

Pensilva Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Pensilva Health Centre was inspected on Tuesday 17 March 2015. This was a comprehensive inspection. Overall the practice is rated as good.

The practice provides general medical services to people living in Pensilva and the surrounding areas. The practice provides services to a predominantly Cornish population and is situated in a rural location.

At the time of our inspection there were approximately 4,700 patients registered at the service with a team of three GP partners. There were also two salaried GPs. In total the practice had five GPs. Three were male and two were female. GP partners held managerial and financial responsibility for running the business. There were two nurses and one health care assistant at the practice. One of these nurses was an assistant practitioner. In addition there was a practice manager, and additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

Our key findings were as follows:

Pensilva placed an emphasis being a caring practice in the face of increasing demands for its services. The patient population had risen by 100 a year for the past three years. This was one of the highest rates in Kernow.

The practice was engaged with local population and GPs and staff knew their patients personally. There was a very active Friends of the Health Centre group. There was also a good Patient Participation Group (PPG) with a walking group, carers group, and bereavement group.

We rated this practice as good. Patients reported having good access to appointments at the practice and liked having a named GP which improved their continuity of care. The practice was clean, well-organised, had good facilities and was well equipped to treat patients. There were effective infection control procedures in place.

Summary of findings

The practice valued feedback from patients and acted upon this. Feedback from patients about their care and treatment was consistently positive. We observed a patient centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Views of external stakeholders were positive and were aligned with our findings.

The practice was well-led and had a clear leadership structure in place whilst retaining a sense of mutual respect and team work. There were systems in place to monitor and improve quality and identify risk and systems to manage emergencies.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of a patient's mental capacity to make an informed decision about their care and treatment, and the promotion of good health.

Suitable staff recruitment, pre-employment checks, induction and appraisal processes were in place and had been carried out. Staff had received training appropriate to their roles and further training needs had been identified and planned.

Information received about the practice prior to and during the inspection demonstrated the practice performed comparatively well with all other practices within the clinical commissioning group (Kernow CCG) area.

Significant events had been recorded, discussed and acted upon in a systematic way. Shared learning had taken place.

We found examples of outstanding practice at Pensilva Health Centre. For example;

The practice had a level of commitment to safeguarding which went beyond its contractual obligations. Written evidence about individual incidents confirmed this. GPs at the practice liaised regularly with other health and social care professionals to ensure high standards of safeguarding were in place. All patients told us they felt safe in the hands of the staff and confident in clinical decisions made. There were effective safeguarding procedures in place. There was a highly trained lead GP for safeguarding.

The practice was rated the best in Kernow for diagnostic rates of dementia. The practice had achieved 84% of the expected rate of their practice population in dementia diagnosis.

There were also areas which the practice needed to improve. For example;

There was some uncertainty among the nursing team as to responsibility for lead nursing roles. One of the new nurses had not received a three monthly probation review which was due. The practice should ensure that the nursing team received appropriate management support.

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 good for being safe. Patients we spoke with told us they felt safe, confident in the care they received and well cared for

The practice had systems to help ensure patient safety and staff had appropriately responded to emergencies.

Recruitment procedures and checks were completed as required to help ensure that staff were suitable and competent. Risk assessments had been undertaken to support the decision not to perform a criminal records check for administration staff.

Significant events and incidents were investigated both informally and formally. Staff were aware of the learning and actions taken. Meetings were held every three months or more frequently if required.

Staff were aware of their responsibilities in regard to safeguarding and the Mental Capacity Act (MCA) 2005. There were suitable safeguarding policies and procedures in place that helped identify and protect children and adults at risk of abuse. All staff had received training in the MCA in March 2015.

All patients told us they felt safe in the hands of the staff and confident in clinical decisions made. There were effective safeguarding procedures in place. There was a trained lead GP for safeguarding.

There were suitable arrangements for the efficient management of medicines within the practice.

Medicines management policies had been updated in February 2015.

The practice was very clean, tidy and hygienic. Suitable arrangements were in place to maintain the cleanliness of the practice. There were systems in place for the retention and disposal of clinical waste.

Good



Are services effective?

The practice is rated good for being effective. Supporting data obtained both prior to and during the inspection showed the practice had effective systems in place to make sure the practice was efficiently run.

Good



Summary of findings

The practice had a clinical audit system in place and regular audits had been completed on coil fitting, prescriptions and minor surgery procedures. These had been completed on an annual basis and a complete audit cycle was in place.

Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice.

Information obtained both during and after the inspection showed staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation had been completed.

The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

The practice is rated as good for being caring. Feedback from patients about their care and treatment was consistently positive.

We observed a patient centred culture and found evidence that staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings. We met up with members of the patient participation group and of the friends of the health centre group during the inspection who confirmed this.

Patients spoke positively about the care provided at the practice. Patients told us they were treated with kindness, dignity and respect. Patients told us how well the staff communicated with them about their physical, mental and emotional health and supported their health education.

The practice cared about patient's comfort as they waited for appointments. The waiting room had bariatric chairs of different sizes to heights to suit patients of all shapes and sizes.

Patients told us they were included in the decision making process about their care and had sufficient time to speak with their GP or a nurse. They said they felt well supported both during and after consultations.

Good



Are services responsive to people's needs?

The practice was rated good for being responsive. Patients commented on how well all the staff communicated with them and praised their caring, professional attitudes.

