

# The Penryn surgery

## 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

We carried out an announced comprehensive inspection at The Penryn Surgery on 16 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice had developed a daily on site clinic at the local university to meet the needs of the students (which relates to 24% of the practice population) and allows students easy access to a GP without disrupting their academic timetables. They liaise closely with student support services to provide additional 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 as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice 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.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits, and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were met.
- For those people with the most complex needs, the lead nurse and community matron met weekly and worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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.
- The practice was EEFO (EEFO is a name of a scheme in Cornwall which helps young people access health services easily) accredited to level two. They also promoted SAWY Kernow, a local scheme which encourages young people to become knowledgeable and confident to seek help and advice about their health, wellbeing or everyday life.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had responded to feedback from working people to provide early morning appointments from 7am.
- The practice had developed a daily on site clinic at the local university to meet the needs of the students (which relates to 24% of the practice population) and allows students easy access to a GP without disrupting their academic timetables. They liaise closely with student support services to provide additional support.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- Of 78 patients registered at the practice with a learning disability, 42 had received a health check since April. The remainder were scheduled to receive a health check or had received a follow up invitation.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 53 of the 103 patients diagnosed with dementia had received a review of their care in a face to face meeting since April 2015.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice were performing in line with local and national averages. 272 survey forms were distributed and 109 were returned, this was a response rate of 40.1%

- 81.8% found it easy to get through to this practice by phone compared to a CCG average of 81.8% and a national average of 73.3%.
- 91.9% found the receptionists at this practice helpful (CCG average 90.9%, national average 86.8%).
- 86.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%, national average 85.2%).
- 93.6% said the last appointment they got was convenient (CCG average 94.6%, national average 91.8%).
- 81.2% described their experience of making an appointment as good (CCG average 81.5%, national average 73.3%).
- 71.7% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67.8%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards of which two were positive about the standard of care received. The two positive cards describe the practice as being very caring, helpful and have a willingness to assist and support with their illnesses. The third comment card was a negative comment, the practice were able to give an explanation for the comments.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

We also spoke with three members of the patient participation group (PPG) and the friends of the practice. We found their views aligned with findings from comment cards. For example patients referred to being able to see a GP or nurse 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.

## Outstanding practice

We saw one area of outstanding practice:

The practice had developed a daily on site clinic at the local university to meet the needs of the students (which

relates to 24% of the practice population) and allows students easy access to a GP without disrupting their academic timetables. They liaise closely with student support services to provide additional support.



# The Penryn surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, and a practice manager specialist advisor.

### Background to The Penryn surgery

The Penryn Surgery provides primary medical services to people living in the Penryn area. There are also small practices at the nearby villages of Mawman Smith and Stithians. The GPs, nurses and reception staff rotate around all three practices. Patients can choose which practice they would prefer to attend. We inspected all three locations on 16 December 2015.

The practice also has a consulting room at the nearby Penryn Campus that is open each day during the student term times.

At the time of our inspection there were approximately 18,730 patients registered at the four Penryn Surgeries. There are six GP partners and six prior share partners. The prior share partners have the same involvement in all management decisions and risks within the practice but have a lower fixed shareholding.

The GPs are supported by a lead nurse, thirteen practice nurses, and four healthcare assistants, a business manager, a practice manager, and additional administrative and

reception staff. The practice also has a dispensary at Penryn, Mawman Smith and Stithians staffed by eleven dispensing staff within the practice. The practice is a training practice for doctors training to become GPs.

Patients using the practice also have access to community staff including district nurses, health visitors, midwives, physiotherapists and counsellors.

The practice was open between 8.30am and 5pm on Monday to Friday. Patients could see a GP and between 8.30am and 11.30am and 3.20pm to 5pm on Monday, and then 8.30 to 11.30 on Monday. Appointments with a nurse were available each weekday morning between 8.30 and 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice has a Primary Medical Services (PMS) contract. With this contract the NHS specifies what the GPs, as independent providers, are expected to do and provides the funding for this.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with a range of staff, including, GPs, nurses, dispensers, administrative staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. There was evidence of analysis of these events discussed at the weekly clinical meetings including what had been learned and what action had been taken to improve safety in the practice. Staff told us they were kept informed about any action taken and there were minutes to show how the learning had been shared with the team. For example, the GPs had requested further information and guidance on which scans to request for different symptoms following a missed diagnosis of an illness. We saw evidence that training had been arranged for the GPs and that new guidelines had been put in place.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last in November 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, hand hygiene audits were now performed annually.

