Newquay Health Centre

Quality Report

Newquay Medical Centre
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newquay Medical Centre on Wednesday 23 September 2015. Overall the practice is rated as outstanding.

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

- There was a safe track record and staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Learning from these events was effectively shared with other stakeholders and commissioners.
- Risks to patients were assessed and well managed. Medicines were well managed and the practice had clean and tidy facilities. There was sufficient equipment to treat patients and meet their needs and systems to maintain and monitor the safety of this equipment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Information for frail patients was shared with other providers appropriately.
- Patients appreciated the care they received and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The service welcomes complaints and responded promptly to feedback.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- There were clear recruitment processes in place. Staff had received training appropriate to their roles and any further training needs had been identified and planned

Summary of findings

- The practice was well organised and there was a clear leadership structure. The practice proactively sought feedback from staff, which it acted on.

We identified areas of outstanding practice:

- The practice had responded to the needs of the community and were effective in sharing the learning from this. The practice were part of the 'Living Well' scheme in Cornwall. The scheme was adopted by Kernow Clinical Commissioning Group (CCG) following the GPs involvement and success of a pathfinder project that started in Newquay three years ago and subsequently spread across the county. This patient centred way of working created a partnership between primary care, community health services, social care and the voluntary organisation to support an individual to achieve their goals. The scheme had triggered other projects such as directing patients with anxiety and depression to a community orchard gardening course and to a scheme called food works where selected patients could access a six week healthy eating programme run by a well known restaurant in the town. The CCG report stated that the Newquay living well scheme had reported a 23% increase in positive impact on patients and reduced hospital admissions for patients with long term conditions by 40% and had seen a 5% reduction in cost and demand for adult social care. The scheme is being monitored by and has been praised by the Minister of State for Social Care and Support.
- The practice had responded to the needs of patients and introduced learning cafés. These themed events were for patients and carers to meet primary care staff, volunteer and charity groups and health care professionals. Patients were given information on self-management, healthy living and information on where to access patient support. The last café on dementia had been well attended.
- The GPs provided a primary medical service presence each weekday afternoon to the local community hospital. This service had reduced the average hospital stay from 28 days to 18 days by providing continuity of care for patients and improving communication with hospital staff.
- The practice had been part of developing a new project monitoring epilepsy patients for risk factors and early intervention to reduce risk of SUDEP (sudden death in epilepsy). The pilot had led to 17% of these patients receiving several interventions in the previous year that would not have happened without the tool. The GP had co written an article which had been published in the British Journal of General Practice and nominated for a HSJ award. The GPs were welcoming the use of the template and the practice were currently monitoring emergency department attendance, patient experience and clinician experience.

However, there were also areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Consider formalising the business plan and strategy.

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

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?

Good

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

The practice had been involved in setting up a new project monitoring epilepsy patients for risk factors and early intervention to reduce risk of SUDEP (sudden unexpected death in epilepsy). The study monitored epilepsy patients for risk factors and provided early intervention to reduce risk of sudden death. A GP at the practice had been part of a study which had been published in the British Journal of General Practice and nominated for a HSJ award.

Improvements and services offered had been shared with other GP practices and CCGs. The provision of primary medical service at the community hospital had seen a reduction of length of hospital stay. The living well scheme which had been introduced by the practice and subsequently introduced in other parts of Cornwall had resulted in a significant reduction of hospital admission, a reduction in GP appointments and an increase in patient wellbeing.

The GP practice introduced information cafés for patients and carers where they could meet the health, care and community sector people, who could provide support. The recent dementia café had proved popular with patients and had included the dementia specialist nurse.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Summary of findings

Are services caring?

Good 

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

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

The GPs had responded to a need for continuity of care and provided a primary medical service each weekday afternoon to the local community hospital and provide named cover for care homes in the area. This service had seen a reduction in hospital stay from 28 days to 18 days by providing continuity of care for patients and improving communication with hospital staff.

The practice had responded promptly to patient complaints and feedback about the appointment system. Patients now said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. Patient feedback had been positive since this change and the practice had seen a dramatic reduction in complaints since the change.

