on the islands and in the community hospital on St Mary's.

Nationally reported data showed that outcomes for patients exceeded expectations for conditions commonly found in older people. For example, 100% compared with the national average of 81.3% of patients aged 75 or over with a fragility fracture were treated with an appropriate bone-sparing agent, a medicine used to help strengthen bones.

The practice provided medical care to the local residential home. The GP held regular sessions at the home to review patients with non urgent health problems, this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.

The practice were aware of lone elderly patients who were vulnerable, and would make regular home visits to check on their welfare. A GP also carried out home visits to older patients presenting with more urgent health needs.

Staff from the practice visited the housebound to ensure tests and routine examinations were carried out. For patients who were registered as needing their medicines from the dispensary, the practice pharmacy provided medicines in blister packs for older people with memory problems or had other difficulties. Medicines were delivered to the patient's home or to a nearby shop for ease of access. Pneumococcal vaccination and shingles vaccinations were provided at the practice for older people on set days as well as

during routine appointments. Staff recognised that some patients required additional help when being referred to other agencies and assisted them with this, for example with booking flights or a passage on the ferry to the mainland.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for providing care to people with long term conditions.

Nursing staff had lead roles in chronic disease management and had dedicated appointments to review patients with diabetes, asthma and/or chronic respiratory disease. Combined appointments were used where patients had multiple long term conditions. All patients had a named GP and a structured annual review to check that their health and medication needs were being met.

For patients unable to visit the practice or for those living on the off islands staff had set up clinics to review their conditions, portable digital equipment such as stethoscopes and ECG machines (used to measure heart rate) were used. The practice had achieved 100% success rate in screening patients for long term conditions.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care so that patients experienced a seamless and integrated service. The practice held multidisciplinary team meetings every month to review the needs of all patients with complex long term conditions.

The nurses had developed, for diabetic patients, a fast pass scheme for foot care. By making patients more aware that any blisters, cuts etc. could be potentially serious this scheme allowed patients to be seen as soon as possible. This had resulted in no patients with diabetic foot injuries currently on the islands.

The practice recognised the needs of patients and their difficulty with transport to the mainland for hospital appointments. Blood testing was carried out by the GPs in the hospital on St Mary's and an optometry room had been developed within the practice. The GPs were undertaking radiography training to take x rays. Visiting consultants at clinics also reduced the need for patients to travel to the mainland.

Longer appointments and home visits were available when needed. Home visits for patients newly discharged from hospital were undertaken jointly with the community nursing team to carry out an assessment and arrange additional support where needed.

Summary of findings

Families, children and young people

Outstanding 

The practice is rated as outstanding for families, children and young people.

Families had a named GP. The GPs attended all women who gave birth on the islands and had undertaken additional training in neonatal support. Staff worked well with the midwife to provide antenatal and postnatal care. Postnatal health checks were provided by a GP. The practice provided baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening. National data showed that the practice had achieved 100% in immunisations for children up to the age of five years.

The practice held monthly meetings with the Health Visitor to discuss young children to ensure their health needs were being met.

Sexual health clinics were previously located in Penzance but now located within the practice, to protect confidentiality no set times were provided, patients made an appointment convenient for themselves. The practice is a member of the EEFO system for young people. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening.

To overcome confidentiality issues found within a small close knit community separate notes and booking service for clinics was in place. There was a separate direct telephone line to the GPs for young people to speak with a GP.

The GPs training in safeguarding children from abuse was at the required level. Monthly meetings with Social Services, the Police, the school, hospital and Health Visitors took place. The practice nurse was also the school nurse at the island school and a governor with responsibility for the school boarding house, which provided excellent continuity and a familiar friendly face for young patients.

The practice was proactive in getting feedback from patients. The patient participation group encouraged membership across all of the population groups and now included a member who was a parent with a young family.

Parents with children attending the practice confirmed that they were always present during consultations. Staff understood Gillick principles with regard to assessing whether a young person was able to understand and therefore consent to treatment. Parents told us that all of the staff engaged well with their children so that they found it a positive experience when attending the practice for appointments.

Summary of findings

Being a small group of islands staff knew the patients, so younger carers would be identified and supported to contact the relevant support services.

