

Quay Lane Surgery

Quality Report

Old Quay Lane
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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Quay Lane Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quay Lane Surgery on 19 April 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Quay Lane Surgery is a dispensing practice. Systems were in place for the storage and safe dispensing of medicines. Staff had received appropriate training for their role.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- 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 practice had won a “Pride in Practice” award for the recognition and sensitive treatment of people who were of Lesbian, Gay and Bi-sexual orientation.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

- We found the service had made improvements since our previous inspection on 21 January 2015. For example, the practice had improve patient record keeping to confirm that consent had been obtained for invasive procedures such as ear syringing and cervical screening. The practice had provided Mental Capacity Act (MCA) training for staff. The practice had also implemented regular documented meetings so that all clinical staff were able to discuss clinical issues and significant events to ensure risks were minimised and improvements were made. The practice had improved the histology results monitoring records to ensure blood tests and other results were followed up promptly.

We saw one area of outstanding practice:

The practice worked with the community for the home delivery of medicines from the practice dispensary. 97% of patients meeting the criteria for accessing dispensing services obtained their medicines from the dispensary. The challenges of providing a service patients living in a large rural location covering 45 square miles with poor public transport and numerous housebound patients had been met by the practice. A voluntary member of staff worked four days a month to deliver medicines to housebound patients. The practice contacted patients to confirm one week prior to delivery. Patients told us they would otherwise find it very difficult to obtain their prescriptions.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and had all received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Systems were in place for the storage and safe dispensing of medicines. Staff had received appropriate training for their role.

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 compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of all their patient groups.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- This rural practice worked with the community for the home delivery of medicines from the practice dispensary. A voluntary member of staff worked four days a month to deliver medicines to housebound patients. Patients told us they would otherwise find it very difficult to obtain their prescriptions.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence that the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified, at an early stage, older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, with average blood sugar levels in the preceding 12 months was 89% which was better than the CCG average of 82% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All patients who had a long term condition had a named GP and there was a system to recall patients for a structured

Summary of findings

annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics on a Thursday morning run by the health visitors.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy related complications.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- The practice had created its own social media Facebook page to share health information and upcoming events with patients who were able to access the internet.

Good



Summary of findings

- Extended hours had taken into account the needs of working patients to access the service.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



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 carried out advance care planning for patients living with dementia.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 96% which was higher than the national average of 95%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2017. The results showed the practice was performing in line with local and national averages. 214 survey forms were distributed and 131 were returned. This represented about 3% of the practice's patient list. Information from the survey showed:

- 95% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards which were all positive about the standard of care received. Patients described the welcoming, friendly and professional attitude of all staff at the practice in this rural community. Patients wrote about the helpful and caring receptionists and clinical staff and the clean well organised environment. Patients commented on how valued they felt by the service.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients described a caring, professional and well run service. Patients had written about the friendly and helpful receptionists, the approachable and knowledgeable GPs and nurses in a clean and pleasant environment.

Outstanding practice

We saw one area of outstanding practice:

The practice worked with the community for the home delivery of medicines from the practice dispensary. 97% of patients meeting the criteria for accessing dispensing services obtained their medicines from the dispensary. The challenges of providing a service patients living in a large rural location covering 45 square miles with poor

public transport and numerous housebound patients had been met by the practice. A voluntary member of staff worked four days a month to deliver medicines to housebound patients. The practice contacted patients to confirm one week prior to delivery. Patients told us they would otherwise find it very difficult to obtain their prescriptions.

Quay Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Assistant Inspector.

Background to Quay Lane Surgery

Quay Lane Surgery is made up of two locations in a rural area of south east Cornwall. The main practice is situated in St Germans and the branch practice in Downderry. The practice population is spread over a rural area of 45 square miles.

The deprivation decile rating for this area is six (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 4,490 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British. Public health data showed that 2.7% of the patients are aged over 85 years old which is lower than the local average (CCG) of 3.1% and higher than the national average of 2.3%.

