

The Roseland Surgeries

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Roselands Surgery on Wednesday 3 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed; however, risks associated with the safe management of blank prescription forms did not follow national guidance standards.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

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

We identified areas of outstanding practice;

The practice had responded to patient participation group (PPG) feedback positively. For example, the PPG

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recommended the practice obtain 20 defibrillators and deployed them at remote stations at each village in the 62 square mile catchment area. Fund raising had been carried out and the practice had successfully achieved this objective. The PPG maintained these defibrillators on a monthly basis in partnership with the South West Ambulance Service Trust to ensure their safe maintenance.

The practice had expanded its medicine delivery service to patient's homes. The practice provided medicines on demand, whereas in the past the patient would have had to arrange their own delivery. This scheme provided positive benefits to 35 patients, who found it difficult to leave their homes.

The practice was currently researching setting up a memory or friendship café to support patients. The practice management, PPG members, local council and local support agencies had attended meetings regarding this, including the provision of volunteers to staff the café on a fortnightly basis.

There was an area where the provider must make improvements;

- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed.

There were areas where the provider should make improvements;

- Follow national guidance to ensure that people accepting deliveries of controlled drugs are asked for identification.
- Ensure that all dispensary processes are covered by standard operating procedures that have been read and signed off by staff working under them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- The practice recorded and acted upon errors and near misses. Significant event reporting relating to medicines at this dispensing practice was reported by the practice manager using a local system called Stream.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, blank prescription forms for use in printers, and also pre-printed prescription pads were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was 13.87 which was better than the national average of 14.6.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality, frameworks used to identify risk required improvement in regard of medicines management.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.
- The practice gathered regular feedback from patients and staff, and it had a very active patient participation group which influenced practice development.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Every patient at the practice including older patients aged over 75 years had a named GP for continuity of care. Patients told us they could change their named GP if they wished to do so.
- The practice GPs visited patients in two local residential care homes during weekly visits.
- The practice provided home visits and rapid access appointments for the top 2% of vulnerable patients who were most at risk of an unplanned admission to hospital.
- The practice followed up newly discharged patients.
- The practice had supported patients in their completion of End of Life treatment escalation plans and comprehensive care plans where appropriate.
- Annual structured medicine reviews were in place for patients on multiple medicines (polypharmacy)
- GPs worked in collaboration with the Living Well team (part of Age UK) and a local support agency called Ecotherapy to improve wellbeing of those patients who had socially isolated themselves, many of which belonged to this population group.
- The practice dispensary provided a medicines delivery service for patients who found it difficult to leave their homes.
- The practice was currently researching setting up a memory or friendship café to support patients. The practice management, PPG members, local council and local support agencies had attended meetings regarding this, including the provision of volunteers to staff the café on a fortnightly basis.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March 2015, was 95.39% which was better than the national average of 94.45%.

Summary of findings

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% which was better than the national average of 89%.
- Patients with multiple conditions were seen in one appointment, rather than in several individual appointments for each of their different conditions.
- Patients were seen at the practice branch geographically closest to them wherever possible. Long term condition clinics were offered at all three sites, at different times of day.
- Patient's medicines had an automatic review period determined by the patient's GP. This was usually six months but could be set at three months if necessary. Patient's named GPs completed their medicine reviews which could lead to the patient being called on the telephone, or asked to attend for face to face review.
- The practice had regular liaison with the local Macmillan nurse, who regularly attended multi-disciplinary meetings and was available by telephone for referrals.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients 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 positive examples of joint working with midwives, health visitors and school nurses.
- The percentage of women aged 25-64 whose notes record that a cervical

screening test has been performed in the preceding 5 years was 81%, this matched the national average.

- The practice had achieved an award for delivering young person friendly services by Savvy Kernow, which was a scheme that offered people aged 13-25 years help and advice about health, wellbeing or everyday life. Savvy Kernow replaced the

Good



Summary of findings

EEFO scheme in 2015. (EEFO is not an acronym but a term coined by young people to encompass young people friendly services) To achieve this, the practice had demonstrated that they offered young person friendly services with confidentiality and consent, child protection, easy access, a welcoming environment, staff training on issues young people faced, clear publicity, signposting to other services and the involvement of young people in service design and delivery.

