

The Medical Centre

Quality Report

Hospital Road
Stratton
Cornwall
EX23 9BP
Tel: 01288 352133
Website: www.strattondocs.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Medical Centre on 15 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice provided good quality patient centred care and treatment, supported by effective patient recall systems and a responsive prescription system.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, it had been successful in its bid to secure funding for a new practice to meet the growing population needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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.
- The practice had a clear vision which had quality and safety as its top priority in delivering person centred care and treatment. For example, the practice had dedicated staff dealing with patient requests for repeat prescriptions, liaising with local pharmacies and able to facilitate rapid delivery of these when needed.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- 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 people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice similar to others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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. For example, it had been successful in its bid to secure funding for a new practice to meet the growing population needs.
- Patients remarked positively about the appointment system.
- All of the patients had a named GP and that there was continuity of care, with urgent appointments available the same day.
- A dedicated prescriptions team provided a responsive and personalised service for patients.
- 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.

Are services well-led?

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

Good



- It had a clear vision with quality and safety as its top priority in delivering person centred care and treatment.
- High standards were promoted and owned by all practice staff and they worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a patient participation group which influenced practice development. For example, patient feedback about the appointment system, for example access to nurse appointments during extended hours, had been listened to and changes made.
- Continuous learning and improvement at all levels within the practice was promoted.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients receiving regular medicines were seen for bi-annual and more frequent where required face-to-face reviews with the GP.
- The practice participated in the Unplanned Admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had a care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital.

People with long term conditions

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

Good



- Longer appointments and home visits were available when needed.
- Nursing staff had lead roles in chronic disease management with support from the GPs.
- Staff had extended their skills and were able to offer services such as minor surgery.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicine needs were being met.
- The practice maintained registers and provided regular clinics for patients with long term conditions. Quality Outcomes Framework (QOF) results indicated that chronic disease management was good.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Midwives, health visitors and school nurses confirmed the practice worked well with them.
- A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.
- Young person friendly resources about sexual health were accessible in the practice waiting room.
- GPs carried out 24 hours post birth baby checks to support the midwifery team in the area.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Pre booked appointments were available 3 months in advance in addition to same day appointments. Extended hours appointments and telephone consultations were available on three evenings each week for working patients.
- The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those 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 provided support for people with drug and alcohol issues in conjunction with RISE (Recovery and Integration Service) a service for adults.
- Translation phone services were used to accommodate language needs if requested. The practice had an induction hearing loop and was accessible for people in a wheelchair.
- The practice had a learning disability register and offered annual health checks for this patient group.

People experiencing poor mental health (including people with dementia)

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

- The practice had improved its performance from 50.85% in 2013/14 to 88.9% of patients on the mental health register had received an annual physical health for 2014/15.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 115 were returned.

- 73% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 84% of patients found the receptionists at this surgery helpful (CCG average 90%, national average 87%).
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 95% of patients said the last appointment they got was convenient (CCG average 95%, national average 92%).

- 86% of patients described their experience of making an appointment as good (CCG average 82%, national average 73%).
- 54% patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. All responses were positive and the majority referred to the ease of accessing appointments, the caring approach by staff and cleanliness.

We spoke with 8 patients, one of whom was a member of the Patient Participation Group (PPG) during the inspection. All 8 patients said that they were happy with the care they received and thought that staff were committed and caring.

The Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included specialist advisors: a GP, practice nurse and an expert by experience. Experts by experience are people who have experience of using care services.

Background to The Medical Centre

The GP partnership runs the The Medical Centre, which has this one location.

The Medical Centre is contracted with NHS Kernow and the Kernow CCG (Clinical Commissioning Group) to provide general medical services to people living in and around Stratton, where social deprivation is in the mid range. There were 10,967 patients registered at the practice when we inspected. The practice population is slightly higher with more patients over the age of 45 years. During the summer months the practice has an influx of temporary patients visiting the area on holiday.

The practice provides some enhanced services which are above what is normally required covering child vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations as well as monitoring the health needs of people with learning disabilities. The practice also provides direct enhanced services including minor surgery, remote care monitoring for vulnerable patients and shingles and rotavirus vaccination. A travel vaccination service is provided.

