Drs Hargadon, Kalra, Atkinson, Stevens, Thornton & Mr D Sheppard

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosedean House Surgery on Wednesday 9 September 2015. Overall the practice is rated as good.

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

- There was a safe track record and 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 addressed.
- Risks to patients were assessed and well managed. Medicines were well managed and the practice had good facilities and was well equipped to treat patients and meet their needs
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.
- There were clear recruitment processes in place. Staff had received training appropriate to their roles and any further training needs had been identified and planned
- The practice was well organised and there was a clear leadership structure. The practice proactively sought feedback from staff and patients, which it acted on.

We identified areas of outstanding practice:

The practice were responsive to the needs of their patients. This can be demonstrated by:

- The proactive care of older patients. One GP had a particular interest in the health care of older patients

Summary of findings

and undertook weekly telephone calls to care homes in the local area and visited on a weekly basis. This provided continuity of care, palliative care and developed strong relationships with the residents, managers and staff. The service had resulted in a 16% reduction in emergency department attendances/ admissions for the practice patients in these care homes. The GP was part of a team who were submitting this example as a case history to the National Institute for Health and Care Excellence (NICE).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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 to 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

The practice had proactively initiated positive service improvements for patients that were over and above contractual obligations. The practice reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been

Summary of findings

identified. Some of these service improvements had been used by CCGs and NICE as examples of good practice. A named GP and a routine weekly visit to a local nursing home had resulted in dramatic reduction in phone calls to the practice from the nursing home, a reduction of unnecessary hospital admissions, a reduction in medicines wastage, improved communication with residents, staff and relatives and a greater understanding and education of staff and residents about the range of treatment choices available.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Patients had access to specialist skills and knowledge at the practice through GPs who had special interests and further education in areas such as dermatology, sexual health and musculoskeletal disorders.

Are services well-led?

Good

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

The practice was cohesive and had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 the care of older people.

Older patients had an allocated GP but were able to see any GP of their choice.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. There were structured vaccination programmes in place and patients over the age of 75 were discussed at weekly meetings. The practice maintained effective links with community health care professionals to coordinate care.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

One GP with a particular interest in the health care of older people provided services to local care homes which had improved communication and reduced unnecessary hospital admissions.

Dispensary staff had responded to the needs of older patients and those housebound patients and provided a delivery service and blister packs for patients with memory problems or those with complex medicine regimes.

The practice worked with an older persons charity to provide a toe nail cutting service and a 'living well' project to encourage older people to remain active and engage with the local community.

The nurse practitioner at the practice offered older person assessments and advance care planning for the practice top 2% of frail patients. The practice also referred patients to the community matron who visited older or frail patients.

People with long term conditions

Good ●

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Longer appointments and home visits were available when needed.

All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. 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. This included the community heart failure nurse, rheumatology specialist nurses and chronic kidney disease nurses.

Practice nurses were trained to start diabetic patients on insulin and monitor its introduction by visiting them at home or telephoning them as needed.

Dispensary staff worked with the clinical commissioning group (CCG) pharmacist to review patients in a local care home who were taking ten or more routine medicines. Rescue medicines were provided for patients with asthma or COPD (Chronic Obstructive Pulmonary Disease) to enable them to access medicines without delay when symptoms of their illness appeared. This access helped to reduce unnecessary hospital admissions out of hours. The practice worked with Macmillan nurses to provide end of life care. These patients were able to access anticipatory end of life medicines.

The practice used clinical equipment to monitor patients with long term conditions. This included the use of BP (blood pressure) machines including ambulatory and home BP machines). Equipment also included electrocardiogram (ECG) machines, spirometers and INR machines (INR machines measure how effectively a person's blood clots and gives clinicians guidance of how much medicine a patient requires).

Families, children and young people

Good

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

There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances or those that failed to attend for vaccinations or healthcare checks. Practice nurses were able to take blood from children to save a lengthy journey to the nearest acute hospital.

Immunisation rates were higher than average for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.

Summary of findings

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Tuesday evening and Saturday morning appointments were available to patients and could be booked up to a month in advance. This benefitted patients who needed monitoring for certain medicines including those taking long term anticoagulation therapy. Emergency on the day appointments were also available.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Text messaging services were used to remind patients of their appointments.