The practice had responded to the needs of patients by offering regular genitourinary medicine services and treatment for routine musculoskeletal (MSK) injuries to reduce the need for patients to be referred for secondary care. Between January 2015 and September 2015 the practice saw 80 patients in the MSK clinic. A random selection of 20 of these patients showed that 18 had been managed within the practice and had not needed to be referred.

The practice had clean and well maintained facilities. It was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

The practice was cohesive and had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 ☆

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

Patients over 75 had a named GP. The GPs worked in teams with a buddy system to ensure continuity of care.

All patients over 85 were named on a practice frailty list and had a regular formal review to identify any health problems, review medication and to identify carers and emergency contacts. This information was documented in a personalised care plan containing specific emergency treatment plans and shared with out of hours/ ambulance service, with patient consent.

Residential and nursing homes were allocated to individual GPs to ensure continuity and optimise relationships with residents and staff. The nurse practitioner regularly visited each home to proactively manage problems, provide education and review patient care plans and medicines.

The practice offered flu and pneumococcal/shingles vaccines. Either the practice nurses or district nurse team administered vaccines to patients.

The practice held monthly multi-disciplinary (MDT) team complex care meetings to discuss coordinated care for patients and to reduce unplanned admission to hospital. This team included the voluntary sector who offered a personalised support to the individuals referred in achieving their goals and maintaining their wellbeing.

Patients admitted to hospital were discussed and the named GP informed to contact/visit them following discharge. Patients needing end of life care had been managed in a coordinated way with the palliative care nurse and community team.

The practice was part of a “Living well” community. The scheme, originally called Newquay pathfinder project was set up initially by the practice, charity and volunteer groups and has now spread across other parts of Cornwall. Living well had improved patient wellbeing, cut hospital admissions across Cornwall by 40% and seen a reduction in patients accessing GP appointments.

Summary of findings

The practice offered a visiting service to housebound patients and offered an emergency visit service all day.

The GPs provided a primary medical service each weekday afternoon to the local community hospital. This service had reduced the average hospital stay from 28 days to 18 days for older people and those with long term conditions.

People with long term conditions

Outstanding ☆

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

All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients over 50 with a long term condition were invited to the living well programme to access guided conversations with third party practitioners. For example, Age UK workers. Patients were encouraged to set goals and were supported by a combination of voluntary and statutory support to achieve them.

Practice nurses offered clinics for diabetes, ischaemic heart disease, asthma and chronic respiratory problems.

The practice had been part of a new project monitoring epilepsy patients for risk factors and early intervention to reduce risk of SUDEP (sudden unexpected death in epilepsy) and this has been nominated for a HSJ award.

The practice ran learning cafes; these provided an informal opportunity to meet other patients and staff and importantly, provided education and lifestyle advice relevant to patients with common medical conditions.

The GPs provided a primary medical service each weekday afternoon to the local community hospital. This service had reduced the average hospital stay from 28 days to 18 days for older people and those with long term conditions. Patients who had been admitted, or discharged from hospital had been reviewed through the monthly complex care MDT meetings, this had enabled clear care planning and ensured those involved in caring for the patient had a joined up approach and common goal which provided a continuity of care for patients.

The practice employed a pharmacist who offered medicine reviews to patients with long term conditions and highlighted any concerns to the GPs.

Summary of findings

Patients identified as at high risk of hospital admission had a named GP and personalised care plan with details of emergency contacts and treatment plan, which, with patient consent, could be shared with the GP out of hours team.

Families, children and young people

Good

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Practice staff worked closely with health visitors and held a MDT meeting every six weeks to discuss safeguarding concerns.

GPs at the practice were part of multidisciplinary TAC (team around child) meetings to discuss the needs of children with complex needs. These were attended by paediatricians, school representatives, health visitors, school nurses and practice staff.

Children with long term conditions such as asthma were offered appointments to fit with school times and children with complex needs had a named GP and were invited for regular medicine reviews.

The practice held midwife led antenatal care at the practice and had a breast feeding room if mothers wished to feed in private. The practice held regular postnatal and vaccination clinics every week and proactively screened for postnatal depression.