Good



Summary of findings

Patients told us that the practice responded promptly to their needs. This was confirmed by our meetings with patients in the waiting room. There was information provided on how patients could complain. Complaints were managed according to the practice policy and within timescales.

There was an accessible complaints system with evidence.

The practice recognised the importance of patient feedback and had encouraged the development of a patient participation group to gain patients' views. The practice had worked with their PPG and had completed patient surveys in 2014 and in previous years. There was also a suggestions box available for patients to provide feedback on a day to day basis.

Practice staff had identified that not all patients found it easy to understand the care and treatment provided to them and made sure these patients were provided with relevant information in a way they understood.

Patients said it was easy to get an appointment at the practice and were able to see a GP on the same day if it was urgent.

Are services well-led?

The practice is rated as good for being well led. The practice had a clear vision and strategy. The practice met up annually to refresh this strategy and it was discussed regularly at team meetings. Staff were clear about the vision and their responsibilities in relation to this. Nursing staff, GPs and administrative staff demonstrated they understood their responsibilities including how and to whom they should escalate any concerns.

Staff spoke positively about working at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work.

The practice had a number of policies to govern the procedures carried out by staff and regular governance meetings had taken place. There was a programme of clinical audit in operation with clinical risk management tools used to minimise any risks to patients, staff and visitors.

Significant events, incidents and complaints were managed as they occurred and through a more formal process to identify, assess and manage risks to the health, welfare and safety of patients. There was a nominated GP lead for health and safety at the practice.

The practice sought feedback from patients, which included using new technology, and had an active patient participation group (PPG). There was also an active friends of the health centre group.

Good



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 providing care to older people.

11% of the total practice population was aged over 75. Each of these patients have their own accountable GP, however they are able to see any GP of their choice.

Over 75 year old health checks are available on request; 97% of this population group had been seen in the last 12 months.

The practice participated in the Avoiding Unplanned Admissions enhanced service. The practice also referred appropriate patients to the Living well scheme which used vetted local voluntary services.

The practice participated in the East Cornwall local enhanced service which includes polypharmacy reviews and frailty assessments. GPs proactively visited four local care homes on a monthly basis to see all residents registered, offering patients unable to come to the practice a health check. The practice also offered rapid access appointments to these patients.

The practice dispensary offered monitored medicine dose packs following a needs assessment. The practice also provided a repeat prescription pre-ordering system so patients were not required to contact or visit the practice until collection. The practice was currently in discussion to provide a regulated delivery service. The practice currently offered patients the choice to have their prescriptions sent to a local chemist who already provided a delivery service.

Staff told us that they assist whenever they can, for example, helping patients by taking medication to patients in the car park if they are unable to leave their vehicle easily.

The practice's flu vaccination clinics had been successful with a high take up. The practice had consistently been within the top five in Kernow for this. The practice received positive feedback from patients who attended these vaccination clinics, where large numbers of patients had been successfully vaccinated. The practice ensured that all disabled or wheel-chair user patients had priority parking and full access to services.

Good



People with long term conditions

The practice is rated as good for providing care to people with long term conditions.

The practice offered chronic disease clinics for ongoing monitoring, support and care. The practice continually reviewed its recall system

Good



Summary of findings

with the aim of providing a better patient experience to patients with multiple long term conditions. The practice had access to specialist nurses for complex care patients. This included asthma, COPD and diabetes.

The PPG helped to set up the local breathers group for patients with COPD. The PPG also run a Carers Group, with regular speakers, which provide advice and support for carers and families.

Palliative Care teams attend our monthly MDT meetings and Palliative care nurses have telephone and email access to the GPs, which enhances the management of these patients, particularly in the terminal phase of their care

The practice had a system which proactively invited patients in this population group for a health review every nine months. This met best practice.

Families, children and young people

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

All staff are trained within their level of responsibilities in safeguarding. The practice held monthly cause for concern meetings which ensured that vulnerable children were identified and actions discussed and agreed.

All new babies and pregnant mothers were discussed at these meetings and recorded on a register. The practice audited this register every six weeks and informed the local health visitor if the child had not been seen.

Pensilva Surgery was a rural location which meant patients with travel difficulties felt they were not being fully supported by centrally based services. Until recently the health visitor and midwife teams had been based centrally, now they were starting to provide in-house services at the practice. The practice was pleased to report they would be able to offer in-house health visitor and midwifery services again.

The practice patient participation group (PPG) offered a parent's group service for new parents, which was beginning to generate interest and prove useful. There were 10 members of the PPG. The PPG was advertised on the website so that patients could join if they wished to do so. The PPG had members from the various different population groups mentioned in this report.

Good



Summary of findings

All staff were trained in confidentiality with particular reference to a young people presenting at reception requesting to see a GP or nurse. These patients were not asked the reason for their visit and were offered the opportunity to wait in a private area should they wish to do so.

The practice stressed the importance of providing appropriate services for young people. The practice had attained an EEFO kite mark level 1 for engaging with young people and planned to improve this to level 2. EEFO kite marks services that meet young person friendly quality standards across Cornwall and the Isles of Scilly. The term EEFO is not an abbreviation. EEFO is a word that has been designed by young people, to be owned by young people.

Working age people (including those recently retired and students)

The practice is rated as good for providing care to working age people.

The practice booking system allowed for pre-bookable and same day appointments. Staff worked to maintain a high level of access so that working people were able to be seen promptly and at a convenient time during the working week.