Patients were invited to NHS health checks, including referrals to smoking cessation clinics which were provided on Monday evenings.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 85% of these patients had received a follow-up in the preceding 12 months. Practice staff worked with the learning disabilities nurse and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice referred patients with alcohol and drug addictions to a local support service. This included patients living in local care homes who had drug and alcohol addictions.

Summary of findings

The practice used remote monitoring (telehealth) on patients who were vulnerable and may not be aware their health is declining. Telehealth is the use of equipment to monitor vital signs, such as blood pressure, and transmitting the information by a telephone line, or broadband, to the GP, where it is monitored.

The practice provided food bank vouchers to patients in need of support.

Patients with no fixed abode were able to use the practice address to register and as a collection point for any NHS correspondence.

The practice had managed temporary residents well and demonstrated this by providing medical care to all residents of a local unofficial travellers site.

People experiencing poor mental health (including people with dementia)

Good

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

The practice had leads for the care of patients with poor mental health and those over the age of 75 with mental health needs.

The practice liaised with the community mental health teams on a monthly basis or more often if required to discuss patient care. 95% of people who experienced poor mental health had also received an annual physical health check. The practice carried out advance care planning for patients with dementia.

The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations. Patients were able to self refer to two primary care counselling services, one of which visited the practice to provide the service.

Systems were in place to review patients receiving certain mental health medicines to ensure the dosage was correct and observe for any side effects.

The GPs had invested in identifying patients with dementia and their prevalence of 73% was higher than the clinical commissioning group average of 58% and national average of 61%.

Staff were aware of the mental capacity act, had received training and involved independent mental capacity assessors (IMCAs) where patients lacked capacity to make decisions about their health care.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was rated higher by patients for 21 out of 27 questions compared with either the CCG and/or national averages. There were 114 responses of the 247 surveys sent out. This was a 46% completion rate and represents approximately 1.3% of the practice population.

- 91% said they found it easy to get through to this practice by phone compared with a CCG average of 82% and a national average of 73%.
- 98% find the receptionists at this practice helpful compared with a CCG average of 91% and a national average of 87%.
- 65% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with the CCG average of 95% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 82% and a national average of 73%.
- 84% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 76% feel they don't normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.

As part of our inspection we also asked for patient feedback prior to our inspection. We received 44 comment cards which contained detailed positive comments about the standard of care received. Comments from patients referred to staff as being caring, friendly, respectful and helpful. Patients said the treatment they received was excellent, wonderful, exceptional and caring and stated that they appreciated the clean and tidy facilities. Patients said northing was too much trouble for the staff and they could not fault the service. Patients also stated that they appreciated the same day appointment service.

On the day of our inspection we spoke with 17 patients and a representative from the patient participation group (PPG). This feedback showed that their views aligned with findings from comment cards. For example patients referred to the ease of seeing a GP on the same day. Patients were positive about the practice and the treatment they received.

Patients appreciated the service from the dispensary team and referred to staff being professional and helpful. Patients said they had enough time with the GPs and nurses and said they were listened to and involved in their care. Patients were satisfied with the cleanliness and facilities at the practice and had not found any need to complain.

We saw the results from the practice friends and family test carried out between November 2014 and end of May 2015. There were 83 results of which 82 respondents were extremely likely or likely to recommend the practice.

Areas for improvement

Outstanding practice

The proactive care of older patients. One GP had a particular interest in the health care of older patients and undertook weekly telephone calls to care homes in the local area and visited on a weekly basis. This provided continuity of care, palliative care and developed strong relationships with the residents, managers and staff. The service had resulted in a 16% reduction in emergency department attendances/admissions for the practice patients in these care homes. The GP was part of a team who were submitting this example as a case history to the National Institute for Health and Care Excellence (NICE).

Drs Hargadon, Kalra, Atkinson, Stevens, Thornton & Mr D Sheppard

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and CQC pharmacist who attended for part of the inspection. The team also included a GP specialist advisor and a practice manager specialist advisor and an expert by experience. Experts by Experience are people who have experience of using care services.

Background to Drs Hargadon, Kalra, Atkinson, Stevens, Thornton & Mr D Sheppard

Rosedean House Surgery was inspected on Wednesday 9 September 2015. This was a comprehensive inspection.