Working age people (including those recently retired and students)

Outstanding

The practice is rated as outstanding for providing care to working age people. The practice provided telephone consultations with the GP, or skype consultations, at the patient's convenience prior to an appointment, and extended surgery hours would accommodate the patient if they needed to be seen. The practice had extended their opening hours and were open on Saturday mornings. Patients could order repeat prescriptions on line.

Overseas travel advice including up-to-date vaccinations was available from the nursing staff within the practice with additional input from the GP's if required.

Patients over 45 could arrange to have a health check with a nurse. The practice had achieved 89% of health checks for this age group. The practice GPs had also, at the request of local population, undertaken additional training to provide ENG1 tests (this is a test that seafarers require to work at sea); prior to this patients would have needed to travel to the mainland.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for people whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for patients who may need more time, such as those with a learning disability and their carers for reviews.

The islands accommodate a large number of seasonal workers, the practice register these people and provide health checks and flu vaccinations. This included alcohol and drug screening. Patients with alcohol addictions were referred to an alcohol service for support and treatment and to the local drug addiction service.

The practice worked closely with the community matron to arrange visits to vulnerable patients to assess and arrange any equipment or other assistance needed by the patient and their carers.

Summary of findings

The practice would provide primary care services for homeless patients (of which there were none); staff said they would not turn away a patient if they needed primary care. Patients with language interpretation requirements were known to the practice and staff knew how to access translation services.

Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and sent letters for appointments.

The islands are a popular holiday destination, staff told us that they would see and treat any patients who became unwell whilst on holiday.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding for people experiencing poor mental health (including people with dementia).

Patients with suspected dementia were being screened for early identification and referred to the memory clinic for diagnostic tests. Data showed the practice was above the national average of 54.3% at 100% in diagnosing people with dementia. Patients had care plans in place, which supported their ongoing changing needs and those of their carers.

The practice had links with the local bus service to transport patients to the practice for the memory clinic. Support and education in dementia had been provided by the practice to the shopkeepers on the islands, to increase their awareness of dementia in order to support carers and protect the dignity of sufferers.

Flexible services and appointments were available, which enabled patients experiencing poor mental health to have longer appointments at quieter times of the day, avoiding times when people might find this stressful. In house mental health medication reviews were conducted to ensure patients received appropriate doses. For example, patients taking particular medicines had regular blood tests to maintain therapeutic levels and ensure safe prescribing.

Staff were skilled in recognising and responding to patients experiencing mental health crisis, providing support to access emergency care and treatment. The practice worked collaboratively with the community mental health team and consultant psychiatrists from the mental health partnership trust based on the mainland. Clinics were held on St Mary's by the mental health teams.

Summary of findings

The practice were currently exploring ways of providing arrangements to provide a place of safety for patients when in crisis, which met the criteria of the Mental Health Act 2005 and would remove the necessity for urgent transfer to the mainland.	

Summary of findings

What people who use the service say

We looked at patient experience feedback from the national GP survey from 2014. The patient's survey received 116 responses and showed :

- 96% of patients found that GPs gave them the time they needed.
- 95% saying that GPs were good at explaining treatment and tests to them.
- 97% of patients said that the nursing staff were very helpful and explained their treatment well.
- 97% of the patients found the reception staff helpful.

We spoke with seven patients during the inspection and collected 19 completed comment cards which had been left in the reception area for patients to fill in before we visited. All of the comment cards gave positive feedback. Patients told us the staff were friendly, they were treated with respect, their care was very good, and they were always able to get an appointment. The comment cards also recounted how patients felt listened to by the staff and how supportive staff were.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found the system for obtaining repeat prescriptions from the practice worked well for them.