There is a team of four GP partners, one female and three male. Some GPs worked part time making the whole time equivalent 2.75 WTE. Partners hold managerial and financial responsibility for running the business. The GP team are supported by a practice manager, one practice nurse, two health care assistants, a phlebotomist, four dispensary staff, reception manager, receptionists and administrative support staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors other health care professionals who visited the practice on a regular basis.

The practice is open between 8.30am and 6.00pm Monday to Friday. Appointments are offered between 9am to 1pm and between 2pm to 6pm. Extended hours are worked one evening a week, varying from one week to the next on a rota system, from 6.30pm until 8.45pm. Between 8am to 8.30am and 6pm to 6.30pm and at all other times outside of the practice opening hours, patients are directed to contact the out of hour's service and the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments as well as online services such as repeat prescriptions.

Quay Lane Surgery is a dispensing practice. The opening hours for the dispensary are the same as the practice opening hours.

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

This report relates to the regulatory activities being carried out at Quay Lane Surgery, Old Quay Lane, St Germans, Cornwall PL12 5LH. We visited this location during our inspection.

Other locations where regulatory activities are carried out included the branch location at:

Downderry Surgery

Broads Yard

Downderry

Torpoint

Cornwall PL11 3LX

Detailed findings

We did not visit the branch location during this inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 we hold about the practice and asked other organisations such as Healthwatch to share what they knew. We carried out an announced visit on 19 April 2017. During our visit we:

- Spoke with a range of staff including the practice manager, reception manager, four GPs, nurse, health care assistants, dispensary and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 living 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 a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a clinical audit had identified that a group of pre diabetic patients had high blood sugar levels. GPs had taken appropriate action but the correct code had not been entered onto the computer system to flag these patients as being pre diabetic. The practice organised a clinical significant event. This was discussed formally at a meeting. Identified actions agreed included recalling these patients in for another blood test. Based on these results, patients were then invited to an appointment with the specialist diabetic nurse. Appropriate codes were entered and referrals made according to the results, such as referrals to retinal screening and foot check clinics. Shared learning implemented included the need for GP vigilance when checking results and a protocol agreed to enter correct codes for pre diabetic patients. In addition, a six monthly search was set up on the system to ensure the incident did not occur again.
- The practice also monitored trends in significant events and evaluated any action taken. For example, the

practice had historically had a low spend on medicines. In August 2014 the practice identified the fact it was amongst the highest spenders on medicines in the clinical commissioning group. The practice introduced housekeeping actions such as monitoring dosages, and had changed their computer system to identify appropriate medicine alternatives. These were successful, and by March 2017 the practice was the second lowest spender on medicines in the East Cornwall locality within Kernow CCG. There are 10 practices in the East Cornwall locality.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 GP and a deputy GP for safeguarding. Evidence showed that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurse had also been trained to level three.
- 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 (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

Are services safe?

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, some patient chairs in the waiting room were identified as needing refurbishing. This was acted upon. The most recent audit was completed in March 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for clinical conditions within their expertise (e.g. diabetes medicines and certain antibiotics). They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- Quay Lane Surgery is a dispensing practice. We looked at the procedures for storage and safe dispensing of medicines. Systems, including standard operating procedures, were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulation.
- There was a clear audit trail for the authorisation and review of repeat prescriptions. Alerts were raised when the GP was required to review the medicines or if the patient requested medicines early. Any changes to the patient's medicines were flagged on the computer system.
- Security of controlled drugs (CDs) was in line with recommended guidance, both in physical security and administrative procedures. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- Records showed that dispensary staff had received appropriate training and had regular checks and appraisals of their competence.
- The GP lead for the dispensary audited the staff competencies. Opening times for the dispensary were clearly posted on the door with details of where patients could obtain medicines when they were closed.
- Refrigerators were available for the storage of vaccines. The nurse or health care assistants checked and recorded the temperatures twice daily. They told us that any abnormal readings would be reported to the practice manager for action to be taken. This demonstrated the staff recognised the importance of storing vaccines at the correct temperature. Recording of ambient room temperature of the dispensary took place, recording the minimum and maximum range recorded (for example when closed at weekends). The refrigerator plug was inaccessible and marked appropriately to avoid unintended switching off.
- Blank prescription pads and printer forms were held securely in the practice. These forms were recorded when received and used, which enabled an audit trail to be maintained of the whereabouts of these forms.
- The practice worked with the community for the home delivery of medicines from the practice dispensary. 97% of dispensing patients obtained their medicines from the dispensary. The challenges of providing a service to patients living a large rural location covering 45 square miles with poor public transport and numerous housebound patients had been met by the practice. A voluntary member of staff worked four days a month to deliver medicines to housebound patients. The practice contacted patients to confirm one week prior to delivery. Patients told us they would otherwise find it very difficult to obtain their prescriptions.
- Any errors or near misses were recorded, monitored and actions put in place to reduce the risks of any recurrence.