The main practice is situated in the small town of Liskeard in Cornwall. The practice provides a service to approximately 8,800 patients of a diverse age group with a larger than national average population of patients over the age of 54. The patient population group are predominantly white with a very small number of Polish migrants registering. The practice covers a geographical area of 300 square miles. The practice has a General Medical Service (GMS) contract and also offers Directed Enhanced Services, for example providing a service to patients with a learning disability.

There is a team of seven GPs (three male and four female) working at the practice totalling 5.37 whole time equivalent staff. There are five GP partners and one non GP managing partner. Partners hold managerial and financial responsibility for running the business. The team are supported by two salaried GPs, three practice nurses, a nurse practitioner, four phlebotomists, a dispensary team and additional administration staff.

Patients using the practice also had access to community nurses, midwives, community mental health teams and health visitors who visit the practice.

The practice is open from Monday to Friday 8am to 6.30pm. Appointments are available between 08.30am and 6pm on Monday to Friday. There are extended appointment times on Tuesday evening until 8.30pm and Saturday morning between 9am and 11am. Outside of these times there is a local agreement that the practice transfer telephone lines over to the out-of-hours service which is provided by the South West Ambulance Service NHS Foundation Trust.

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments bookable up to six weeks in advance.

The practice was a research centre and training practice for doctors who are training to become GPs and for medical students from the local medical school.

Detailed findings

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 9 September 2015. During our visit we spoke with a range of staff and spoke with 17 patients who used the service and a representative from the patient participation group. We observed how people were being cared for and talked with carers and/or family members. We reviewed 44 comment cards where patients and members of the public shared their views and experiences of the service

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the managing partner of any incidents. The staff were then asked to make a record of the event after which action was taken and an analysis of the significant event performed and reviewed.

We reviewed significant event registers from the last two years and saw that trends were monitored and lessons shared to make sure action was taken to improve safety in the practice. For example, an error in prescribing by a trainee GP had been identified by the dispensary staff and subsequently managed as a significant event. No harm came to the patient as the issue had been identified before the prescription had been dispensed. The event had resulted in a medicine formulary for GPs in training being produced and the medicine being removed from the routine medicine list. We also saw examples where external agencies had been involved and informed of the event and investigation findings. For example, the ambulance trust, clinical commissioning group (CCG) prescribing team and NHS England Quality & Safety lead.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. For example, the policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs met with the health visitors on a regular basis to discuss any child safeguarding issues. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs had trained to level 3 to ensure that they all had suitable knowledge.
- A notice was displayed in the waiting room, advising patients that chaperones were available if required. All staff that acted as chaperones was trained for the role and had received a disclosure and barring check (DBS). (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).
- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Assurances that suitable pre-employment checks had been performed were also obtained for locum staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice was clean and tidy. There was an infection control protocol in place and training was provided for new staff. Infection control audits were performed twice a year with the last being in August 2015. This had identified a need to replace furniture which was not easy to clean. This had been actioned.

The arrangements for managing medicines within the practice, including emergency drugs and vaccinations, kept patients safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. There were systems in place to ensure medicines requiring refrigeration were stored at the correct temperatures. These systems included daily fridge temperature recordings and policies to maintain the cold chain so that medicines were safe to be given to patients. The practice used prompts for prescribing and regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing, for

example, antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The dispensary manager had started to keep records to trace who was issued prescription stationary.

The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients who lived more than one mile (1.6km) from their nearest pharmacy premises.

The practice had a dispensary that was open Monday to Friday. The dispensary was open between 8:45am to 6:00pm Monday to Friday for patients to collect their prescriptions.

We checked how medicines were stored in the main dispensary, and found that they were stored securely and were only accessible to authorised staff. Records showed that medicines needing refrigeration were monitored and that temperature checks were carried out which ensured medicines were stored at the appropriate temperature.

There were no records of room temperature monitoring kept, however the temperature was acceptable at the time of our inspection, and ventilation and cooling system had been installed to ensure that medicines would always be kept at suitable temperatures. Systems were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription forms in the dispensary were stored securely and a full audit trail of the handling of these forms within the practice was being introduced in line with national guidance.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar issues occurring again.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Medicines were scanned using a barcode system to help reduce any dispensing errors.