- The practice participated in the C-Card (condom card) scheme, which was a free condom distribution network. It provided quick, easy and confidential access to condoms for young people living in Cornwall and the Isles of Scilly to help ensure improved sexual health for younger patients.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Between April 2015 and February 2016 the practice had ten patients who had accepted offers of support, had received smoking cessation support. One patient had successfully stopped smoking. The remainder continued to receive support.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients 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.
- There were presently no homeless patients registered with the practice. In the past the practice had supported homeless patients through referral to social services and local support agencies such as a homeless shelter in Truro.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- All three practice sites were registered with Cornwall Council 'Safe Place' scheme – for patients with learning disabilities. All staff were aware of what to do should a patient require extra support on arrival at the practice.
- The practice had a learning disability trained nurse who was able to offer assistance such as new asthma diagnosis or other conditions or how to take new medicines.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 90% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 100% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. These included talking therapies offered locally and online cognitive behaviour therapies. An NHS counsellor provided in-house consultations at the practice on a regular basis.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments were offered for complex conditions or at patient's request.
- Regular multi-disciplinary meetings took place with local consultant psychiatrists and the mental health team.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Of the 232 survey forms were distributed, 119 were returned. This represented 3.27% of the practice's patient list (3,633).

- 97% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 97% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 91% and national average 85%).
- 91% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received two comment cards

which were both positive about the standard of care received. Patients had written about the kind and approachable nature of the staff, the professional and caring GPs, and the clean, well-organised facilities.

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

The practice participated in the friends and families survey which asked patients how likely they were to recommend the practice to friends and family. The practice results for January 2015 – December 2016 showed that 80% of 108 patients were likely or extremely likely to recommend the practice.

The practice had conducted their own survey in consultation with their Patient Participation Group (PPG) in January 2015. The practice sent out 255 forms and received 190 respondents. This represented 5.3% of the total practice patient list. Results were extremely positive. For example, 89.7% of patients would recommend the practice to their friends and neighbours. Full results are detailed in the well led domain of this report.

Areas for improvement

Action the service **MUST** take to improve

There was an area where the provider must make improvements;

- Review procedures for storing and recording blank prescriptions to ensure national guidance is followed.

Action the service **SHOULD** take to improve

There were areas where the provider should make improvements;

- Follow national guidance to ensure that people accepting deliveries of controlled drugs are asked for identification.
- Ensure that all dispensary processes are covered by standard operating procedures that have been read and signed off by staff working under them.
- Ensure that information about medicines use is communicated to patients when they collect.

Outstanding practice

The practice had responded to patient participation group (PPG) feedback positively. For example, the PPG recommended the practice obtain 20 defibrillators and

deployed them at remote stations at each village in the 62 square mile catchment area. Fund raising had been carried out and the practice had successfully achieved

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this objective. The PPG maintained these defibrillators on a monthly basis in partnership with the South West Ambulance Service Trust to ensure their safe maintenance.

The practice had expanded its medicine delivery service to patient's homes. The practice provided medicines on demand, whereas in the past the patient would have had to arrange their own delivery. This scheme provided positive benefits to 35 patients, who found it difficult to leave their homes.

The practice was currently researching setting up a memory or friendship café to support patients. The practice management, PPG members, local council and local support agencies had attended meetings regarding this, including the provision of volunteers to staff the café on a fortnightly basis.

The Roseland Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a CQC Pharmacy Inspector, a GP specialist adviser, and a practice manager specialist adviser.

Background to The Roseland Surgeries

The Roselands Surgeries was inspected on Wednesday 3 February 2016. This was a comprehensive inspection.

The main practice is situated in the coastal town of Portscatho, Cornwall. There were also two branches at Tregony and St Mawes. The practice provides a primary medical service to 3,600 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice.

There is a team of four GPs partners, three male and one female. Some worked part time and some full time. The whole time equivalent was 2.5 GPs. Partners hold managerial and financial responsibility for running the business. There was currently one GP registrar at this training practice. The team is supported by a practice manager, a deputy practice manager, two practice nurses, a treatment room nurse and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at the following times, 7am to 8am every Tuesday morning and twice a month on Saturday morning's 9am and 12 noon.

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

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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

The Roselands Surgeries provides regulated activities from the main site at Gerrans Hill, Portscatho, Kernow TR2 5EE and two smaller branches, one at Hill Head, St Mawes, Kernow TR2 5AL and the other at Well Street, Tregony, Kernow TR2 5RT. During our inspection we visited the main site at Portscatho. We did not visit the two branch sites.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2016. During our visit we:

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

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

- Is it safe?