If the appointments were fully booked and a patient requested to be seen that day, they were seen at the end of practice or by the triaging GP creating an additional slot. The practice now offered a number of bookable telephone consultations. Once these were full, a patient could still obtain a ring back appointment if required.

The practice website had access to the online booking system known as "The Waiting Room" which enabled patients to order repeat prescriptions and book appointments online.

The practice was open between Monday and Friday: 08.30am – 6.00pm. The practice would remain open for late appointments if a patient expressed the need for it.

Good



People whose circumstances may make them vulnerable

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

All of the patients with a learning disability had been offered an annual health check, with two of the practice nurses fully trained in this. These patients all had a pop up alert on the practice computer system. This enabled reception staff when booking a routine appointment, to see that these patients may need a longer appointment.

Good



Summary of findings

Any vulnerable adults were discussed at monthly multi-disciplinary team meetings with other health care professionals to provide a collaborative working relationship.

The practice did not have any patients who had registered as homeless. However, in the past the practice had been able to provide all the required elements of care for these patients.

The practice had patients with health needs that were in fear of being traced. For example, following domestic violence incidents. The practice had undertaken steps which ensured these patients identity was securely protected.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for people experiencing poor mental health (including people with dementia). All patients with mental health issues had been invited in for an annual health check. 92% of these patients had attended the practice for these checks. The remainder had been sent reminders by the practice and were being followed up.

Patients at the practice had ease of access to the local mental health trust's support services and to local support agencies.

The practice offered patients who wished to discuss complex mental health issues an appointment at the end of the session so if they needed more time, this was easily possible without disrupting other patient's care. Patients experiencing poor mental health were also discussed at multi-disciplinary meetings with mental health professionals to provide joined up care and appropriate support for patients and families.

The practice utilised the early intervention team and the central point of access for any patients experiencing or at risk of an acute mental health crisis.

The practice was able to provide data to demonstrate support of patients in this population group. For example, of the total of 24 patients recently diagnosed with depression, 92% had been seen within 10-56 days. The practice was on target to see all of these patients within the 56 day target. This met best practice.

GPs had high awareness of dementia care. The practice had links with four local care residential homes. GPs visited these on a monthly basis and updated patient's care plans each time. GPs also liaised with dementia specialists which ensured that comprehensive care plans were in place.

Good



Summary of findings

The practice had achieved the highest rate for diagnosis of dementia in Kernow compared to other practices in Kernow CCG. The practice had identified 84% of the expected rate of their practice population with dementia.

Summary of findings

What people who use the service say

We spoke with 10 patients during our inspection. We spoke with a representative of the patient participation group (PPG) and a representative of the Friends of the Health Centre group.

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our CQC comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 30 comment cards which contained detailed positive comments.

Comment cards stated that patients were very happy with the practice. Patients commented on the politeness and courtesy of the staff who took time to listen effectively. Comments also highlighted a confidence in the advice and medical knowledge, access to appointments and praise for the continuity of care and professionalism.

These findings were reflected during our conversations with patients and discussion with the PPG members. The feedback from patients was positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the

practice. Patients stated they were very happy, very satisfied and said they received good treatment. Patients told us that the GPs were friendly, professional and responsive.

Patients were happy with the appointment system and said it was easy to make an appointment.

Patients appreciated the service provided and told us they had no complaints and could not imagine needing to complain. Bookable appointments were released two weeks before the date, so that patients could book a routine appointment with a named GP up to two weeks in advance. Patients could also book a routine appointment more with a named GP more than two weeks in advance should they wish to do so.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the website was a useful facility.

Areas for improvement

Action the service SHOULD take to improve

The practice had a relatively new nursing team. There was some uncertainty among the team as to responsibility for lead nursing roles. One of the new

nurses had not received a three monthly probation review which was due. The practice should ensure that the nursing team received appropriate management support.

Outstanding practice

We found examples of outstanding practice at Pensilva Surgery. For example;

The practice had a level of commitment to safeguarding which went beyond its contractual obligations. Written evidence about individual incidents confirmed this. GPs at the practice liaised regularly with other health and social care professionals to ensure high standards of safeguarding were in place. All patients told us they felt

safe in the hands of the staff and confident in clinical decisions made. There were effective safeguarding procedures in place. There was a highly trained lead GP for safeguarding.

The practice was rated the best in Kernow for diagnostic rates of dementia. The practice had achieved 84% of the expected rate of their practice population in dementia diagnosis.

Pensilva Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser, a practice nurse specialist adviser, a pharmacy inspector and an expert by experience.

Background to Pensilva Health Centre

Pensilva Health Centre provides primary medical services to people living in Pensilva and the surrounding rural area. The practice provides services to a diversely aged population, with 44% of its 4,700 patients aged over 55 years and 15% aged under 16 years. Pensilva Surgery was situated in a rural location on Bodmin Moor.

The practice had a general medical services (GMS) contract with the NHS to supply healthcare services.

At the time of our inspection there were approximately 4,700 patients registered at the service with a team of three GP partners. There were also two salaried GPs. In total the practice had five GPs. Three were male and two were female. GP partners held managerial and financial responsibility for running the business. There were two nurses and a health care assistant at the practice. One of the nurses was an assistant practitioner. In addition there was a practice manager, and additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

Pensilva Health Centre is open between Monday and Friday: 08.30am – 6.00pm. On Tuesday the practice closed for staff training 1.00pm – 2.30pm. The dispensary closes between 1.00-2.00pm every day. The practice would remain open for late appointments if a patient expressed the need for it.

Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to two weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

Regulated activities were provided from one site at Pensilva Health Centre, School Road, Pensilva, Liskeard, Kernow PL14 5RP. There were no sub branches.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting Pensilva Health Centre we reviewed a range of information we held about the service and asked other

Detailed findings

organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 17 March 2015. We spoke with ten patients and ten staff at the practice during our inspection and collected 10 patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, four GPs, receptionists/clerical staff, practice nurses and health care assistants. We observed how the practice was run and looked at the facilities and the information available to patients. We also spoke with three representatives from the patient participation group (PPG).

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Are services safe?

Our findings

Safe Track Record

The practice had a system in place for reporting, recording and monitoring significant events.

The practice kept records of significant events that had occurred and these were made available to us. The practice followed guidance set down by the National Patient Safety Agency (NPSA) on significant event audits and followed the seven stages of these audits. Staff had access to this guidance online and on paper.

There was evidence that appropriate learning had taken place after an issue had arisen with a dispensary labelling significant event. An error in labels had been made. This error had been identified and the findings were communicated to relevant staff at the significant event meeting in September 2014. These meetings were minuted.

There was a lead GP for significant events. This GP ensured these were reported to NHS England when appropriate. Staff were aware of the significant event reporting process and how they would verbally escalate concerns within the practice. All staff we spoke with felt very able to raise any concern however small. Staff knew that following a significant event, the GPs undertook an analysis to establish the details of the incident and the full circumstances surrounding it. Staff explained that these three monthly meetings were well structured, well attended and not hierarchical.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff. The practice manager placed every alert received into a shared folder and printed off relevant alerts to provide to staff. We saw an alert regarding the risks associated with window blinds had been acted upon appropriately.

Learning and improvement from safety incidents

At Pensilva Health Centre the process following a significant event or complaint was both informal and formalised. GPs discussed incidents daily and also three monthly at clinical meetings. GPs, nurses and practice staff were able to explain the learning from these events.

For example, the dispensary had taken action when they found handwriting was illegible on external prescriptions. The dispensary had contacted the originator to clarify the meaning of the handwriting prior to issuing the correct medicine.

Another example was where a patient was booked to have a coil inserted. It was found that there was insufficient stock at the practice, due to an administrative error. No coil was available. The patient was re booked for a different date. Staff had implemented a new system following this to ensure there was no repetition.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and staff knew how to raise any concerns. A named GP had a lead role for safeguarding older patients, young patients and children. This GP was trained to level three which was the highest level available. This met best practice.

There were appropriate policies in place to direct staff on when and how to make a safeguarding referral. The policies included information on external agency contacts, for example the local authority safeguarding team. These details were displayed where staff could easily find them. Staff had received safeguarding training in February 2014. This training was due to be updated every three years. The practice planned to refresh it in March 2015. Completing safeguarding training on an annual basis met best practice.

There were monthly multidisciplinary team meetings with relevant attached health professionals including social workers, district nurses, palliative care, physiotherapist and occupational therapists where vulnerable patients or those with more complex health care needs were discussed and reviewed. Health care professionals were aware they could raise safeguarding concerns about vulnerable adults at these meetings.

Practice staff said communication between health visitors and the practice was good and any concerns were followed up. For example, if a child failed to attend routine appointments, looked unkempt or was losing weight the GP could raise a concern for the health visitor to follow up.

The computer based patient record system allowed safeguarding information to be alerted to staff in a discreet way. When a vulnerable adult or at risk child had been seen by different health professionals, staff were aware of their circumstances. Staff demonstrated knowledge of how to

Are services safe?

make a patient referral or escalate a safeguarding concern internally using the whistleblowing policy reviewed February 2014 or the safeguarding policy reviewed January 2015. These were available online at the practice and on paper.

Safeguarding meetings were held on a monthly basis. These meetings discussed any safeguarding concerns and were minuted.

We discussed the use of chaperones to accompany patients when consultation, examination or treatment were carried out. A chaperone is a member of staff or person who acts as a witness for a patient and a medical practitioner during a medical examination or treatment. Patients were aware they were entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required.

Chaperone trained staff included clinical and administrative staff. All chaperone trained staff had received criminal record checks via the disclosure barring service (DBS) to confirm they were appropriate to work with vulnerable patients. All clinical staff had received DBS checks.

The practice had a written policy and guidance for providing a chaperone dated September 2015. This included guidance for staff who had received chaperone training. Chaperone signs were advertised in the waiting room, treatment rooms and toilets. Chaperone trained staff understood their role was to reassure and observe that interactions between patients and GPs were appropriate and record any issues in the patient records.

Medicines Management

We checked medicines stored in the dispensary and found they were stored securely and were only accessible to authorised staff. The temperatures in the medicines refrigerators were monitored to show that these medicines were stored within the recommended ranges. There were no records of room temperature monitoring kept, however the temperature felt acceptable at the time of our inspection and an air conditioning system was fitted for use if needed. Systems were in place to check that medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations. Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken.

There were clear operating procedures in place for dispensary processes. Systems were in place to ensure all prescriptions were signed before the medicines were dispensed to patients. Dispensary staff explained the procedure for generating repeat prescriptions, and how the system highlights medicines approaching their review dates and those that have passed this date. Systems were in place to handle high risk medicines, to help make sure that any necessary monitoring and tests had been done and were up to date.