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

The practice had established a home delivery service for some patients and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients were given all the relevant information they required.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy on display. The practice had up to date fire risk assessments with the last test being performed in July 2015. All electrical equipment was checked annually to ensure the equipment was safe to use. For example, the last PAT (portable electrical safety testing) had been performed at the beginning of February 2015. Clinical equipment had been tested on the same day for safety and performance as part of a rolling maintenance programme. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella. The last legionella risk assessment was performed in July 2015.

Arrangements to deal with emergencies and major incidents

There were panic systems on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also

Good

Are services safe?

a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, in abnormal heart patterns. The practice had systems in place to ensure all clinical staff were kept up to date with any changes. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results had achieved 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the health and social care information centre showed;

- Performance for diabetes related indicators was 100% which was higher than the CCG average score of 91.86%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.45% which was better than the CCG average of 76.85 and national average of 79.2%.
- Performance for mental health related and hypertension indicators was 98.4% which was higher than the CCG average of 90.9% and national average of 92.9%.

The practice had introduced services to promote positive outcomes for patients and provide information to allow patients to make changes to their lifestyle. For example they were invited to smoking cessation clinics, walking groups and discussions on diet, weight loss and exercise classes.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown 15 clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented, repeated and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services and monitor effectiveness. For example, an audit was repeated to look at the treatment of patients who had had a splenectomy (their spleen removed). The audit looked to check these patients had been appropriately prescribed antibiotics and vaccines.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Clinical staff and locum GPs were also supported according to their need and ability. Positive feedback was received from GP trainees about the induction and support they had received. All staff were informed how to access practice policies and were issued with contract which contained detailed information.
- Staff told us they felt supported and had access to further education and training. Learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff explained there was mutual respect shown at the practice and all colleagues were supportive and offered guidance where required. All permanent staff had received an appraisal within the last 12 months. Dispensary staff had formally had their competency assessed.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Registered nurses had received further education to keep their skills and knowledge up to date.

Coordinating patient care and information sharing

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

Good

Are services effective?

(for example, treatment is effective)

assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available within treatment rooms and waiting areas. All relevant information was shared with other services in a timely way, for example when patients were discussed at staff meetings.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that the practice held a range of meetings to discuss patients. These included structured multidisciplinary team (MDT) meetings with the mental health team, child health team, and cancer and complex care team. There were structured meetings to discuss patients who had been discharged from hospital, patients considered to be frail and those who had died.

Consent to care and treatment

The practice used prompts when gaining consent for procedures including ear syringing, cervical smears and child immunisations. Patients gave written consent before minor surgery procedures was performed. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We were provided with examples where this had been performed.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last stage of their lives, carers, those assessed as frail, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those at risk of developing diabetes. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable with the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with the CCG and national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged between 97% to 99% and for five year olds -90-92%. This was also comparable to CCG and national averages.

Influenza vaccination rates were comparable to national averages. For example, the rates for the over 65 year olds at the practice was 74% which compared to the local CCG average of 71% and national average rate of 73%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk, at the dispensary and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A radio was playing within the nurses wing to reduce the chance of conversations being overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

All of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and professional and treated them with dignity and respect. We spoke with a member of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 91% described their overall experience as good compared with the CCG average of 91% and national average of 85%

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%.

Staff told us that translation services would be available for patients who did not have English as a first language although this was rarely required.

Patient and carer support to cope emotionally with care and treatment

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

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged support or counselling service if required.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example,

One GP had a particular interest in the health care of older people and provided twice weekly review visits to patients in a local care home. Additionally the GP had protected time on a Monday morning to telephone the home and catch up on concerns. The scheme was being used as a NICE Quality and Productivity case study to demonstrate best practice in managing medicines in nursing and residential homes. Findings of the study had demonstrated a dramatic reduction in phone calls to the practice from the nursing home, a reduction of unnecessary hospital admissions and a reduction in medicines wastage. Other reported impacts had included an improved communication with residents, staff and relatives and a greater understanding and education of staff and residents about the range of treatment choices available

The practice had been responsive to the needs of patients and had also organised home visits proactively. The GPs took part in a rota system to be the 'visiting GP' each day. The benefits included morning consultations and treatment and if a patient needed to be admitted they would have access to secondary care earlier in the day which reduced patient anxiety and provided more time for tests and investigations to take place. The GPs explained that this system worked well.