Outstanding practice

- The leadership, governance and culture at the practice were used to drive and improve the delivery of high quality person-centred care. The GPs had visited Sweden and looked into the Esther Project which focussed on ensuring patients received care in or close to home and knew where and who to turn to for care; it helped patients see the healthcare system as an entity working together to provide good quality care. Staff discovered that most patients wanted to receive as much care in their home or as nearby as possible. If they had to go to hospital, the patient preferred to leave as soon as feasible and have their continuing care needs met at home. To fulfil these principles the GPs at the practice had developed services and obtained additional skills to provide optometry, blood testing, x-rays, ultra-sound scans, and had integrated patient care between all caring agencies on the islands. This had significantly reduced the need for patients to travel by sea or air to hospitals on the mainland, for example we were shown evidence that demonstrated at least 80 patients had received and ultra sound tests, 94 patients had received blood tests and approximately 130 patients had optometry testing.
- Being a close-knit community, to ensure patient confidentiality and encourage younger patients to care for their health, a separate telephone line direct to the GP was available to help protect confidentiality and encourage young people to access services. The practice is an accredited member of a scheme specifically for young people given the name and known as EEFO. The scheme is aimed at young people aged 13 to 19 living in Cornwall and the Isles of Scilly and addresses the barriers identified by national and local research which prohibit young people from accessing the services they need.

The Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a second inspector, a GP specialist advisor a practice manager specialist advisor, and a CQC Pharmacist.

Background to The Health Centre

The St Mary's Health Centre provides primary medical services to people living on the Isles of Scilly, a group of five inhabited islands that lie 28 miles southwest of Lands End. The health centre is located on the largest of the islands, St Mary's, and there are purpose built consulting/treatment rooms in community centres on the four off islands, Tresco, St Martins, St Agnes and Bryher. We did not visit the off islands on the day of our inspection. This was an announced comprehensive inspection.

The practice is a branch of the Medical Centre based in Helston, due to its island location one GP partner is designated the lead for the St Mary's health centre.

At the time of our inspection there were approximately 2,200 patients registered at the service with a team of one GP male partner and two male salaried GPs. In addition there were two practice nurses, a practice manager, and a team of administrative, reception, and dispensary staff.

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

The GPs at the health centre also had a contract with the Peninsular Community Health to provide health cover to the community hospital and the minor injuries unit.

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

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 conducting our announced inspection of St Mary's Health Centre, we reviewed a range of information we held

Detailed findings

about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, and the local Cornwall Clinical Commissioning Group.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 28 April 2015. We spoke with seven patients, three GPs, one of the nursing team and four of the management and administration team. We spoke with a representative of the patient participation group (PPG) and collected 19 patient responses from our comments box which had been displayed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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 are provided for specific groups of people and what good care looks 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)

Good

Are services safe?

Our findings

Safe track record

The practice had an incident reporting process which was included in the staff handbook. Staff we spoke with described how they would respond to and report safety-related incidents and told us they felt able to do so. We looked at safety incidents recorded and saw they were investigated and actions put in place to reduce the risk of reoccurrence. Staff were aware of where they could report patient safety concerns within the practice and externally if they needed to.

The GPs told us that when they received medical alerts about drug safety they searched their patient records to check whether any patients would be affected, to ensure they took appropriate actions to protect patients. They also shared medical alert information with other clinical staff in the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last year. Significant events was a standing item on the practice meeting agenda and a dedicated meeting was held each Wednesday morning to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We were shown the system used to manage and monitor incidents. We tracked nine incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. One occasion, when the on call GP had to cover both the emergency ambulance service overnight as well as the out of hour's calls due to staff sickness, had been discussed. No emergency occurred during this period but risk had been identified. The practice changed it's out of hours system to having a first on call GP, but also named a second on call GP for back up, should there be a second emergency.

Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by e-mail to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. Alerts were also discussed at the weekly meeting to ensure all staff were aware of those relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies, both during working hours and outside of normal hours. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained to the appropriate level and could demonstrate they had the necessary training. All staff we spoke with were aware who these leads were and who to speak with if they had a safeguarding concern.

Children from the off islands boarded at Mundesley House during weekdays so that they could attend school. A nurse from the practice was also the school nurse so had developed good relationships with the children.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. The practice staff had an awareness of all ongoing safeguarding cases at the practice and monthly meetings were held with social care agencies, the police and social services.

Good

Are services safe?

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Staff carrying out these duties had undergone the necessary criminal record check using the Disclosure and Barring Service.