Are services safe?

- There were clear operating procedures in place for dispensary processes. Systems were in place to ensure all prescriptions were signed before being dispensed. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme (DSQS), which rewarded practices for providing high quality services to patients.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan was last reviewed in July 2016. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99.5% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016-17 showed:

- The percentage of patients with diabetes, on the register, with average blood sugar levels

in the preceding 12 months was 89% which was better than the CCG average of 82% and the national average of 78%.

- The percentage of patients with physical and/or mental health conditions whose

notes record smoking status in the preceding 12 months was 96% which was higher than the national average of 95%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, six of these were completed full cycle audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, a complete audit had been carried out on minor surgery at the practice. 987 patient records were examined. The audit examined cryotherapy treatments, joint injections, excisions and nail removals. The audit findings were shared and discussed at a meeting with all GP partners and the practice manager. The results showed low complication and infection rates and found compliance with recommended guidelines. The audit was planned to be reviewed annually.

Information about patients' outcomes was used to make improvements. For example, an antibiotic prescribing audit had examined 52 patient prescriptions for a range of medicines. The audit considered the use of alternative antibiotics, and whether patient dosages were current and appropriate. The findings of the audit found that certain medicines had been over prescribed, 7.9% practice and national 4.7% averages. Actions arising included using a different antibiotic and in some cases no antibiotic. The benefit to the patients was to reduce the risk of clostridium difficile (CDiff), and reduce the contraindications of using excessive or multiple antibiotics. Other actions arising included reducing prescribing for UTIs (Urinary Tract Infections) to three days supply and the use of a toolkit (named "Target") from the Royal College of GPs (RCGP). The audit was repeated annually.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw that palliative care patients' information had been shared appropriately with the out of hours service to enable appropriate treatment to be provided, such as a priority access telephone number.

Staff worked together and with other health and social care professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Health care assistants provided weight management clinics and could refer patients to support services on healthy eating. One of the practice staff was also a stop smoking counsellor, providing a clinic at the practice once a week.

The practice's uptake for the cervical screening programme was 89%, which was better than the CCG average of 83% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to national averages. For example, rates for the vaccines given to under two year olds ranged from 96% to 100% and five year olds from 94% to 96%. National averages were 90% and 88% respectively.

There was a policy to offer telephone or written 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. There

Are services effective?

(for example, treatment is effective)

were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74 years. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 54 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 four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 99% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The practice had completed their own patient survey between April and June 2016. There had been 189 respondents. Of these, 98% said their GP was very good at putting them at ease and 99% said their GP gave them enough time. The practice had scored 100% in GP's being polite and considerate, in GP's listening and in patients being completely happy to see the same GP again.

Friends and family feedback between the inception of the survey October 2014 to April 2017 had 494 responses. Of these, 483 were extremely likely and 8 likely to recommend the practice to their friends and family.

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 from the 54 comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

Are services caring?

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them. One member of staff spoke Italian.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (about 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice held a carers register which noted which patient was cared for. The practice offered carers an annual health review, flu vaccinations and signposting to support services.