The practice is EEFO registered (EFFO is a name of a scheme in Cornwall which helps young people access health services easily) and offered a free condom service and sexual health screening for young people. The schools directly referred patients if they had concerns, especially regarding mental health issues.

The practice had male and female GPs and could accommodate preferences for a female GP and offered weekly contraception clinics for intrauterine coil fitting and hormone implants.

Working age people (including those recently retired and students)

Good

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

Newquay has a higher than average number of working age female patients and a growing population of recently retired individuals.

Summary of findings

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Pre booked appointments were available two weeks in advance including evening appointments with all the GP partners four days a week.

Patients were offered a choice of a telephone or face to face appointment. Patients were able to book appointments online and a text reminder service for appointment was used. Patients could order their medicine on line and via electronic prescribing this can be available at any pharmacy of their choice.

Practice nurses offered travel advice including yellow fever vaccinations.

The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and held a cholesterol clinic to advise patients. In the last year, the practice had performed 281 health checks. 27 of these had reduced risk factors.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability, the frail elderly, patients with mental health issues, and complex health problems. These patients had a named GP and were reviewed regularly, discussed at the monthly MDT meetings and managed with a primary care team approach across the community including the voluntary sector. Using this combined approach enabled the GPs to refer vulnerable, isolated patients to the living well scheme where they could access further help and support.

Addaction services (for patients with alcohol or drug addictions) were co-located and a shared care drug clinic ran from the practice. One GP had a special interest in drug misuse and provided clinics at Newquay Hospital for patients with complex needs as well as seeing shared care patients at the practice premises. Prescribing and detox services were managed as part of the shared care service.

Translation phone services were used to accommodate language needs if requested and one GP partner spoke Bengali. The practice knew which patients were deaf and / or blind and made efforts to accommodate these needs.

Summary of findings

Following poor results from a survey the practice had improved the recall system, staffing and access for patients with a learning disability to access a health check. The practice had achieved 30% so far this year with more appointments booked. Patients had been given easy read information about health care.

People experiencing poor mental health (including people with dementia)

Good

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

The practice held a register of patients with poor mental health and those with dementia.

The practice Quality Outcome Framework (QOF) achievement for Mental Health 2014/15 was 99.7%. The practice stated that all patients with mental health illness were invited for a physical health check but only 21.5% had attended. As a result the practice had improved the recall system to include letters and telephone calls, plus IT 'pop-ups' linked to patient medicine review dates. The practice had also introduced learning cafés, the first one was on dementia. The cafés provided information and guidance for patients and carers and had proved popular with them.

The practice had a lead GP for dementia and had been part of a dementia pilot so several of the GP partners had received additional education about dementia diagnoses. The practice ran a memory screening service for anyone concerned about their memory and worked with a primary care dementia nurse practitioner who helped support patients in the community.

The practice regularly worked as part of the MDT in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and was performing well in relation to dementia diagnosis rates, having achieved an average of 60.37% which was higher than the CCG average of 58.3% and comparable to the national average of 60.78%.

Two self-referral counselling services ran from the practice with open access to all patients over the age of 16.

The practice were linked to local community orchard scheme for "green prescribing" and had referred some patients with anxiety/ depression for a 12 week course in horticulture. Although the practice were unable to demonstrate the effectiveness of the scheme using data we were given many examples of the impact the scheme had had upon patients. For example, one patient said the course had given them 'purpose' and said it had helped them enjoy life again.

Summary of findings

Younger children with mental health illness had been referred through the child and adolescent mental health service (CAMHS) or were signposted to local young people counselling services.	

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice compared to or were rated higher by patients for 18 out of 27 questions compared the CCG and national averages. There were 129 responses which represents approximately 0.8% of the practice population.

- 76% said they found it easy to get through to this practice by phone compared with a CCG average of 82% and a national average of 73%.
- 91% find the receptionists at this practice helpful compared with a CCG average of 91% and a national average of 87%.
- 58% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with the CCG average of 95% and a national average of 92%.
- 70% describe their experience of making an appointment as good compared with a CCG average of 82% and a national average of 73%.
- 68% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.

