

# Trescobeas 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?

Requires improvement



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 Trescobeas Surgery on 26 May 2016. 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 with the exception of those relating to recruitment checks and the safe storage of blank prescription forms.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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 received about the practice prior to and during the inspection demonstrated the practice performed comparatively and in some instances better when compared with all other practices within the clinical commissioning group (CCG) area. These areas included caring for patients with complex mental health needs and annual health checks of patients with a learning disability.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- 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 four areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met the needs and promoted equality. The practice had a responsive and proactive approach to understanding the needs of younger people using innovative approaches to providing integrated person-centred pathways of care. For example, the practice held termly meetings with Falmouth Exeter University (FXU) pastoral and student services departments to improve and tailor their services. The practice also held well-being days at the FXU site, had a dedicated young person's champion, (young PPG member) with dedicated websites and twitter and Facebook pages to keep young people informed.
- The practice was SAVVY level three accredited, one of only 2 services to achieve this level; ensuring services were young person friendly in every aspect of service delivery. SAVVY Kernow, is a local scheme which encouraged young people to become savvy and seek help and advice about their health, wellbeing or everyday life.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There was a clear proactive approach to seeking out and

embedding new ways of providing care and treatment. Weekly huddle meetings took place when the practice was closed so there were no distractions. The practice manager sent all staff a weekly update bulletin by email. This provided them with any information about the practice including staffing matters, training opportunities, and any changes within the practice. Staff were also regularly asked for their opinion of the practice and areas where improvements could be made. They said they felt comfortable making suggestions and felt listened to by the management team.

- The lead practice nurse was the dedicated hospital discharge liaison nurse. They screened all discharge summaries and coordinated care and medicines for vulnerable people from the practice leaving hospital. This sometimes included a home visit.

The areas where the provider must make improvement are:

- Ensure systems are put in place to ensure the security and monitoring of prescription forms.

The area where the provider should make improvement are:

- Ensure systems which identify record and support patients who are also carers.
- Ensure equipment, including needles and syringes that were accessible to patients, are stored in securely.
- Ensure that staff employed at the practice have the required employment checks.

**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 requires improvement for providing safe services.

**Requires improvement**



- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed,.
- The management of medicines at the practice was well organised and in line with requirements; however, prescription forms were not monitored or stored safely.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# 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

Good



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.
- Longer appointment times were available to enable older patients with multiple ailments to be discussed in one visit.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice had a dedicated Hospital Discharge Liaison Nurse (DLN) who screened all discharge notes and reconciled their medicines and care packages. This frequently involved directly contacting the patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a proactive and personalised programme of care and support, which was tailored to the needs and views of older people registered with the practice.
- The lead practice nurse was the dedicated hospital discharge liaison nurse. They screened all discharge summaries and coordinated care and medicines for vulnerable people from the practice leaving hospital. This sometimes included a home visit.

### People with long term conditions

Good



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.
- Nationally reported QOF data showed that outcomes for patients were good for conditions commonly found in patients with long term conditions

# Summary of findings

- The practice held specialist clinics with a diabetes consultant and diabetic nurse for patients with complex diabetes needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

**Outstanding**



- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice had achieved SAVVY Kernow level three, one of only two in the county. SAVVY Kernow, a local scheme which encouraged young people to become savvy and seek help and advice about their health, wellbeing or everyday life.
- The practice participated in the C-Card (condom card) scheme, which was a free condom distribution network. It provided quick, easy and confidential access to condoms for young people living in Cornwall and the Isles of Scilly.
- The practice had a dedicated young person's champion, (young PPG member) with dedicated websites, twitter and Facebook pages.
- The practice's uptake for the cervical screening programme was 86%, which was better than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.



# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Patients were able to contact the practice by email.

## 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).

- 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.
- 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 a responsive and proactive approach to understanding the needs of younger people using innovative approaches to providing integrated person-centred pathways of care. For example, the practice held termly meetings with Falmouth Exeter University (FXU) pastoral and student services departments to improve and tailor their services. The practice also held well-being days at the FXU site, had a dedicated young person's champion, (young PPG member) with dedicated websites and twitter and Facebook pages.