The practice had dispensary on site. We checked medicines stored in the dispensary and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a refrigerator for medicines held for the dispensary and in the treatment room, for any items requiring cold-storage. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

There were processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed safely and effectively. This helped to ensure that patient's repeat

## Are services safe?

prescriptions were still appropriate and necessary. All the repeat prescriptions were reviewed and signed by a GP before they were dispensed or given to the patient. Manufacturer's patient information leaflets were supplied with all dispensed medicines.

The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. These procedures were always followed by the dispensary staff. There were suitable arrangements in place for the destruction of controlled drugs.

All dispensed medicines were scanned using a barcode system to help reduce any dispensing errors. The dispensed medicines were also checked by a second person before they were supplied to patients.

The dispensary staff had received appropriate training and had an annual appraisal.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.4% of the total number of points available, with 4.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 82.85 % which was better than the national average of 77.72%.
- The percentage of patients with hypertension having regular blood pressure tests was 87.64% which was higher than the national average of 83.11%
- Performance for mental health related indicators was 88.61% which was better than the national average of 86.04%.
- The dementia diagnosis rate was 75.79% which was below the national average of 83.82%. This was explained by the lower than average number of older patients registered at the practice.

Clinical audits demonstrated quality improvement. We were shown five clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored.

The audits included infection control, coil fitting and audits of medicines. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Audit findings were used by the practice to improve services. For example, a recent audit of the prescribing of antibiotics showed that there was a significant variation on overall prescribing rates by the GPs, some GPs prescribed more antibiotics to patients than others. They mostly prescribed within guidelines set out, but delayed prescribing could have been more widely used, although overall the practice had low prescribing rate which would be of benefit to the patients.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice also provided mental health counselling to the local university students. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.44%, which was comparable to the national average of 81.88%. 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.

Flu vaccination rates for the over 65s were 70.06% and at risk groups 40.04%. These were also comparable to CCG and national averages.

The practice had offered pre booked and walk in clinics and had vaccinated over 400 students at the local campus against meningitis (A vaccine which protects against four different causes of meningitis and septicaemia).

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.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Two of the patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93.2% said the GP was good at listening to them compared to the CCG average of 91.7% and national average of 88.6%.
- 94% said the GP gave them enough time (CCG average 90.8%, national average 86.6%).
- 97.8% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 97.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.5%, national average 85.1%).

- 95.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90%).
- 91.9% said they found the receptionists at the practice helpful (CCG average 90.9%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

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

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

- 93.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86%.
- 90.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.1%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

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

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 219 of the practice list as carers. Health checks and written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered two early morning surgeries from 7am until 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 5pm on Monday to Friday. Patients could see a GP and between 8.30am and 11.30am and 3.20pm to 5pm on Monday, and then 8.30 to 11.30 on Monday..Appointments with a nurse were available each weekday morning between 8.30 and 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

1. 81.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.9% and national average of 74.9%.
2. 81.8% patients said they could get through easily to the surgery by phone (CCG average 81.8%, national average 73.3%).
3. 81.2% patients described their experience of making an appointment as good (CCG average 81.5%, national average 73.3%).
4. 71.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67.8%, national average 64.8%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system for example summary leaflets were available at the reception.

We looked at thirteen complaints received in the last 12 months and found that all of these had been satisfactorily handled and dealt with in a timely way. Written complaints responses showed that openness and transparency and duty of candour had been followed when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint received expressed that there was no information regarding the delay time when requesting a GP letter. As a result the practice updated their website to inform patients that a response should be expected within 21 days of the request.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. One GP partner was a referral management service expert, another vice chairman of the local management committee and a third the CCG locality lead. They prioritise safe, high quality and compassionate care. The day to day management of the practice was by a management committee made up from the GPs. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular monthly team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice involved the patient participation group (PPG) in all matters regarding the practice and the PPG had gathered feedback and through surveys and complaints received. There was an active PPG of 12 members who met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, on learning the cost of wastage in medicines that had been returned to the practice unused, the PPG assisted the practice with the design of a poster to

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Good 

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advertise a campaign for all patients to think before ordering medicines that they no longer required.. The practice also successfully piloted a scheme where all complaints (anonymised) were reviewed by the PPG.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was taking a proactive role in the Dove pilot which allowed direct links with a diabetic consultant to improve services for diabetic patients.