Staff told us that if families had experienced 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 identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours one evening every week.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had won a "Pride in Practice" award for the recognition and sensitive treatment of people who were of Lesbian, Gay and Bi-sexual orientation.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- A patient had complained that their long term condition diabetic appointment was too short at 20 minutes. The practice had acted upon this and increased it to 30 minutes for all long term condition patient appointments.

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments were offered between 9am to 1pm and between 2pm and 6pm. Extended hours were worked one evening a week, varying from one week to the next on a rota system, from 6.30pm until 8.45pm. Between 8am to 8.30am and 6pm to 6.30pm and at all other times outside of the practice opening hours, patients were directed to contact the out of hour's service and the NHS 111 number.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

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

- 93% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 84% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 76%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 68% and the national average of 66%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Urgent visits were brought to the attention of the duty GP immediately and recorded on the computer system. The duty GP then accessed the information and took

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

appropriate action such as telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.

- We saw that information was available to help patients understand the complaints system. Leaflets and posters were displayed at reception which explained how to make a complaint should the patient wish to do so.

We looked at four complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had made a complaint about why the local hospital had not referred them to a specialist service. The practice manager investigated this and spoke with the patient's GP. The practice manager found that the reasons for the hospital's decision had already been discussed with the patient and outlined in the patient's records. The practice manager met with the patient, who was satisfied with the outcome. Shared learning included the need for comprehensive record keeping following a consultation.

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; “Quay Lane Surgery is committed to providing the highest standard of equitable and safe patient care through our patient driven, holistic approach and the provision of convenient access to and the continuity of care by a well-trained, responsive and highly motivated primary healthcare team”.
- Core values were listed as being patient centred, quality of care, being equitable and fair, safe provision of care and treatment, being ethical and demonstrating a commitment to staff development.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. There was a lead GP for safeguarding and one for prescribing, and another GP lead for commissioning. A member of staff was head receptionist. A healthcare assistant was learning disability lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. A partners meeting took place on a weekly basis. There were also monthly clinical meetings, monthly safeguarding meetings, monthly palliative care meeting and monthly mental health meeting. Every two months a team meeting took place separately for the dispensary team, reception and nursing teams. On a quarterly basis meetings involving all staff took place.

Are services well-led?

Good 

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

- 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 and supported in doing so. We noted team social events were held every six months.
- 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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. There were 31 PPG members on the day of our inspection. This included nine virtual members (online only). The PPG met regularly bi-monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. The next PPG Annual General Meeting was due to be held in May 2017. Improvements delivered by the PPG included the provision of portable lighting for use during minor surgery.
- Friends and family feedback between the inception of the survey October 2014 to April 2017 had 494 responses. Of these, 483 were extremely likely and 8 likely to recommend the practice to their friends and family.
- The practice had completed their own patient survey between April to June 2016. There had been 189 respondents. Of these, 97.9% said their GP was very good at putting them at ease and 99.3% said their GP gave them enough time. The practice had scored 100% in GP's being polite and considerate, in GP's listening and in patients being completely happy to see the same GP again.

- 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, for example in the flexibility and management of staff rotas.

Continuous improvement

There was a 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 piloting wifi (wireless internet connectivity). This was mostly used for multi-disciplinary team meetings on a monthly basis. The practice had volunteered to pilot this via the CCG. The pilot had been successful so far, as it enabled health professionals using other computer systems to enter information directly onto patient records, making the meetings more immediately constructive. Decisions could be agreed and made based on live data.

The practice was a pilot site for GURU (a computer system used for information sharing with other appropriate health professionals). Three local hospital wards had been able to access patient record summaries at the practice through GURU. This enabled better care and treatment for the patients, based on the latest information.

The practice had also volunteered to trial DOC MAN (a document management system) so that the local Derriford hospital could send letters and documents to the practice electronically using a secure method. This enabled the hospital to send the practice a patient's hospital discharge letter and records instantly via the new system, ensuring safe and relevant continuity of care and treatment for the patient.