As part of our inspection we also asked for patient feedback prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Comments from patients were detailed and referred to staff as being kind, caring, and helpful. Patients said the treatment they received was excellent, exceptional and proficient and stated that they appreciated the clean and tidy facilities. Patients said the staff went out of their way when care was needed and appreciated the changes in appointment service. We received two more negative comments. One referred to the difficulty in seeing their named GP and the other about a request for extended appointment times.

On the day of our inspection we spoke with 16 patients and with a representative from the patient participation group (PPG). This feedback showed that patient views aligned with findings from comment cards. For example patients referred to the ease of seeing a GP on the same day. Patients were positive about the practice and the treatment they received. Patients said they had enough time with the GPs and nurses and said they were listened to and involved in their care. Patients were satisfied with the cleanliness and facilities at the practice and had not found any need to complain since the appointment system had changed.

We saw the results from the practice friends and family test carried out between the end of January 2015 and end of July 2015. There were 26 results of which 13 respondents were extremely likely to recommend the practice. Four respondents were likely to, and two neither likely nor unlikely and seven extremely unlikely. Comments linked to the negative responses were earlier in the year and related to the appointment system which had now changed.

Areas for improvement

Action the service SHOULD take to improve

- Consider formalising the business plan and strategy.

Outstanding practice

- The practice had responded to the needs of the community and were effective in sharing the learning from this. The practice were part of the 'Living Well' scheme in Cornwall. The scheme was adopted by

Summary of findings

Kernow Clinical Commissioning Group (CCG) following the GPs involvement and success of a pathfinder project that started in Newquay three years ago and subsequently spread across the county. This patient centred way of working created a partnership between primary care, community health services, social care and the voluntary organisation to support an individual to achieve their goals. The scheme had triggered other projects such as directing patients with anxiety and depression to a community orchard gardening course and to a scheme called food works where selected patients could access a six week healthy eating programme run by a well known restaurant in the town. The CCG report stated that the Newquay living well scheme had reported a 23% increase in positive impact on patients and reduced hospital admissions for patients with long term conditions by 40% and had seen a 5% reduction in cost and demand for adult social care. The scheme is being monitored by and has been praised by the Minister of State for Social Care and Support.

- The practice had responded to the needs of patients and introduced learning cafés. These themed events were for patients and carers to meet primary care staff, volunteer and charity groups and health care professionals. Patients were given information on self-management, healthy living and information on where to access patient support. The last café on dementia had been well attended.
- The GPs provided a primary medical service presence each weekday afternoon to the local community hospital. This service had reduced the average hospital stay from 28 days to 18 days by providing continuity of care for patients and improving communication with hospital staff.
- The practice had been part of developing a new project monitoring epilepsy patients for risk factors and early intervention to reduce risk of SUDEP (sudden death in epilepsy). The pilot had led to 17% of these patients receiving several interventions in the previous year that would not have happened without the tool. The GP had co written an article which had been published in the British Journal of General Practice and nominated for a HSJ award. The GPs were welcoming the use of the template and the practice were currently monitoring emergency department attendance, patient experience and clinician experience.

Newquay 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 advisor, a practice manager specialist advisor, a practice nurse specialist advisor and an expert by experience. Experts by Experience are people who have experience of using care services.

Background to Newquay Health Centre

Newquay Medical Centre was inspected on Wednesday 23 September 2015. This was a comprehensive inspection.

The main practice is situated in the seaside town of Newquay Cornwall. The practice provides a primary medical service to approximately 16,100 patients of a diverse age group. The practice is a training practice for doctors who are training to become GPs and for medical students from the Peninsula medical school. Six GPs at the practice were integrated clinical structure examiners (ICSE), academic tutors, two were professionalism small group tutors and one GP was the community sub dean who was responsible for the community part of GP training in the area.

There was a team of 12 GPs, five male and seven female. There were 11 GP partners and one salaried GP within the organisation. Partners hold managerial and financial responsibility for running the business. The team were supported by two practice managers, nurse practitioner, six practice nurses, three health care assistants and approximately 45 additional administration staff.