There are seven GP partners at The Medical Centre: five male and two female. The GPs are supported by four female registered nurses and three phlebotomists. The practice has a practice manager, additional administrative and reception staff. Patients have access to community staff based at the practice including district nurses, health visitors, and midwives.

The Medical Centre is a teaching practice, providing placements for undergraduate medical students, independent prescribers and extended care practitioners.

The Medical Centre is open from 8.30 am – 6.30 pm each weekday. Throughout each day the practice has a same day team with appointments available on the day for emergencies. Extended hours appointments and telephone consultations are available for working patients. These are on Tuesday, Wednesday and Thursday evenings 6.30 – 7.30 pm. Routine appointments are available to be booked up to 3 months in advance. Appointments are usually for 10 minutes but longer appointments are available on request.

A contraception Clinic runs at the practice twice a week every Monday from 8.20 – 11.20 am & 1 – 3pm and Thursday from 9.30 – 11.20 am.

When the practice is closed, patients are directed to an Out of Hours service delivered by another provider. This is in line with other GP practices in the Kernow CCG.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015.

During our visit we:

- Spoke with 25 staff and 8 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 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 also a recording form available on the practice's computer system. We spoke with 25 who told us that the process was supportive and there was positive learning culture at the practice.
- The practice carried out a thorough analysis of the significant events and acted on them. There was a standing item for these to be discussed at alternate week practice 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, following an incident with an older patient with dementia, the practice had set up a responsive escalation process. An immediate message was sent to the duty GP through the task system whenever a patient who was vulnerable and could be at risk due to social isolation. The duty GP was required to take action, seeking support for the patient to help avoid an unplanned admission. Awareness had been raised across the team about the out of hours systems for obtaining duty social work support. The practice had also shared learning with other healthcare providers so that systematic changes could be made. For example, the practice highlighted to a dentist that a patient had been advised during a dental consultation to stop taking their anti blood clotting medicines. They raised awareness that this could have put the patient at increased risk of having a stroke and should have continued taking the medicines.

When there are unintended or unexpected safety incidents, we saw that patients had received an apology, offered support and were told about any actions taken to improve processes to prevent it happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. All of the staff demonstrated a strong commitment to providing high quality care and understood whistleblowing procedures. There was a lead member of staff for safeguarding. The safeguarding lead GP had attended level three safeguarding training. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. For example, we saw documentation confirming that a GP partner had attended a safeguarding meeting about a patient. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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). We saw certificates of training and staff were able to describe their role as a chaperone. In feedback, we highlighted that some GPs had confirmed that they had not recorded the offers made to patients for a chaperone to be present during an examination. The practice policy clearly stated that this should always be recorded in patient notes. The practice said they would immediately raise awareness of this across the team.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse 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. Staff were clear about their reporting responsibilities. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in

Are services safe?

place to monitor their use. 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 Health Care Assistants to administer vaccinations.

- The practice held a small stock 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. For example, controlled drugs were stored in a cupboard and access to them was restricted and the keys held securely. However, the cupboard used was not a clinically validated type. We received documentation showing that this was replaced immediately within 24 hours of the inspection.
- Cold chain checks re medicine storage were carried out daily and records showed there had been no issues with this. We highlighted that the current refrigeration arrangements should be reviewed and replaced with validated refrigerators suitable for storing vaccines and immunisations. Within 48 hours of the inspection, the practice sent us records showing that three new clinical refrigerators had been ordered.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a repeat prescribing self audit had been completed by the practice. This was risk rated and showed actions taken to address any areas of risk.
- High risk medicines were being monitored in line with national guidance. For example, patients on warfarin were closely monitored through regular blood screening and liaison with specialists supporting them.
- We reviewed five personnel files and found 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 Disclosure and Barring Service. The practice did not use a standard application template and the practice manager told us they would develop one for use. An annual check of professional registers had been carried out for all GPs and nursing

staff. The practice held records showing how locums had been engaged and the comprehensive identity, DBS and qualification checks carried out every time they worked at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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. We saw evidence of the checks being carried out. For example, a legionella log showed that recommendations listed from the last report had been addressed and included recording when the water system had been flushed.
- 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. For example, the practice had a duty GP system and policy that there should be at least four GP partners working every weekday.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Documents seen demonstrated that all the emergency medicines and equipment were in date and fit for use.

Are services safe?