We saw the practice responded well when patients were diagnosed with suspected cancers. There was a GP with specific responsibility and an effective system in place to ensure that referrals were prompt. The practice discussed all patients with new cancer diagnoses to ensure current practice was being followed. There were specific cancer and end of life palliative care multidisciplinary meetings and audits which looked at diagnosis and referral rates. The practice responded well to the palliative care needs and end of life care. Just in case medicines were provided so community staff had prompt access to pain relieving medicines for patients. The patients named GP also allocated a secondary named GP to provide continuity of care.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Patients told us they were able to see a GP on the same day.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or for patients who would benefit from these.
- There were disabled facilities and translation services available.
- The practice ensured any patients with mobility issues could be seen in a ground floor consulting room.
- The practice employed a nurse practitioner who assessed older, frail, vulnerable or isolated patients to review care plans, conduct risk assessments and provide health care advice.
- Practice staff were skilled to take blood from children saving them a long journey to the local acute NHS hospital.
- There were GPs with special interest, skills and knowledge in dermatology, ENT (ear nose and throat) and musculoskeletal medicine which provided an in house service for patients and a source of education and referral for medical staff at the practice.
- There was a GP with a special interest in aviation medicine and two with interests in sexual health. One of these GPs also has a diploma in menopause management.
- The practice were part of a service called 'Living Well' run in Cornwall which was coordinated by volunteer groups and Age UK. The GPs invited patients to be part of this service which offered patients health and social care needs to be discussed with an aim to identify and access support services in the area to reduce social isolation and improve wellbeing.

Access to the service

The practice was open from Monday to Friday 8am to 6.30pm. The dispensary was open between 8.45am and 6pm. Appointments were available between 08.30am and 6pm on Monday to Friday. There were extended appointment times on Tuesday evening until 8.30pm and Saturday morning between 9am and 11am. Outside of these times there was a local agreement that the practice transfer telephone lines over to the out-of-hours service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments bookable up to six weeks in advance.

All of the patients we spoke to on the day were able to get appointments when they needed them and seven patients commented that they had made their appointment on the same day. Comment cards contained positive feedback about getting appointments.

Results from the friends and family test results contained positive comments about the appointment system and access. The national GP patient survey also showed that patient's satisfaction with how they could access care and treatment were either comparable with local and national averages. For example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 91% patients said they could get through easily to the practice by phone compared to the CCG average of 82% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 84% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

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 managing partner 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. For example, we saw posters and leaflets displayed in waiting areas and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none of the patients had made a complaint.

We saw a complaints spread sheet which was used to monitor any trends and used to raise any lessons and identify any action to improve the quality of care. For example, one complaint about care raised by a patient had resulted in an apology to the patient and offer to meet with the GP and managing partner to discuss options and treatment.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice was well led and had a cohesive team. This practice had a mission statement which was displayed on the website and in the practice and included a commitment to high quality, accessible, community based healthcare. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored by the partners.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were trained in more than one area of work which promoted a sense of team work.
- Practice specific policies were available to all staff on the intranet and kept up to date. Staff explained that any changes, alerts or updates were discussed at their clinical meetings.
- A comprehensive understanding of the performance of the practice was communicated to all staff at the staff meetings.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements. For example, audits of the use of medicines used for people who have had their spleens removed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, annual environmental risk assessments were performed.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Systems were in place to prioritise safe, high quality and compassionate care, through structured meetings, IT systems and information gathering. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that there was a non-hierarchical and open culture within the practice. Staff explained that they had the opportunity to raise any issues informally or at the formal team meetings and felt confident in doing so and were supported if they did.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, the PPG member informed us the group had been instrumental in getting extra staff in the dispensary on Mondays when volumes for prescriptions were high and influencing an increase of GPs available for emergency appointments in the mornings.

The PPG representatives we spoke with told us they felt appreciated by the practice and said practice staff were receptive and open to suggestions.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was part of the primary care research network and were involved in recruiting patients for national studies.

The practice had been involved in medical teaching for many years and had two GP registrars working. (GP registrars are fully qualified doctors with hospital experience.) Patient participation with registrars was entirely voluntary. Patients were notified and able to decline the appointment at any time. Feedback from GP trainees was positive and confirmed there was support from all GPs and staff at the practice.

The practice had received a positive re-accreditation report from the South West Postgraduate Medical Education Centre in January 2015.