The Roseland Surgeries

Quality Report

The Surgery
Gerrans Hill
Portscatho
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TR2 5EE
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 20 September 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Outstanding

People with long-term conditions – Good

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at The Roseland Surgeries on Tuesday 6 February 2018 as part of our planned inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw three areas of outstanding practice:

- The practice had gained SAVVY level two, (a county-wide initiative by the council supporting improved access to GP services for young people) approval. This indicated a focus on the emotional health and well-being of young people. Staff encouraged young people to visit the practice and engage with their GP and reassure them that their appointments were entirely confidential. This scheme supported 14% of the practice population which was approximately 500 patients aged under 18 years.
- In order to reduce social isolation particularly for the population groups of older people and families,

Summary of findings

children and young people, in this rural area, the practice had worked with its patient participation group (PPG) to set up two community cafes. These were staffed by PPG volunteers including a mental health community nurse. Organised activities included a ping pong group, a young people's drama group, computer workshops and various arts and crafts. There were also areas for quiet conversation and tea, coffee and refreshment facilities. These community cafes were attended by about 25 to 30 patients a week in the villages of Portscatho and Veryan. The practice had trained the café volunteer staff in manual handling, first aid and food hygiene. Patients provided us with positive feedback about the community cafes.

- The practice supported a volunteer patient transport service which included a 20 seater minibus. Drivers had received appropriate background checks. The PPG had secured a grant from the local council in order to support this service, of key importance in a rural area with challenging roads and infrequent public transport (only two buses a day on the Roseland peninsula). The PPG volunteer transport service ferried patients from their villages to the practice, to the two community cafes and to other essential health care providers such as the hospital which was a 45 minute journey. Approximately 50 patients who had mobility issues or difficulties accessing public transport in this rural area, benefitted from this service. Patients benefitted from reduced isolation from the service and unplanned hospital admissions had reduced.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people	Outstanding ☆
People with long term conditions	Good ●
Families, children and young people	Outstanding ☆
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

The Roseland Surgeries

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.

Background to The Roseland Surgeries

The Roseland Surgeries is situated in a rural area of Cornwall. The practice is comprised of three sites on the Roseland peninsula.

The main practice is situated in the coastal town of Portscatho, Cornwall. There are also two branches at Tregony and St Mawes. The practice provides a primary medical service to 3,700 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice.

The deprivation decile rating for this area is six (with one being the most deprived and 10 being the least deprived). The 2011 census data showed that majority of the local population identified themselves as being White British.

There is a team of three GP partners, two male and one female. There is one male salaried GP. Some worked part time and some full time. The whole time equivalent was three. The team were supported by a practice manager, two practice nurses, a treatment room nurse and additional administration staff.

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

The practice is a dispensing practice and has a dispensary manager and two other dispensing staff.

The practice is open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at twice a month on Saturday mornings 9am to 12 noon.

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

The practice offers a range ofappointment types including book on the day, telephone consultations and advance appointments (eight weeks in advance) as well as online services such as repeat prescriptions.

The practice has a General Medical Services (GMS) contract with NHS England. This report relates to the regulatory activities being carried out at the following three sites, all of which we visited during our inspection;

Gerrans Hill, Portscatho, Kernow TR2 5EE

Hill Head, St Mawes, Kernow TR2 5AL

Well Street, Tregony, Kernow TR2 5RT.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. (Antibiotics and antimicrobials both inhibit the growth of or kill microorganisms. Antibiotics are produced naturally from moulds or bacteria. Antimicrobials can be also chemically synthesized, but the term encompasses both). There was evidence of actions taken to support good antimicrobial stewardship which was comparable to CCG and national averages.