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice recorded and acted upon errors and near misses. Significant event reporting relating to medicines was reported by the practice manager using a local system, Stream.
- The practice carried out a thorough analysis of the significant events. These were discussed at clinical meetings once a month and the dispensary manager was part of these meetings. They were also discussed at weekly partner and practice manager meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a significant event had occurred relating to the controlled drug (CD) register. At the time, the practice was using a very large CD register where the signature was a long way across from the entry, on the opposite page, which made it difficult to check which entries had been signed or not. It was identified that a medicine had not been dispensed via the register. This had been investigated. It transpired that confusion had occurred as the medicine had been recorded under its brand name rather than its generic name, and a signature placed in the wrong place. Shared learning took place and improvements made following this incident included the provision of new, smaller CD register binders. The practice now had a Clinical Commissioning Group employed member of the pharmacy team who worked at the practice dispensary and new protocols had been put in place to prevent reoccurrence.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice demonstrated learning by reviewing their process for delivery of prescriptions following an error

where medicines had been delivered to the wrong site. The patient was informed and apologised to in writing and systems changed to ensure that medicines were delivered to the site requested.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three in children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The infection control policy had been reviewed in October 2015. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. An infection control audit had been undertaken at the main site in March 2015. A similar audit had been completed at the St Mawes branch in January 2016 and plans were in place to carry out audits at the Tregony branch and Portscatho by March 2016. Improvements made following the audits included annual hand washing checks and training for all staff.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable nurses to administer vaccinations after specific training when a GP or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

However, we found that the arrangements for obtaining, prescribing, recording, handling and storing medicines in this dispensing practice required improvement.

Medicines that required storage in a fridge were kept at the correct temperature and monitoring was in place to check minimum, maximum and actual temperature daily. There was a risk that fridges storing medicines could be accidentally turned off as the fridges were not hard-wired and the plugs, which were accessible, were not identified as plugs which should be kept on at all times.

Medicines deliveries were made to patients who could not easily access the practices to collect their medicines. Systems were in place to ensure that medicines were delivered safely, however, on the day of our inspection; we were told that confidential information was shared in a way that did not guarantee that unauthorised persons couldn't access it. This was resolved on the day of inspection and we received assurance that confidential information regarding deliveries would no longer be shared. Medicines requiring extra security (Controlled Drugs) were delivered to patients if necessary, and although signatures were obtained, guidance was not being followed as delivery staff were not asking for identification of the person accepting the delivery. The practice were developing a form to be

used by the driver when delivering controlled drugs that would require identification to be asked for. Some medicines requiring storage in a fridge were delivered to patients if needed, using a refrigerator built into the delivery van. This fridge was not monitored to ensure it was at the correct temperature to store medicines. However, the practice communicated this requirement to the delivery company on the day of our inspection and a protocol to implement this was agreed.

The practice had recently developed a managed repeat prescription scheme, whereby they hold the repeat list for a small number of patients and order all regular medicines every 28 days. This service was developed to ensure that patients who found it difficult to remember to order their medicines didn't run out, but was not yet supported by robust governance procedures. Also, no checks were made with the patient that they had all the medicines they needed and that they were taking all the medicines supplied.

Once prescribed by GPs, medicines were handed out to patients at Portscatho practice by reception staff. There was no discussion about medicines use between patients and dispensary staff when medicines were collected.

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.

Blank prescription forms for use in printers, and also pre-printed prescription pads were not handled in accordance with national guidance as these were not tracked through the practice or kept securely at all times.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The dispensary manager was the nominated lead for health and safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and the procedure for evacuation of the building in the event of fire or other emergency had been discussed at staff meetings. All electrical equipment was checked to ensure the equipment was safe to use and clinical

Are services safe?

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- 100% of patients suffering from depression and anxiety had received a review within the last 12 months. This was better than the Clinical Commissioning Group (CCG) target average of 80%.
- 90% of patients newly diagnosed with cancer had received a review within six months. This was comparable with the CCG target range of 50 to 90%.
- 99.2% of patients who had identified themselves as smokers and also had a long term condition had been offered support to stop smoking. This was better than the CCG target of 96%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. An audit on steroid use had been carried out following a patient on long-term steroids falling ill without realising the need for increasing the dosage. As a result of the audit the practice contacted all patients on long-term steroids and ensured they are aware of the "sick day" rule and booked reviews with GPs as required. Improvements resulting from the audit including reviewing all patients prescribed with this medicine and reviewing their treatment, making adjustments and changing medicines or dosages if appropriate.
- Findings were used by the practice to improve services. For example, an audit had been undertaken of minor surgery procedures. The practice kept logs of all their minor surgical procedures and contraceptive coil fittings in order to learn from complications arising from these procedures. Patients were asked to sign written consent forms which detailed potential complications.
- The dispensary had evidence of audit participation, including one looking at patient satisfaction with the delivery service and another reviewing prescribing to residents in a local care home, which ensured that best and most cost effective practice was followed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meetings included health visitors, psychiatry, dementia nurse, district nurse and GPs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits. The practice obtained written consent prior to minor operations.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice about their diet, smoking and alcohol cessation, addictive substance support or mental health counselling. Patients were then signposted to the relevant service.
- A dietician was available via referral, healthy weight clinics focused on diet and exercise, and smoking cessation advice was available from the practice nurses on a patient centred basis.