Patients using the practice also had access to other health care professionals including community nurses, health visitors, podiatrists and midwives.

The practice is open from Monday to Friday – 8.30 to 6pm. Evening pre-bookable appointments are available Monday to Thursday between 6.30pm and 7.30pm. Outside of these times patients are directed to contact the out of hours service by using the NHS 111 number.

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments bookable up to six weeks in advance.

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

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

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

Detailed findings

- Is it well-led?

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 23 September 2015. During our visit we spoke with a range of staff and spoke with 16 patients who used the service, a representative from the friends group and patient participation group. We observed how people were being cared for and talked with carers and/or family members. We reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Complaints were included as significant events and managed as such if required. Staff told us there was a clear system to follow and would inform the practice manager of any incidents and, if involved, were included in the root cause analysis system, used to identify why the event happened and highlighted any ways of reducing the chance of reoccurrence.

We reviewed significant event registers and saw that trends were monitored and lessons shared to make sure action was taken to improve safety in the practice. For example, an issue had arisen following a breakdown of communication from the out of hours provider. The GPs had contacted the out of hours provider to share learning and had changed the process of receiving communication from them. This change of process had then been reviewed at a later date to ensure it continued to work effectively.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, this included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation. Local information and policies were accessible to all staff. For example, the policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs met with the health visitors on a regular basis to discuss child safeguarding issues. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs had trained to the required level 3 in safeguarding children, to ensure that they all had suitable knowledge.
- A notice was displayed throughout the practice, advising patients that chaperones were available if required. All staff that acted as chaperones was trained for the role and had received a disclosure and barring check (DBS). (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).
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Assurances that suitable pre-employment checks had been performed were also obtained for locum staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Administration staff told us they used a rota system to cover the work and ensure they maintained skills in more than one area of work. The GPs also had a rota system where a named GP was designated to manage urgent calls.

The practice was clean and tidy. There was an infection control protocol in place and training had been provided for new staff. There were a range of policies relating to infection control which were kept under review by the nursing team. The last infection control audit was performed in November 2014 and had highlighted areas which needed further cleaning and the need for a new waste bin. These had been addressed.

The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. There were systems in place to ensure medicines requiring refrigeration were stored at the correct temperatures. These systems included daily fridge temperature recordings and policies to maintain the cold chain so that medicines were safe to be

Good

Are services safe?

given to patients. The practice used prompts for prescribing and regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing, for example, for antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use and distribution.

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. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use. For example, the last PAT (portable electrical safety testing) had been performed in March 2015. Clinical equipment had been tested in February 2015 for safety and performance as part of a rolling maintenance programme. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella. The last legionella risk assessment was performed in September 2014 and was part of an annual maintenance contract. There were general and clinical cleaning schedules being followed.

Arrangements to deal with emergencies and major incidents

There were panic systems on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received annual basic life support training.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF), this is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results had achieved 98.7% of the 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the health and social care information centre showed:

- Performance for diabetes related indicators was better than the CCG and national average. For example, the practice had achieved 96.8% which was higher than the CCG average of 85.1% and national average of 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was 78.5% which was comparable to the CCG average of 78.7% and national average of 79.2%.
- Performance for mental health related and hypertension indicators were 100% which was higher than the CCG average of 85.1% and national average of 90.4%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown three of the many clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented, repeated and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services and monitor effectiveness. For example, an audit of patients who had received minor surgery had been performed to check post-operative infection rates, the histological outcomes and whether the excision margins were adequate. This audit was repeated regularly to demonstrate safe practice. Another audit performed by administration staff looked at trends in unplanned hospital admissions. The top 2% of patients of the practice population who were judged to be most at risk were identified to ensure they were being discussed at the complex care meetings.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Clinical staff and locum GPs were also supported according to their need and ability. All staff were informed how to access practice policies and were issued with contract which contained detailed information.
- Staff told us they felt supported and had access to further education and training. Learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff explained there was mutual respect shown at the practice and all colleagues were supportive and offered guidance where required. All permanent staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support training. Registered nurses had received further education to keep their skills and knowledge up to date.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record IT system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available within treatment rooms and

waiting areas. All relevant information was shared with other services in a timely way, for example when patients were discussed at the various multidisciplinary team meetings.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after discharge from hospital. We saw evidence that the practice held a range of meetings to discuss patients. These included daily clinical meetings, multidisciplinary meetings and monthly complex care meetings where vulnerable patients and care plans were reviewed and updated. The GPs also participated in 'Team Around the Child' meetings (TAC) where paediatricians, GPs and school representatives met to discuss children with complex care needs.