Controlled drugs, medicines dispensed into blister packs, and any new medicines were checked for accuracy by a second dispenser, and other medicines were scanned using a barcode system to help reduce any dispensing errors. Any incidents were recorded, monitored and actions put in place to reduce the risks of any recurrence. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were suitable arrangements in place for the storage, recording and destruction of controlled drugs, and regular checks of stock levels were undertaken and recorded. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

All of the medicines we saw were in date, including immunisations. Storage areas were clean and well ordered. Deliveries of refrigerated medicines were immediately checked and placed in the refrigerator. This meant the cold chain and effective storage was well maintained. We looked at the storage facilities for refrigerated medicines and immunisations, the refrigerator plug was not easily accessible therefore was very unlikely to be switched off.

Suitable emergency medicines were held at the practice, and regular checks were recorded to make sure that they were available and suitable for use if needed.

Blank prescription pads and printer forms were held securely in the practice. Records were held of forms

Are services safe?

ordered and received, and systems were in place to record when these forms were taken for use, which enabled an audit trail to be maintained of the whereabouts of these forms.

We saw records showing that dispensary staff had received appropriate training and had regular appraisals of their competence.

Cleanliness & Infection Control

We left comment cards at the practice for patients to tell us about the care and treatment they receive. We received 30 completed cards. Three of these specifically commented on the building being clean, tidy and hygienic. Patients told us staff used gloves and aprons and washed their hands.

The practice had policies and procedures on infection control. An infection control audit had been completed in December 2014. The audit had identified that it should be repeated every six months rather than every year. We spoke with the infection control lead nurse.

The nursing team were aware of the steps they needed to take to reduce risks of cross infection and had received updated training in infection control.

Treatment rooms, public waiting areas, toilets and treatment rooms were visibly clean. There was a cleaning schedule carried out and monitored on a weekly basis. There were hand washing posters on display to show effective hand washing techniques. All of the toilets had hand gel and paper towels.

Clinical waste and sharps were being disposed of in safely. There were sharps bins and clinical waste bins in the treatment rooms. The practice had a contract with an approved contractor for disposal of waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its collection from a registered waste disposal company.

Equipment

Emergency equipment and emergency medicines available to the practice were within the expiry dates. The practice had a system using checklists to monitor the dates of emergency medicines and equipment so they were discarded and replaced as required.

Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required.

Portable appliance testing (PAT) was carried out. PAT is a process where electrical appliances were routinely checked for safety on an annual basis.

Staff told us they had sufficient equipment at the practice. For example, sufficient quantities of disposable gloves, aprons,

Staffing & Recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well.

The practice had a relatively low turnover of GPs and other staff. The practice said they used locums as staff cover but tried to use the same one for continuity. GPs told us they also covered for each other during shorter staff absences. The practice had a pool of some experienced staff who lived locally who provided cover for nursing and administration for short periods.

The practice used a team approach where the workload for part time staff was shared equally. GPs had a shared medical secretary. There was a shared administration team who dealt with the clerical work. Staff explained this worked well but there remained a general team work approach where all staff helped one another when one particular member of staff was busy.

The practice recruitment and induction policy had been reviewed in October 2012 and was next due for review in March 2016. New staff were allocated a mentor in their department to support them. Recruitment procedures were safe and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Clinical competence was assessed at interview. Once in post staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures. The practice had disciplinary procedures to follow should the need arise.

Criminal record checks via the disclosure barring service (DBS) were performed for GPs, nursing staff and administrative staff who had direct access with patients. Recorded risk assessments had been performed explaining why some clerical and administrative staff had not had a criminal records check.

Each registered nurse Nursing and Midwifery Council (NMC) status was completed and checked annually to ensure they were on the professional register to enable them to practice as a registered nurse.

Are services safe?

Monitoring Safety & Responding to Risk

The practice had a suitable business continuity plan. This had been updated in March 2015. This plan documented the practice's response to any prolonged events that may compromise patient safety. For example, this included loss of water supply, flooding, computer loss and responses to epidemics.

Nursing staff received any medical alert warnings or notifications about safety by email or verbally from the GPs or practice manager. These were placed in a shared drive and on paper so were easy for staff to access.

There was a system in operation to ensure one of the nominated GPs covered for their colleagues when necessary, for example home visits, telephone consultations and checking blood test results.

Arrangements to deal with emergencies and major incidents

Appropriate equipment was available and maintained to deal with emergencies, including if a patient collapsed. Administration staff appreciated that they had also been included on the basic life support training sessions. All staff had received basic life support training within the last 12 months. This had been provided by a trained health professional from the local hospital. The practice had nominated first aiders and staff knew who they were.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Care Excellence (NICE) guidance and had formal meetings to discuss latest guidance. Where required, guidance from the Mental Capacity Act 2005 had been followed. Guidance from national travel vaccine websites had been followed by practice nurses. The practice was not a nominated yellow fever centre; this was available at the local hospital.

The practice used the quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed they generally achieved higher than national average scores in areas that reflected the effectiveness of care provided.

The practice had a member of staff whose main duties comprised of data management including monitoring QOF. This was the QOF co-ordinator. There was an annual QOF meeting, which last took place in April 2014. Following this, monthly or bi monthly meetings had taken place. The QOF co-ordinator generated reports which kept staff up to date on QOF performance.

The local Kernow clinical commissioning group (CCG) data demonstrated that the practice performed well in comparison to other practices within the CCG area. For example, of 943 patients with hypertension had been reviewed within the last 12 months. This was over 86%. The target was 44%.