Good

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- This location was a dispensing branch. Arrangements for dispensing medicines at the practice kept patients safe. Temperatures of medicines were monitored in accordance with national guidance. The refrigerators had external visible thermometers backed up by internal portable thermometers. Written records confirmed these temperature records were monitored. We found that all medicines were within their expiry dates.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Patients provided us with positive feedback about the service.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Incidents and events were discussed at clinical meetings once a month and the dispensary manager was part of these meetings. They were also discussed at weekly partner and practice manager meetings. For example, an incident occurred around dispensary communication. A patient had multiple items on prescription. Two items were difficult to source and staff had elevated this issue to the dispensary manager, which caused an administrative delay of four days. This delay was not communicated to the patient, who was told when they arrived to collect their medicines. The practice investigated this. Shared learning took place. This included the introduction of a new protocol which required letting the patient know if a delay of more than 24 hours beyond the normal four day time frame was anticipated.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice offered portable devices for 24 hour blood pressure monitoring and 24 hour ECG (echo cardiogram, used to monitor heart rates) for any patient where GPs or nurses believed it to be clinically important.
- The practice had devised a new online travel vaccination questionnaire in order to speed up the process for patients who wished to reduce the risk of contracting diseases whilst abroad.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their prescribed medicines. The practice maintained a frailty register with about 300 patients on it. These were reviewed on a regular basis and patients were provided with falls assessments and care plans were in place for those who were most vulnerable.
- Patients aged over 75 could request a health check if they had not received one in the last 12 months. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met, in their birthday month. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- One of the specialist nurses was mentoring a practice nurse to raise awareness of this patient group as part of an "IMPACT" – Improving care of patients with respiratory disease (COPD and asthmatics) initiative. A clinic was provided on a monthly basis. Rationalised medicines, looking at overuse of inhalers, took place routinely as part of the initiative.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given (100%) were above the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 83%, which was in line with the 81% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- The practice scored higher than the CCG and national averages in the majority of areas supporting patients in this population group.
- The practice invited a consultant psychiatrist based at the local hospital to their monthly multi-disciplinary team meetings, which meant that GPs and nurses at the practice had a high awareness of how to support this patient group. There were approximately 12 patients in this population group.
- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the CCG average of 94% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 92%; CCG 95%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was an active research site linked to the University of Plymouth. All staff had undertaken the "Good Clinical Practice" training programme. The practice had completed two research studies and was currently in the process of completing its third project. One of these looked at the early onset of rheumatoid arthritis for patients who present with a musclo-skeletal problem not caused by obvious injury. The research examined whether patients were more susceptible to rheumatoid arthritis based on the results of their blood tests. If they were, the patient could start taking an appropriate medicine for it sooner than they would otherwise. This project involved approximately 45 patients and identified two as requiring early intervention; helping them control their condition more effectively.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 99% of the total number of points available. (2016/17 https://qof.digital.nhs.uk). This compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was comparable with the national average of 10%; where exceptions were made we saw these were clinically appropriate. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements and was actively involved in quality improvement activity. For example, by carrying out continual productive general practice exercises, which was a nationally recognised scheme. These included examining existing processes and finding where improvement could be made. The practice had looked at its referrals process. Improvements identified included reduced rejection rates of referrals through increased awareness of national guidelines. The practice now ensured that all GPs were aware of these guidelines and complied with them. The practice included regular discussion of these guidelines at clinical meetings.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings,

Good

Are services effective?

(for example, treatment is effective)

appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and social prescribing through walking group referrals to two local groups.
- The practice referred pre-diabetic patients to a national diabetes prevention programme which KCCG had funded for local clinics.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 218 surveys were sent out and 128 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 90%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (About 2% of the practice list).

- The practice supported carers in various ways. For example, the practice medical secretary acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice provided a carers information pack, flu vaccination clinics and health checks for carers, all of which were advertised in the monthly practice newsletter.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 97% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as outstanding for providing responsive services, and outstanding for two population groups (older people and families and young people). We rated the remaining population groups as good.

Responding to and meeting people's needs

The practice had adopted an innovative approach to delivering services to its patients across the rural Roseland peninsula. The practice was proactive in taking account of patient needs and preferences. For example;