The practice effectively shared information for the benefit of patients and other health and social care professionals as well as the service. The practice had been instrumental in setting up the Newquay Pathfinder project in Cornwall. Initially the project had identified vulnerable patients with two or more complex care needs to meet with befrienders and representatives from the voluntary and charity sector. These volunteers identified simple solutions to improve the wellbeing and quality of life for patients. The practice shared findings from this scheme with the local CCG who have now renamed it the Living Well project and had launched it out across Cornwall. Representatives from these groups, who had received recruitment checks, were invited to complex care meetings where vulnerable patients are discussed, to highlight where additional support can be offered. The GPs had shared their skills and knowledge of this scheme with other GPs in Cornwall and had achieved positive feedback from the Minister of State for Social Care and Support. The CCG report stated that the Newquay living well scheme had reported a 23% increase in positive impact on patients and reduced hospital admissions for patients with long term conditions by 40% and had seen a 5% reduction in cost and demand for adult social care.

Since February 2014 the GPs had been part of a new project monitoring epilepsy patients for risk factors and early intervention to reduce risk of SUDEP (sudden unexpected death in epilepsy). The GP had worked with professionals from neuropsychiatry, neurology, primary care and telehealth to look at preventable factors in sudden death in epilepsy led by a GP in the practice. The pilot had led to 17% of these patients receiving several interventions in the previous year that would not have happened without the tool. The GP had co written an article which had been published in the British Journal of General Practice and nominated for a HSJ award. The GPs were welcoming the use of the template and the practice were currently monitoring emergency department attendance, patient experience and clinician experience.

Consent to care and treatment

The practice used prompts when gaining consent for procedures including ear syringing, cervical smears and child immunisations. Patients gave written consent before minor surgery procedures were performed. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We were provided with examples where this had been performed.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with dementia, mental illness, those in the last stage of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those at risk of developing diabetes.

The GP practice had introduced information cafés for patients and carers where they could meet the health, care and community sector people, who could provide support. The practice stated this was an information giving session, with a face to face element in an informal yet clinical setting. The recent dementia café had proved popular with patients and had included the dementia specialist nurse.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79.41% which was better than the national average of

Outstanding ☆

Are services effective?

(for example, treatment is effective)

77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable than CCG and national averages. For example, Childhood Immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% and five year olds from 89% to 90% which were also comparable to CCG and national averages. The practice flu vaccination rates for the over 65s was 74% which was higher than CCG rates of 70.6% and national rates of 72.8%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations. Radios were being played in corridors so that conversations taking place in these areas could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and professional and treated them with dignity and respect. We spoke with a member of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice compared well or was slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 92% described their overall experience as good compared with the CCG average of 91% and national average of 85%

Care planning and involvement in decisions about care and treatment

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 81%.

We were told that 3.85% of the practice population did not have English as a first language. Staff told us that translation services were available for these patients.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. At the end of March 2015 0.7% of the practice list had been identified as carers. The practice had improved their identification of carers and recently the figure had risen to 1.06%. The practice give out carer information packs signposting them to the help and support available, they also offered carer's health checks.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged support or counselling service if required.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the GPs provided a primary medical service each weekday afternoon to the local community hospital. This service had reduced the average hospital stay from 28 days to 18 days.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Patients told us they were able to see a GP on the same day, often within hours of requesting the appointment.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or for patients who would benefit from these.
- There were disabled facilities and translation services available.
- All treatment rooms were situated on the ground floor.
- The practice provided a primary medical service to approximately six care homes in the area. Each care home had a named GP and scheduled visits were made by the nurse practitioner. This service had provided continuity of care for the residents. This had also improved communication between the practice and care home staff.