The practice used QOF data to improve outcomes for patients. For example, the practice had identified that they were below target for reviewing patients with diabetes every 12 months. In response this the practice had provided extra diabetes clinics to support these patients.

Management, monitoring and improving outcomes for people

The practice used QOF to manage and monitor outcomes for patients. For example, 14 cancer patients had been diagnosed in the last 15 months. All of these patients had been seen by a GP within six months of their diagnosis. This met 100% of the QOF target and ensured that these patients received the most positive outcome possible.

The practice told us they were keen to ensure that staff had the skills to meet patient needs and so nurses had received training including immunisation, diabetes care, cervical screening and travel vaccinations.

The QOF co-ordinator monitored outcomes for patients with asthma, cancer, CHD, diabetes and COPD. The practice proactively recalled patients for regular reviews or further investigations such as referrals for x-rays.

GPs in the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit in this area which was used by GPs for revalidation and personal learning purposes. The GPs carried out minor surgery audits on an annual basis and completed any follow up actions as necessary. For example, in the previous year the audit had revealed there was no written consent form in place. This had been rectified and a written consent form and policy had been implemented.

Effective Staffing

All of the GPs in the practice participated in the appraisal system leading to revalidation of their practice over a five-year cycle. The GPs we spoke with told us and demonstrated that these appraisals had been appropriately completed.

Nursing staff had received an annual formal appraisal and kept up to date with their continuous professional development programme, documented evidence to confirmed this. However, there was some uncertainty among the team as to responsibility for lead nursing roles. One of the new nurses had not received a three monthly probation review which was due. The practice should ensure that the nursing team received appropriate management support.

Are services effective?

(for example, treatment is effective)

A process was also in place which showed clerical and administration staff received regular formal appraisal. There was a comprehensive induction process for new staff which was adapted for each staff role.

The staff training programme was monitored to make sure staff were up to date with training the practice had decided was mandatory. This included basic life support, safeguarding, fire safety and infection control. Staff said that they could ask to attend any relevant external training to further their development. Staff had completed online training. The practice had completed a training needs analysis for all members of staff. The data administrator had provided IT training to staff according to their needs.

There was a set of policies and procedures for staff to use and additional guidance or policies located on the computer system.

Working with colleagues and other services

The practice worked effectively with other services. The practice shared information with a cause for concern team. This team included health visitors, midwives, school nurses and GPs. They met up on a monthly basis. The discussed any child protection plans, safeguarding issues and antenatal mothers. The practice received reports from A&E and if any were concerned with a child then these were followed up.

Once a month there was a multidisciplinary team meeting to discuss vulnerable patients, high risk patients and patients receiving end of life care. This included the multidisciplinary team such as physiotherapists, occupational therapists, health visitors, district nurses, community matrons and the mental health team.

The practice were working collaboratively with other health professionals via the multi-disciplinary team meetings. These meetings were minuted and had an agenda agreed which could be added to by any of the attending agencies.

Information Sharing

The practice worked effectively with other services. Examples given were school nurses, mental health services, health visitors, specialist nurses, hospital consultants and community nursing staff. For example, the GPs shared relevant information with health visitors regarding children in need.

Communication with the out of hours service was good as the Out of Hours GPs were able to access patient records with their consent, using a local computer system. The practice GPs were informed when patients were discharged from hospital. This prompted a medication review.

Consent to care and treatment

Patients told us they were able to express their views and said they felt involved in the decision making process about their care and treatment. They told us they had sufficient time to discuss their concerns with their GP and said they never felt rushed. Feedback given on our comment cards showed that patients had a wide spectrum of treatment options discussed with them, together with the positive or possible negative effects that treatment can have.

Staff had access to different ways of recording that patients had given consent to treatment. There was written evidence of patient consent for procedures including immunisations, injections, and minor surgery. Patients told us that nothing was undertaken without their agreement or consent at the practice.

Where patients did not have the mental capacity to consent to a specific course of care or treatment, the practice had acted in accordance with the Mental Capacity Act (2005) to make decisions in the patient's best interest. All staff had received training on the MCA within the last 12 months.

Health Promotion and Prevention

There were regular appointments offered to patients with complex illnesses and diseases. The practice manager explained that this was so that patients could access care at a time convenient to them. A full range of screening tests were offered for diseases such as prostate cancer, cervical cancer and ovarian cancer.

Vaccination clinics were organised on a regular basis which were monitored to ensure those that needed vaccinations were offered them. Patients were encouraged to adopt healthy lifestyles and were supported by services such as a walking group and smoking cessation clinics. Patients with diabetes were invited to a clinic where staff discussed how changes to lifestyle, diet and weight could influence their diabetes.

All patients with learning disability were offered a physical health check each year.

Are services effective?

(for example, treatment is effective)

Staff explained that when patients were seen for routine appointments, prompts appeared on the computer system to remind staff to carry out regular screening, recommend lifestyle changes, and promote health improvements which might reduce dependency on healthcare services.

The diabetic appointments supported and treated patients with diabetes which included education for patients to learn how to manage their diabetes through the use of insulin. Health education was provided on healthy diet and life style.

The practice recognised the need to maintain fitness and healthy weight management. The PPG provided a walking group for patients. Patients had also been referred to exercise programmes and gyms.

There was a range of leaflets and information documents available for patients within the practice and on the website. These included information on family health, travel advice, long term conditions and minor illnesses. Website links were easy to locate.