- The practice had created an online community map which users could interact with to locate health, wellbeing and other relevant support services across Roseland peninsula.
- The practice understood the needs of its population and tailored services in response to those needs. For example the practice offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice was working with its PPG to create the role of community co-ordinator to act as a conduit between health and social care. The practice population included a number of socially isolated patients, elderly, living alone or those with a spouse or partner only, who struggled to get help with non-clinical issues.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, by offering a weekly pharmacy home delivery service, equipped with a delivery van. This provided a service to approximately 100 patients every week and also offered an emergency delivery service on request. The delivery service encompassed an area of 67 square miles of a rural character with challenging coastal terrain and narrow country lanes.
- Since one of the GP partners had retired the practice had taken the opportunity to review its appointment system. Each patient retained a named GP, but could also see any other GP at any of the three sites should they wish to do so. Patients told us this often resulted in them securing an appointment sooner than they had been able to in the past.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- In order to reduce social isolation particularly for the population groups of older people and families, children and young people, in this rural area, the practice had worked with its patient participation group (PPG) to set up two community cafes. These were staffed by PPG volunteers including a mental health community nurse. Organised activities included a ping pong group, a young people's drama group, computer workshops and various arts and crafts. There were also areas for quiet conversation and tea, coffee and refreshment facilities. These community cafes were attended by about 25 to 30 patients a week in the villages of Portscatho and Veryan. The practice PPG had organised training for the café volunteer staff in manual handling, first aid and food hygiene. Patients provided us with positive feedback about the community cafes.

- The practice supported a volunteer patient transport service which included a 20 seater minibus. Drivers had received appropriate background checks. The PPG had secured a grant from the local council in order to support this service, of key importance in a rural area with challenging roads and infrequent public transport (only two buses a day on the Roseland peninsula). The PPG volunteer transport service ferried patients from their villages to the practice, to the two community cafes and to other essential health care providers such as the hospital which was a 45 minute journey. Approximately 50 patients who had mobility issues or difficulties accessing public transport in this rural area, benefitted from this service. Positive benefits to patients included reduced isolation from the service and unplanned hospital admissions had reduced through higher levels of interaction with patients, which enabled more responsive care and treatment.
- The practice worked with two local residential care homes, supporting them by providing a GP ward round once a week. All of the residents at one care home were registered at the practice.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice had gained SAVVY level two, (a county-wide initiative by the council supporting improved access to GP services for young people) approval. This indicated a focus on the emotional health and well-being of young people. Staff encouraged young people to visit the practice and engage with their GP and reassure them that their appointments were entirely confidential.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group 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 and online appointments and repeat prescriptions.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- In order to reduce social isolation in this rural area, the practice had worked with its patient participation group (PPG) to set up two community cafes. These were staffed by PPG volunteers including a mental health community nurse. Organised activities included a ping pong group, a drama group, computer workshops and various arts and crafts. There were also areas for quiet conversation and tea, coffee and refreshment facilities. These community cafes were attended by about 25 to 30 patients a week in the villages of Portscatho and Veryan. Staff had been trained in manual handling, first aid and food hygiene. Patients provided us with positive feedback about the community cafes.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP. All patients had been reviewed and were regularly monitored to ensure they were receiving the most effective treatment to meet their changing needs.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.
- 94% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.
- 93% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.
- 82% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 12 complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way. For example, one complaint was made about being unhappy with a GP consultation regarding an onward referral. The patient felt the GP had promoted private over NHS medicine. The practice investigated this and spoke with the patient and the GP. Shared learning took place at one of the weekly meetings at the practice. This included the emphasis placed on the various options available. The patient was satisfied with the outcome.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These challenges included migration to a new computer system (SystmOne) from Microtest. The recruitment of a new GP partner was underway. The practice was engaging with local medical committees (LMC) as far afield as Gloucestershire in order to secure applicants.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. These were on display throughout the practice and understood by the staff we spoke with. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Good

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, complete cycle clinical audits had been completed on urinary tract infections, hand washing and medicines optimisation. For example, an audit had taken place on prescribing upper respiratory tract infections. 12 Patients were involved, to see if theycomplied withNICE guidance. They found that 92% did comply, those not compliant had their treatment adjusted appropriately.
- The practice had plans in place and had trained staff for major incidents. The practice had a business continuity plan. The practice had carried out a fire drill in January 2018.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, the introduction of new computer system.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) with 25 members. The PPG met up on a monthly basis in the practice. We saw written minutes and meeting agendas. Most recently the PPG discussed the maintenance of its 20 defibrillators across the peninsula, the drama and other activity groups and the fund raising for a community co-ordinator.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, practice staff carried out continuous reviews of their systems and processes using the NHS England approved Productive General Practice management tool.
- The practice had completed two research studies and was currently in the process of completing its third project.

Are services well-led?

Good

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

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.