Medicines management

Systems were in place to ensure all prescriptions were signed before being passed to the pharmacy for dispensing. Staff explained the procedure for generating repeat prescriptions, and how they dealt with medicines approaching their expiry dates and those that have passed this date. We saw that written guidance was available. Systems were in place to handle high risk medicines, to help make sure that any necessary monitoring and tests had been done and were up to date. These prescriptions, and any acute medicines and controlled drugs prescriptions were generated by medical staff.

Blank prescription pads and printer forms were held securely on arrival in the practice, before use. Records were held of forms received, and of those taken for use. This enabled an audit trail to be maintained of the whereabouts of these forms, so that their use could be tracked through the practice in line with national guidance.

Suitable emergency medicines were held by the practice, and checks were undertaken to make sure that they were available and suitable for use when needed.

Vaccines were stored, prescribed and administered appropriately in line with legal requirements and national guidance. There were systems in place to make sure that the cold chain was maintained if vaccines were taken to the off islands for administration, so that these products would be safe and effective for use.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits for each of the last three years and that any improvements identified for action were completed on time, for example patient toilet seats were noticed to be marked and these had been replaced. Minutes of practice meetings showed that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. All equipment used was disposable. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of this infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date, which

was June 2014. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

The practice required six months locum cover, a previous salaried GP covered four and a half months of the cover and GP's from the Helston practice covered the remaining time, this had given consistency of care to the patients.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings. For example, the practice manager had shared the recent findings from an infection control audit with the team.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. Staff gave us examples of referrals made for patients whose health deteriorated suddenly. For example, we looked at records about a significant event which demonstrated that staff recognised and took action to reduce risks for a patient who was in crisis with their mental health. Extreme weather conditions prevented the patient being transferred to the mainland for hospitalisation, additional staff and resources were used to keep the patient and others safe. This had highlighted the risks associated with the isolation from mainland services and support; hence the practice had approached the commissioners for new arrangements to be put in place, i.e. a place of safety for patients in crisis, which met the criteria of the Mental Health Act 2005.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The practice also had a well stocked accessible first aid kit.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included medicines for the treatment of cardiac arrest, and anaphylaxis.

The practice also had extensive medical equipment in the "doctors car" used on St Mary's and on the launch that serviced the off-islands. This equipment covered all emergencies ranging from births to deaths.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure,

Good

Are services safe?

unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs and practice nurses told us they led in specialist clinical areas such as diabetes, heart disease/cardiology, ear, nose and throat, orthopaedics, elderly care and asthma and said they received support and advice from each other. The practice had protected staff time to attend weekly meetings. GPs told us this supported all staff to continually review and discuss new best practice guidelines, for example, to give feedback from courses attended and discuss recent publications. Our review of the clinical meeting minutes confirmed that this happened.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks. The nurses had set up a scheme for foot care, diabetic patients were encouraged to contact the practice if they had any foot blisters or cuts and the receptionists knew to give a fast pass appointment for these patients. This had resulted in no diabetic foot injuries at all. Also patients identified as being pre-diabetic were given the same priority as those with diabetes, so all tests and monitoring was carried out to identify early onset diabetes and avoid the complications associated with raised blood sugar levels.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented and that their needs were being met to assist in reducing the need for them to go into hospital. We saw evidence that showed patients were able to receive tests from the GPs, such as ultra sound and blood testing at the hospital which reduced the need for transfer to the mainland for treatment. For patients who required emergency transfer to an acute hospital the helicopter was used to transport them to the mainland. After patients were discharged from hospital they were followed up promptly to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us eight clinical audits that had been undertaken in the last two years. All of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, the nurses undertook an audit of the time frame for the healing of leg ulcers. This encompassed the care of 7 patients with leg ulcers between 31st January 2014 and 31st January 2015. New guidelines including holistic care plans written with the patient, repeat testing using specialised equipment and the introduction of nurse clinics on the smaller islands resulted in the 100% success rate for healing. Other examples included audits to confirm that the GPs who undertook minor surgical procedures were doing so in line with their registration and National Institute for Health and Care Excellence guidance.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a

result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit regarding the prescribing and monitoring of anticoagulant medicine (used for thinning the blood) to ensure that patients were prescribed the correct therapeutic dosage. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. On the first day of each month the administration team would generate the QOF report and circulate to all staff so that they could monitor their progress, this system worked well, for example 100% of patients with diabetes had received an annual medication review. The practice had achieved 100% for QOF in diabetes, asthma, chronic obstructive pulmonary disease (lung disease) and health checks for patients with a learning disability. The practice had achieved consistently above the average performance for QOF (and other national) clinical targets.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