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 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. A monthly journal club was held at the practice so that the nurses and GP discussed new developments. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff explained that any updates or changes would be communicated by email or through staff meetings. For example, the team had discussed the implications of new guidance about the treatment and monitoring of patients with type one diabetes.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, patients with heart failure were being regularly reviewed. Changes were made to medicines where necessary with particular reference to guidance about prescribing beta blocker medicines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Data for the year 2014/15 for QOF showed that the practice had obtained 557 points out of a possible 559 points with 7.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was comparable with the national average. For example 94.3% of patients on the diabetic register had had their blood tested for in the last 12 months to monitor how well controlled this was (National average 87%)
- The percentage of patients with hypertension having regular blood pressure tests was 94.4% which was comparable with the national average of 83.6%.

- The dementia diagnosis rate was 0.9% which was comparable to the national average.

We looked at the data for the previous year and followed up one area where performance had been improved in 2014/15:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their notes was 88.9% (national average 88.3%)

Clinical audits demonstrated quality improvement.

- We looked at seven clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, an audit looked at the prescribing habits of GPs with regard to a specific antibiotic. We saw evidence showing that the findings had been discussed and agreement made to take a consistent approach to prescribing this medicine. A re-audit showed that GPs had changed their practise and were consistently following the agreed protocol.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, GPs had reviewed all the patients on dual antiplatelet therapy to determine whether one of their medicines could be stopped. All patients following discharge from hospital had a stop date recorded in their notes as a result of the learning from this review. This followed national guidelines.

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, infection prevention and control, fire safety, health and safety and confidentiality. We saw a comprehensive induction pack for locum GPs and any other temporary staff such as medical students on placement.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager showed us the e-training summaries and closely monitored when updates were due.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, records demonstrated that all the practice nurses carrying out immunisations had attended an update in 2015. Staff were given ongoing support including one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Nearly all the staff had had an appraisal within the last 12 months, we were shown a list of dates for those who were yet to be appraised.
- 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 people to other services.

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 ongoing 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

multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A frailty assessment tool was used to identify any risks for patients.

The practice worked to the gold standards framework for end of life care. The nearest hospice to the practice was in Barnstaple and the GPs worked closely with the palliative care team to support patients to be at home and receive services there. A palliative care register was held and reviewed regularly. This included monthly multidisciplinary meetings to discuss the care and support needs of patients and their families.

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. GPs understood the processes to develop advance care plans with frail older patients and had these in place for patients. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was not routinely monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance. GPs verified that consent was obtained. Records seen in two patient records demonstrated that risks, benefits and information had been provided as part of this process.

Health promotion and prevention

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 on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- The practice had systems in place to monitor and improve outcomes for vulnerable patients. For example, a register of patients with learning disability was held. Information for the previous 12 months submitted to the showed that 100% patients had a physical health check.
- Smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86.9%, which was comparable to the national average of 81.83%. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 78% to 97.9% and 93% to 96.9% of five year olds had been vaccinated. Flu vaccination rates for the over 65s was 76.22% which was comparable with the national average of 73%, and at risk groups 52.45% which was above the national average rate of 52.29%.

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.

There was information about how patients could access external services for sexual health advice in the waiting room. The practice did not have a specific young person's clinic, however parents attending for appointments told us that staff were sensitive and discreet in meeting the needs of the young person they were accompanying.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were truly respected and valued as individuals and are empowered as partners in their care. For example, 45 patients remarked verbally or in comment cards about the compassionate care they received from the team at The Medical Centre. There was a strong patient centred approach to providing services from all staff during our inspection

Staff recognised and respected the totality of people's needs. Staff took patients personal, cultural, social and religious needs into account.

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 37 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 helpful, caring and treated them with dignity and respect.

We also spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice compared well with the CCG but higher when compared nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 96.8% of patients said the GP was good at listening to them compared to the CCG average of 91.7% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 90.8% and national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 95.7% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 85%).
- 98.3% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90%).
- 91.4% of patients said they found the receptionists at the practice helpful (CCG average 90.9%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 published on 4 July 2015 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:

- 92.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92.5 % and national average of 86%.
- 91.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 88.7%, national average 81%)

All eight patients we spoke with said they had been involved in decisions about their care and thought staff were good at explaining tests. Patients added that this was supported by receiving leaflets and further health promotion.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing 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 and used creative ways to reach carers. For

example, notes advertising carer checks and support groups were included on repeat prescription stationary sent to patients. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited them at home to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- All 10,967 patients had a named GP, but had the choice of who to see whenever they attended for an appointment.
- The practice carried out 24 hour post birth baby checks to support the midwifery team.
- A contraception Clinic was run at the practice twice a week every Monday from

8.20 – 11.20 am & 1 – 3pm and Thursday: 9.30 – 11.20 am.