Family planning, contraception and sexual health screening was provided at the practice. There were self-testing chlamydia packs in the patient toilets.

The practice offered a travel vaccination service. It was not a nominated yellow fever centre. This was provided by the local hospital in Liskeard.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients told us they felt well cared for at the practice. Patients told us they felt they were communicated with in a caring and respectful manner by all staff. Patients spoke highly of the staff and GPs. We did not receive any negative comments about the care patients received or about the staff.

We left comment cards at the practice for patients to tell us about the care and treatment they received. We collected 30 completed cards which contained very detailed positive comments. All comment cards stated that patients were grateful for the caring attitude of the staff who took time to listen effectively.

Patients were not discriminated against and told us staff had been sensitive when discussing personal issues.

We saw that patient confidentiality was respected within the practice. The waiting room was separate to the reception desk. The waiting room had a glass wall and door so that patients speaking at reception could not be overheard. Receptionists could also monitor the waiting room through the glass. There was sufficient seating which included a range of comfortable chairs, some of which were bariatric chairs to accommodate various body shapes. Chairs were of different heights to support patients with reduced mobility. There were additional areas available should patients want to speak confidentially away from the reception area. We heard, throughout the day, the reception staff communicating pleasantly and respectfully with patients.

Conversations between patients and clinical staff were confidential and conducted behind a closed door. Window blinds, sheets and curtains were used to ensure patient's privacy. The GP partners' consultation rooms were also fitted with dignity curtains to maintain privacy.

We discussed the use of chaperones to accompany patients when consultation, examination or treatment were carried out. A chaperone is a member of staff or person who is present with a patient during consultation, examination or treatment. Posters displayed informed patients they were able to have a chaperone should they

wish. Clinical or administration staff at the practice acted as chaperones as required. All had received criminal records checks via the disclosure barring service (DBS). Staff understood their role was to reassure and observe that interactions between patients and GPs were appropriate.

Care planning and involvement in decisions about care and treatment

Comment cards related patients' confidence in the involvement, advice and care from staff and their medical knowledge, the continuity of care, not being rushed at appointments and being pleased with the referrals and ongoing care arranged by practice staff. We were given examples where the GPs and nurses had taken extra time and care to diagnose complex conditions.

Results from the national GP patient survey 2014-15 showed that of the 138 respondents from this practice, 96% said the last GP they saw or spoke to was good at treating them with care and involving them in decision making. This was higher than the KCCG average.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, of the 138 respondents to the 2014-15 patient survey, 97% said the last nurse they saw or spoke to was good at treating them with care and concern. This was higher than the KCCG average. The patients we spoke to and the comment cards we received were consistent with this information.

Notices in the patient waiting room and patient website signposted people to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were contacted by their usual GP. GPs said the personal list they held helped with this communication. There was a counselling service available for patients to access. In addition, GPs rang up patients and arranged a visit with bereaved families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients told us they felt the staff at the practice were responsive to their individual needs. They told us that they felt confident the practice would meet their needs. GPs told us that when home visits were needed, they were normally made by the GP who was most familiar with the patient. These home visits were normally carried out between 12.30pm-2.00pm depending on the level of patient need.

Results from patient surveys confirmed that the practice responded appropriately to patient's needs. For example, 83% of 138 survey respondents who requested a preferred GP usually got to see or speak to that GP. This was significantly higher than the KCCG average of **66%**.

Systems were in place to ensure any referrals, including urgent referrals for hospital care and routine health screening including cervical screening, were made in a timely way. Patients told us that any referral to secondary care had always been discussed with them.

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other and results were reviewed within three to five days depending on the nature of the test. Patients said they had not experienced delays receiving test results.

A patient participation group (PPG) had been set up for a number of years. There were 10 PPG members. PPG had set up a breather's group, walker's group; carers support group and bereavement support group. The PPG said they had already been consulted about any partnership changes, CQC inspection visits, open days and parking arrangements. The PPG carried out annual patient surveys and regularly filtered patient feedback to the practice.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. There was a travelling fraternity who were currently resident in the area. These had become registered patients at the practice.

The number of patients with a first language other than English was very low and staff said they knew these patients well and were able to communicate well with

them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The patient participation group (PPG) included patients from various different backgrounds to reflect the local population groups serviced by the practice.

General access to the building was good. The practice had an open waiting area and sufficient seating. The reception and waiting area had sufficient space for wheelchair users. Consulting rooms had level access.

There was no evidence of discrimination when making care and treatment decisions.

Access to the service

Patients were able to access the service in a way that was convenient for them and said they were happy with the system. The GPs provided a personal patient list system. These lists were covered by colleagues when GPs were absent. Patients appreciated this continuity and GPs stated it helped with communication.

Results from the 2014-15 GP Patient survey showed that 100% of all 138 respondents from this practice stated that the last appointment they got was at a time and on a day convenient to them. 100% of these respondents also found it easy to get through to this practice by phone. Both of these figures were significantly higher than the KCCG average of 82%.

These findings were reflected during our conversations. Patients were happy with the appointment system and said they could get a same day appointment if necessary.

Information about the appointment times were found on the practice website and on notices at the practice. Patients were informed about the out of hours arrangements by a poster displayed in the practice, on the website and on the telephone answering message.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. This policy was last reviewed in February 2015. The practice manager co-ordinated complaints and responded to non-clinical complaints. GPs responded to any clinical complaints.

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

Patients told us they had no complaints but knew how to complain should they wish to do so. Patients said they felt confident that any issues would be managed well.