Data showed that the percentage of women aged between 25 and 65 years old whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 100% which was higher than the national average of 82%.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual advanced life support. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example the nurses received training in chronic obstructive pulmonary disease (COPD) and the GPs were receiving additional training in X rays and the use of the optometry equipment. As the practice was a training practice, doctors who were training to be qualified as GPs were allotted more time for patient appointments and had access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these. For example, on administration of vaccines, and cervical cytology. Those with extended roles for example, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease had also received appropriate training to fulfil these roles.

Working with colleagues and other services

The practice was directly involved with the Esther Project. The main principles of this project being to ensure patients receive care in or close to home; know where and who to turn to for care; see the healthcare system as an entity working together to provide their care; and have access to quality care. Staff discovered that most patients want to receive as much care in their home or as nearby as possible. They were working to develop integrated care services by working together with voluntary, health and care services to offer a combination of medical and non-medical support.

The practice worked with other service providers to meet patient's needs and manage patients with complex needs. Blood test results, X ray results, and letters from the hospitals on the mainland, including discharge summaries, were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and

results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held multidisciplinary team meetings weekly to discuss patients with complex needs, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

The practice also holds quarterly meetings with NHS Kernow, Healthwatch, Treliske Hospital and transport providers to discuss the travel arrangements, which have become more challenging since the Penzance helicopter service ceased in 2012.

We were shown evidence that demonstrated that a considerable number of patients were

Information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's security and ease of use. The practice used electronic systems to communicate with other providers. For example, and electronic system was in place for making referrals to hospitals on the mainland. This software enabled scanned paper communications, such as those from hospital, to be saved for future reference.

Consent to care and treatment

We found that staff had received training in and were aware of the Mental Capacity Act 2005 (MCA) and the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and was able to describe how they implemented it in their practice. Staff had accessed MCA training which was available on the eLearning system used.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures a patient's verbal and written consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances so dictated. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision about their care or treatment. All clinical staff demonstrated a clear understanding of Gillick competencies and Fraser guidelines, which are used to help assess whether a young person has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

There was information on various health conditions in the reception area of the practice. The practice website contained information on health advice and other services. The website also provided information on self-care. The practice offered new patients a health check with a healthcare assistant or with a GP if a patient was on specific medicines when they joined the practice.

A travel consultation service was available. This included a full risk assessment based on the area of travel and the practice used a recognised the website for up to date information. Vaccinations were given where appropriate or patients were referred on to private travel clinics for further information and support if needed.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and 100% had been offered an annual physical health check in the last 12 months.

The practice provided information on mental health support services on its website and external support services such as counselling. The practice used locally available services such as the buzza bus used to assist patients to attend appointments and the Living Well project run by Age Concern.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice offered patients who were eligible, a yearly flu vaccination. This included older patients, those with a long term medical condition, pregnant women, babies and young children. The practice had achieved 100% achievement for both of these patient groups

Patients with long term medical conditions were given yearly health reviews. Patients with diabetes and pre diabetic tendencies were given six monthly reviews.

Staff explained that when patients were seen for routine appointments, prompts appeared on the computer system to remind staff to carry out regular screening, recommend lifestyle changes, and promote health improvements which might reduce dependency on healthcare services.

Family planning, contraception and sexual health screening was provided by the practice. The practice is a member of the EEFO system for young people. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening. A separate phone line direct to the GP was available for confidentiality.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included a national survey September 2014. Evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the patient survey showed the practice was rated high for all outcomes including consideration, reassurance, and confidence in ability and respect as follows:

- 93% said the GP was good at listening to them
- 93% said they had confidence and trust in the last GP they saw.
- 96% said the nurse was good at listening to them
- 98% said they had confidence and trust in the last nurse they saw.