- The practice had a dedicated team responsible for dealing with all prescription requests. Patients received personalised support and advice about medicines and their requests for repeat prescriptions were handled efficiently and effectively. Staff liaised with local pharmacies and where necessary were able to have repeat medicines delivered to vulnerable patients within 2 hours.
- The practice had a direct access telephone number, which all community health and social care staff including care home/agencies could use for immediate support.
- There were longer appointments available for patients with a learning disability and/or mental health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. For example, the practice had level access into the premises and disabled parking spaces in the small car park.
- All the consultation rooms were on the ground floor and easily accessible for patients.

Access to the service

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments. The Medical Centre was open from

8.30 am – 6.30 pm each weekday. Throughout each day the practice had a same day team with appointments available on the day for emergencies. Extended hours appointments and telephone consultations are available for working patients. These were on Tuesday, Wednesday and Thursday evenings 6.30 – 7.30 pm. Routine appointments were available to be booked up to 3 months in advance. Appointments are usually for 10 minutes but longer appointments are available on request. Out of Hours services were delivered by another provider. This was in line with other GP practices in the Kernow CCG.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local averages but higher than national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.9% and national average of 75%.
- 72.4% of patients said they could get through easily to the surgery by phone, which was comparable with the CCG average 81.8%, national average 73%.
- 87.1% of patients described their experience of making an appointment as good (CCG average 81.5%, national average 73%).
- 66% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 67.8%, national average 65%).

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.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. For example, posters and information on the website informed patients how they could complain.

dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

We looked at three of the complaints received in the last 12 months and found these had been satisfactorily handled,

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. Staff told us this put patients at the 'heart of everything' they did.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice had been successful in its bid to secure funding from commissioners to build a new practice to cope with the increasing population demands and needs in the area. Patients were kept informed of developments in the waiting room and on the practice website.

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. For example, all GPs had a lead role, area of interest and role of responsibility. These included support at the local community and mental health hospitals, support for learning disabilities patients in the community and care homes, prescribing, safeguarding and lead for the CCG.
- Opportunities to further develop the leadership of the nursing team were not fully utilised, which meant there was a lack of senior nursing representation at strategic management level. The practice told us they recognised and were in the process of looking at this to ensure this did happen.
- Practice specific policies were implemented and were available to all staff on the intranet.
- A comprehensive understanding of the performance of the practice was known. For example, this was discussed at weekly clinical and GP partners meetings.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make

improvements. A quarterly meeting reviewed the quality outcomes framework (QOF) for patients with long term conditions. This supported learning from the last quarter and actions were agreed to take improvements forward. For example, set timescales for summarising new patient notes and read codes were used so that patients were entered into the recall programme immediately and monitored under QOF.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all significant events and complaints were discussed every other week at the practice meeting. Trends were routinely analysed as part of the reporting requirements to commissioners. However, this lack nursing

Leadership, openness and transparency

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. 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 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 gives affected people 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.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Team days were held every year for training events.

Are services well-led?

Good 

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

- 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. For example, practice team minutes showed that all staff were involved in the analysis of and learning from significant events, accidents, complaints and other feedback from patients.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice was actively trying to recruit new members for the PPG when we inspected as there were six members in total. The PPG met on a quarterly basis with the practice, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there were three key areas that the PPG had

raised; the limited car parking space on site, missed appointments and extending access to nurse clinics. The practice had an action plan, which addressed each of these issues showing that it was working in partnership to improve access and facilities for patients.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The team worked closely with nearby practices and had set up a hub meeting, which met regularly in North Cornwall to discuss shared learning, issues and agreed actions.

The practice team was forward thinking and worked to improve outcomes for patients in the area. For example, the practice had employed an IT specialist and developed a bespoke system. The practice had created a safety net to closely monitor when the nationally run baby check recalls were due to ensure that parents received these appointments.