The practice used data to monitor the quality of the service and responded effectively where outcomes were lower than expected. For example, only 21.5% of patients with mental illness had responded to invitations to attend for a physical health check. The practice had improved the recall system to include letters and telephone calls, plus IT 'pop-ups' linked to medicine review dates.

As part of the living well scheme the practice had identified the need to promote positive outcomes for patients and provide information to allow patients to make changes to their lifestyle. For example, one person had reduced mobility and had not left their home for many months. The volunteers and befrienders visited the person in their home and the GP arranged physiotherapy. This intervention had led to the person having increased mobility and being able to attend one of the coffee mornings, eventually becoming a volunteer themselves. The GP reported that approximately 20% of people who were supported went on to become volunteers themselves.

The living well scheme had also prompted practice staff to look at other projects and alternative treatments which could benefit patient's wellbeing. For example, referring patients with anxiety and depression to a community orchard gardening course and to a scheme called food works where patients can access a six week health eating programme run by a well known restaurant in the town.

The practice had responded to the needs of patients by offering regular genitourinary medicine services and treatment for routine musculoskeletal injuries. The impact of providing this service meant that patients had not had to travel to secondary care to receive this service.

Access to the service

The practice was open for appointments from Monday to Friday – 8.30 to 6pm. Evening pre-bookable appointments were available Monday to Thursday between 6.30pm and 7.30pm. Outside of these times there is a local agreement that the out of hours service take phone calls and provide an out-of-hours service.

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments bookable up to six weeks in advance.

All of the patients we spoke to on the day were able to get appointments when they needed them. Comment cards contained positive feedback about getting appointments. Parents said they appreciated the service provided to their children.

Results from friends and family test results and results from the January 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment had been comparable with local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 76% patients said they could get through easily to the practice by phone compared to the CCG average of 82% and national average of 73%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 70% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

In addition to average survey results there had been a large number of complaints from patients and staff about the telephone triage system that had been introduced. The practice had responded immedicately to these concerns and had introduced a hybrid system had been introduced in June 2015. Since this introduction there have been no complaints received about appointments. Feedback about the appointment system at our inspection was also positive and patients referred to the prompt improvement in service.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example, we saw posters and leaflets displayed in waiting areas and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none of the patients had made a complaint.

We saw a complaints spread sheet which was used to monitor any trends and used to identify any action to improve the quality of care. For example, one complaint about dispensing medicines raised by a patient had resulted in an apology to the patient and change of practice policy.

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 was well led and had a cohesive team. This practice stated **that the team aimed to provide the highest standard of patient -centered healthcare. This** was displayed on the website and in the practice and included a commitment to high quality, accessible, community based healthcare. The practice manager and GP partner were able to describe a clear strategy and future plan. However, this was informal and not recorded.

Governance arrangements

The practice had a governance framework which supported good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies had been implemented and were available to all staff on the intranet. Staff explained that any changes, alerts or updates were communicated by email and discussed at clinical meetings.
- A programme of continuous clinical and internal audit which had been used to monitor quality and to make improvements. For example, audits of the use of medicines used for depression.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, annual environmental risk assessments had been performed.

Staff said communication was good at the practice, although there was no whole team meetings held. Staff explained any messages, alerts or notices were passed on by a message system on the computer system.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and had ensured high quality care. Systems were in place to prioritise safe, high quality and compassionate care, through structured meetings, IT systems and information gathering. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that there was a non-hierarchical and open culture within the practice. Staff explained that they had the opportunity to raise any issues informally and felt confident in doing so and were supported if they did.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. For example, the practice had promptly responded to the feedback from the patients about the appointment system. The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The PPG representatives we spoke with or received feedback from told us the practice staff were receptive and open to suggestions and felt they had been able to influence changes including a new patient information leaflet, signage and car park changes.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice.

The practice were a teaching practice and supported third year and fifth year medical students, GP registrars and F2 doctors. GPs at the practice were examiners for the peninsular medical school, academic tutors and professionalism small group tutors.