The practice had considered the particular challenges of protecting patients' privacy in relation to island life, for example they made a positive decision not to hold a sexual health clinic as they were conscious that in such a small community attendance at the practice could become public knowledge.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 19 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with four patients on the day of our inspection. All told us they were satisfied and very happy with the care provided by the practice and said their dignity and privacy was respected.

The reception area was open; we observed that staff were discreet when discussing patients' treatments in order that confidential information was kept private. There were additional areas available should patients want to speak confidentially away from the reception area. We sat in the waiting room and observed patient experiences as they arrived for appointments. Reception staff were friendly and knowledgeable about patients and treated them with respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 95% said the last GP they saw was good at explaining tests and treatments
- 86% said the last GP they saw was good at involving them in decisions about their care.
- 97% said the last nurse they saw was good at explaining tests and treatments
- 94% said the last nurse they saw was good at involving them in decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data showed that the practice was performing better with regard to maintaining a palliative care register for patients. GPs told us that treatment escalation plans were routinely discussed with patients on the register and their wishes about end of life care needs recorded. Minutes of multidisciplinary meeting demonstrated these were being followed for patients.

Outstanding ☆

Are services caring?

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 patents this service was available.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 92.83% said the last GP they spoke to was good at treating them with care and concern compared with the national average of 85.31%,
- 95.22% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90.47%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and on the practice website also told patients how to access a number of support groups and organisations on the islands. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

The practice worked with Age Concern whose key aims were to reduce isolation and improve independence for older patients. The practice had screening tools to assess for depression for patients with long term conditions, a positive response would prompt appointments being made with psychiatrists, counsellors or a community psychiatric nurse that visit the island.

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. Patients we spoke with who had been bereaved confirmed they had received this type of support and said they had found it helpful.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had worked hard to ensure they were responsive to the needs of the community given their isolation from mainland services. Communication systems were quick and efficient and the practice recognised the advantages of working within a relatively small, close knit community. Communication networks were such that the speed of attendance in the event of an emergency was often more rapid than the response of the emergency call centres on the mainland.

The GPs had developed their services and obtained additional skills, for example the GPs now had access to 'point of care testing' (POCT). This allows for blood testing to be carried out on the islands, whereby laboratory testing or analyses is performed in the clinical setting by the GPs from the practice. As POCT is performed close to the patient, the results are available more quickly than if the sample had been sent to a laboratory on the mainland. The GPs had also undertaken a bespoke x-ray training package with the university of West England so that patients do not need to leave the islands to have an x-ray; in addition all clinical staff were being trained to undertake urgent ultrasound scans.

The practice now has a fully operational optometry room where patients can access testing from an optician four days every two months, spectacles can also be purchased.

There was an online repeat prescription service for patients. This enabled patients who worked full time to access their prescriptions easily. Patients could also drop in repeat prescription forms to the practice to get their medicines. Patients told us the repeat prescription service worked well.

The practice had met with the Public Health team from the local authority and the CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the population in the local area. The JSNA for the Isles of Scilly was written by the Senior GP Partner and plans for integrated care provision were being explored.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. Appointments for flu clinics were arranged in the evenings and on a Saturday. For patients with mobility problems the clinics were arranged with the Buzza bus (the local bus service) to bring patients to the practice.

The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.

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

Staff told us that they did not have any patients who were of no fixed abode, but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

Access to the service

The practice is open between Monday to Friday 8:30am to 6:30pm and on Saturday from 9:30am to 11:30am. Tresco and St. Martins off-island surgeries are held weekly, 2pm – 4pm. Bryher and St. Agnes off-island surgeries are held on

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

alternate weeks 2pm -4pm. Telephone consultations are available as well as the facility to have a video consultation through skype. There were no late evening or early morning appointments.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made, including to the local care home when needed and also once a month for general and medication reviews by a named GP.

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

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

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

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example: The percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' was 100% and the percentage of patients who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours was 90.97% compared to the national average of 79.83%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a GP on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another GP if there was a wait to see the GP of their choice. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, a patient told us that they were only on the island for a week working but had been able to register with the practice and be seen by a GP on the same day.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system We saw posters displayed and summary leaflets were available. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at four complaints received in the last 12 months and found all had received a prompt acknowledgement and outcome in writing.