The practice's uptake for the cervical screening programme was 81%, which was to the same as the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 87% to 100%.

The practice had provided 927 flu vaccinations in the winter of 2015 out of a target of 1,100. This was an achievement of 84% and comparable with CCG and national averages. In the previous financial year 2014-2015 the practice had

Are services effective?

(for example, treatment is effective)

provided 1,027 out of a target of 1,100. The practice had introduced a series of five flu vaccination open days at the practice in October 2015 in order to increase the numbers of patients opting to receive vaccinations.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

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

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the practice listened to and acted upon their feedback. The two comment cards highlighted that staff were kind and approachable and that the service was well organised, professional and hygienic.

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

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 89%.
- 94% of patients said the GP gave them enough time (CCG average 91%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%)
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered early opening every Tuesday morning from 7am until 8am for working patients who could not attend during normal opening hours.
- The practice also offered Saturday morning appointments from 9am to 12 noon twice a month.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available provider by the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had level access throughout and was based entirely on the ground floor.
- The practice had an emergency medicines delivery service used to deliver items such as antibiotics, to patients who are unable to collect from the surgery due to being too unwell or without transport. This service was developed following an audit of medicine deliveries which identified a need for more than a once a week service where medicines were required urgently.

Access to the service

The practice was open between the NHS contracted opening hours 8am until 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours appointments are offered at the following times on 7am until 8am every Tuesday morning and twice a month on Saturday mornings from 9am until 12 noon.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 75%.
- 97% of patients said they could get through easily to the practice by phone (CCG average 81% and national average 73%).
- 83% of patients said they always or almost always see or speak to the GP they prefer (CCG average 68% and national average 59%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This policy was reviewed in October 2015.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed in the waiting room explaining how to complain should patients wish to do so.

We looked at the three complaints received in the last 12 months and found whether these were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement stated “the aim of the Roseland Primary Care Team is to offer the highest possible care to our patients by embracing innovation and advances along with the traditional values of a family orientated general practice.”
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. A series of regular meetings provided clear direction.

- Staff told us the practice held regular team meetings. There was a business management meeting with the practice manager, deputy manager and GP partners every week.
- Once a month there was a clinical meeting with the dispensary manager, practice manager and the GP partners.
- There was an administration meeting every two weeks which included all administration staff and practice nurses.
- There was a dispensary team meeting every month which included the dispensary team and the practice manager.
- The practice held an annual whole team meeting. The most recent one had taken place in July 2015. This had included a session on anonymous frustrations from staff and possible solutions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the active patient participation group (PPG) and through surveys and complaints received. There was an active PPG with 15 members which met monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had successfully sought funding for and obtained 20 defibrillators and deployed them at remote stations at each village in the 62 square mile practice catchment area. The PPG maintained these defibrillators on a monthly basis in partnership with the South West Ambulance Trust to ensure their safe maintenance.

The practice had conducted their own survey in consultation with their PPG in January 2015. The practice sent out 255 forms and received 190 respondents. This represented 5.3% of the total practice patient list. Results were as follows;

- 89.7% of patients would recommend the practice to their friends and neighbours
- 96% found the staff to be helpful
- 89% said the doctors and nurses were easy to contact
- 84% felt the waiting times for appointments were reasonable
- Same day appointments for urgent issues were satisfactory for 75% of respondents
- 95% felt that they were given help when asked in understanding their health issues
- 98% stated their dignity was respected
- 85% of respondents said they were happy with the service provided by the dispensary.

The practice had gathered feedback from staff through a team building day held in July 2015. We saw evidence that

staff had identified their frustrations with working practices and how they could be improved. One suggestion had been that staff that lived closest to one of the three sites should be deployed there; this had been implemented where possible. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was currently researching setting up a memory or friendship café to support patients. The practice management, PPG members, local council and local support agencies had attended meetings regarding this, including the provision of volunteers to staff the café on a fortnightly basis.

The practice was a teaching practice and training practice. One of the GPs was a qualified trainer who trained GP registrars. There was currently one GP registrar at the practice. Another GP was a medical student lead trainer and taught year three, four and five medical students.

The practice had expanded its medicine delivery service to patient's homes. The practice provided medicines on demand, whereas in the past the patient would have had to arrange their own delivery. This scheme provided positive benefits to 35 patients, who found it difficult to leave their homes.

The practice participated in the Ecotherapy project, This aimed to help patients with psychological and physical issues that prevent them from joining local working groups or socialising (via a project with Exeter University).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Regulation:12 Safe Care and Treatment
Treatment of disease, disorder or injury	The proper and safe management of medicines were not maintained, for example, Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. Regulation 12(2)(g)