The posters displayed in the waiting room and patient information leaflet explained how patients could make a complaint. The practice website also stated that the practice welcomed patient opinion by sharing ideas, suggestions, views, and concerns.

The complaints procedure stated that complaints were handled and investigated by the practice manager and

would initially be responded to within three days. Records were kept of complaints which showed that patients had been offered the chance to take any complaints further, for example to the parliamentary ombudsman.

Staff were able to describe what learning had taken place following a complaint. Complaints were also discussed as a standing agenda item at weekly meetings. The practice held an annual audit of complaints and these were all discussed at an annual meeting. The practice had received two complaints in the last 12 months.

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 vision was to offer high quality care to patients and maintain a patient centred ethos. The practice was open to the need for joint working with other practices. Staff knew and understood the vision and knew what their responsibilities were in relation to these.

Staff spoke positively about communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work. Many staff had worked at the practice for many years and was positive about the open culture.

We were told there was mutual respect shared between staff of all grades and skills and that they appreciated the non-hierarchical approach and team work at the practice.

Staff said the practice was small enough to communicate informally through day to day events and more formally through meetings and formal staff appraisal.

Governance Arrangements

The practice had an information governance policy which had been reviewed February 2015 and was next due for review in February 2016. The practice had a Caldicott Guardian to ensure compliance with the Data Protection Act 1998 (DPA). This provided protection for patient confidentiality.

There was a weekly partnership meeting attended by the GP partners and the practice manager. There were staff meetings once a quarter. There were quarterly significant event meetings and safeguarding meetings on a monthly basis. All of these were minuted and a written agenda provided. Staff were familiar with the governance arrangements in place at the practice.

GPs met daily and discussed any complex issues, workload or significant events or complaints. These were often addressed immediately and communicated through a process of face to face discussions or email. These issues were then followed up more formally at three monthly clinical meetings where standing agenda items included

significant events, near misses, complaints and health and safety. We observed one of these meetings during our inspection. The meetings were well structured, well attended and a safe place to share learning points.

The practice used the quality and outcomes framework (QOF) to assess quality of care as part of the clinical governance programme. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF scores for Pensilva Health Centre were consistently above the national average.

The clinical auditing system used by the GPs assisted in driving improvement. All GPs were able to share examples of audits they had performed. In addition to the incentive led audits the GPs told us they wanted to perform audits to improve the service for patients and not just for their revalidation or QOF scores. These examples included cervical smear audits, new-born baby checks, coil fitting audits and audits on all minor surgery completed at the practice.

Leadership, openness and transparency

Staff were familiar with the leadership structure, which had named members of staff in lead roles. For example there was a lead GP for the nursing team, a Caldicott Guardian, lead nurse for infection control, and a lead GP for safeguarding. There were also leads for hypertension, sexual health and depression, together with leads for a range of other conditions.

Staff spoke about effective team working, clear roles and responsibilities and talked about a supportive non-hierarchical organisation. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff described an open culture within the practice and opportunities to raise issues at team meetings. The staff participated frequently in social occasions which aided team building.

The practice manager was responsible for human resource policies and procedures. Staff were aware of where to find these policies if required. A staff handbook was issued to all staff. This was available on paper and on the practice computer system. It had been reviewed in March 2015. There was also a locum pack to provide information to locums who occasionally worked at the practice. This provided a useful resource and had last been updated July 2014.

Are services well-led?

Good 

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

Practice seeks and acts on feedback from users, public and staff

There were mechanisms for patients to provide feedback. These included a suggestions box together with paper and pens in the waiting room. The website signposted patients to give feedback if they chose. One patient had submitted a suggestion about the noise of unruly children in the waiting room. The practice had acted upon this by creating a sign for the information of parents about their children's behaviour and displaying it in the waiting room.

The PPG carried out annual patient surveys and regularly filtered patient feedback to the practice. The 2014 PPG survey had received 235 respondents. Of these, 33% had stated they would like to access services online. The practice had acted on this feedback to provide online appointment booking and online prescription facilities.

The practice had carried out a friends and family recommendation survey between November 2014 – March 2015 and had received 130 responses. 95% of these stated they were extremely likely to recommend the practice to friends and family.

Management lead through learning & improvement

A process was followed so that learning and improvement could take place when events occurred or new information was provided. For example, the practice held significant event all staff quarterly meetings to discuss any shared learning, new topics and review any newly released national guidelines and the impact for patients.

There was formal protected time set aside for staff training and development every Tuesday between 1.00pm and 2.30pm. Previous sessions had included dealing with violent and aggressive patients, changes to the appointment systems and for listening to staff concerns. All staff attended these sessions.

The practice had systems in place to identify and manage risks to the patients, staff and visitors that attended the practice. The practice had a suitable business continuity plan to manage the risks associated with a significant disruption to the service. There was a nominated health and safety lead GP at the practice.

There were environmental risk assessments for the building. For example annual fire assessments, electrical equipment checks, control of substances hazardous to health (COSHH) assessments and visual checks of the building and car park had been carried out. Evidence showed an unsafe kerb in the car park in August 2014 had been rectified. Health and safety items were part of the agenda for the weekly meeting.

Checks on fire equipment, emergency lighting, and smoke detectors had been carried out on an annual basis. Fire training had been completed on a quarterly basis where the staff had been evacuated to the assembly point in the car park. An evacuation drill had also been completed when patients were in the building. This met best practice.