The practice reviewed complaints annually to detect themes or trends. We looked 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.

Are services well-led?

Outstanding ☆

(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. We found details of the vision and practice values were part of the practice's strategy and five year business plan. We saw evidence the strategy and business plan were regularly reviewed by the practice and also saw the practice values were clearly displayed in the waiting areas and in the staff room. The practice vision and values included to offer the highest standard of health care and advice to their patients. They had a team approach to monitor the service and ensure that it met the current standards of excellence.

We spoke with four members of staff who all knew and understood the vision and values and their responsibilities in relation to these; they had been proud to be involved in developing them.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at policies and procedures and most staff had completed a cover sheet to confirm that the date they had read the policy. All the policies and procedures we looked at had been reviewed annually and were up to date.

The leadership, governance and culture at the practice were used to drive and improve the delivery of high quality person-centred care, this was bourne out by the GPs who had visited Sweden and looked into the Esther Project.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP partner was the lead for safeguarding. We spoke with four members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GP, practice manager and nurses took an active leadership role for overseeing that the systems in place to monitor the quality of the service were effective and being applied consistently. This included using the Quality and Outcomes Framework to measure performance. The QOF data showed the practice was performing consistently above national standards and the data was regularly discussed at monthly team meetings. Action plans were not only aimed at maintaining outcomes but were focussed on further improvement, for example new templates had been devised to reflect the screening undertaken for patients with asthma.

The practice also had an on-going programme of clinical audits used to monitor quality; they had an identified where system improvements were needed, for example for infection control and medical record keeping. Evidence from other data sources, including incidents and complaints, was also used to identify areas for improvement and to effect change. Additionally, there were processes in place to review patient satisfaction. The practice had responded to feedback from patients and staff, for example not all clinics had run to time, the practice had introduced block times for 'catch-up' and looked at ways of avoiding this happening again.

The practice identified, recorded and managed risks. Where risks had been identified assessments had been carried out and action plans produced and implemented, for example the infection control audit had highlighted areas for minor improvements, which had been implemented. The practice monitored all risks on a monthly basis to identify any areas that needed addressing.

Monthly staff meetings were held where governance issues were discussed. We looked at minutes from these meetings and found that performance, quality and risks had been discussed and acted upon.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, (for example disciplinary procedures, induction policy, and management of sickness) which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work and whistleblowing. Staff we spoke with knew where to find these policies and confirmed their understanding of them.

Leadership, openness and transparency

The GP partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run and develop the practice: the partners encouraged all members of staff to identify opportunities to improve the service they delivered.

Are services well-led?

Outstanding ☆

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

We saw from minutes that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues, they were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, and part of the whole team.

Practice seeks and acts on feedback from its patients, the public and staff

We met a representative from the Patient Participation Group which had a core membership of 5 members consisting of younger, middle aged and older people. They met formally every three months and the meetings were attended by a GP and the practice manager. The PPG were constantly looking for different ways to increase their membership through the website, they had advertised in the practice and on the Island's local radio station. The PPG had been involved in assisting the practice in compiling the practice survey and analysing the results. The PPG member we spoke with was complimentary about the way the practice staff involved them in the running of the practice. They told us they felt that as a group their opinions were valued and they had a real role to play in moving the practice forward.

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

Staff told us they felt engaged with practice issues. They told us they could suggest ideas for improvement or concerns at their staff meetings. Staff told us that important information was reported back promptly. All of the staff we spoke with were satisfied with their involvement at the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place which included a personal development plan. The practice had a culture of continuous learning and held regular lunchtime review sessions.

The GPs were trainers and the practice gave medical students and GP registrars experience of working on the islands for a week at a time. We spoke with a medical student who told us that they had found the experience beneficial, unique and rewarding.

The practice had developed systems to ensure learning from incidents, particularly for those which could impact on the safety and effectiveness of patient care and the welfare of staff. Weekly clinical team meetings were used to disseminate learning from significant events and clinical audits. Staff told us changes to protocols and policies were made as a result of national guidance, audits and learning outcomes following significant events.