## 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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 100% of the patients with a learning disability had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

# Summary of findings

- The practice had a dedicated hospital discharge liaison nurse to coordinate care and medicines for vulnerable people leaving hospital.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

**Good**



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

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 100% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice 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 patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing higher than local and national averages. 245 survey forms were distributed and 123 were returned. This represented about 1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients told us they received a superb service, in a respectful way, in a clean and tidy surgery.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the friends and families survey which asked patients how likely they were to recommend the practice to friends and family. The results between January 2016 and May 2016 showed that of 432 responses 401 patients would recommend the practice with 372 (86%) being extremely likely.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure systems are put in place to ensure the security and monitoring of prescription forms.

### Action the service **SHOULD** take to improve

- Ensure systems which identify record and support patients who are also carers.

- Ensure equipment, including needles and syringes that were accessible to patients, are stored in securely.
- Ensure that staff employed at the practice have the required employment checks.

## Outstanding practice

We saw four areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met the needs and promoted equality. The practice had a responsive and proactive approach to understanding the needs of younger people using innovative approaches to providing integrated person-centred pathways of care. For example, the practice held termly meetings with Falmouth Exeter University (FXU) pastoral and

student services departments to improve and tailor their services. The practice also held well-being days at the FXU site, had a dedicated young person's champion, (young PPG member) with dedicated websites and twitter and Facebook pages to keep young people informed.

- The practice was SAWY level three accredited, one of only 2 services to achieve this level; ensuring services were young person friendly in every aspect of service

# Summary of findings

delivery. SAWY Kernow, is a local scheme which encouraged young people to become savvy and seek help and advice about their health, wellbeing or everyday life.

- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. Weekly huddle meetings took place when the practice was closed so there were no distractions. The practice manager sent all staff a weekly update bulletin by email. This provided them

with any information about the practice including staffing matters, training opportunities, and any changes within the practice. Staff were also regularly asked for their opinion of the practice and areas where improvements could be made. They said they felt comfortable making suggestions and felt listened to by the management team.

- The lead practice nurse was the dedicated hospital discharge liaison nurse. They screened all discharge summaries and coordinated care and medicines for vulnerable people from the practice leaving hospital. This sometimes included a home visit.

# Trescobeas Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC pharmacist inspector, and a practice manager specialist adviser.

## Background to Trescobeas Surgery

Trescobeas Surgery was inspected on Thursday 26 May 2016. This was a comprehensive inspection.

The main practice is situated in Falmouth in Cornwall. There are also branch practices at Mylor and Flushing. The practice provides a general medical service to 9,700 patients in urban and rural locations covering the whole of Falmouth and east to Penryn and south to Mawman Smith.

The practices population is in the sixth decile for deprivation; one being the most deprived and ten being the least deprived; when compared to the national average. The practice population ethnic profile is predominantly White British. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matched the national average of 79 years; female life expectancy is 84 years which is slightly higher than the national average of 83 years.

There is a team of eight GP partners, four female and four male GPs. Partners hold managerial and financial responsibility for running the business. The team are

supported by a practice manager, a lead nurse, two practice nurses, four healthcare assistant/phlebotomists (a person trained to take blood samples) and additional administration staff.

The practice is a training and teaching practice for GPs in training, and medical students. It currently has two GP registrars working in the practice.

At the Mylor practice, dispensing services are provided to registered patients who lived more than a mile away from a community pharmacy. The dispensary is open during surgery times.

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

The practice is open between 8am until 6.30pm Monday to Friday. Appointments are offered at any time within these hours. Extended hours are offered from 6.30pm to 8pm Monday to Thursday evenings.

Outside of these times patients are requested to telephone the practice, where the calls are transferred to the out of hour's service on the NHS 111 number. Patients may be asked to attend one of the out-of-hours clinics held at one of the primary care centres in Falmouth, Camborne, Redruth or Truro.

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

The Trescobeas Surgery provides regulated activities from the main site at Trescobeas Road, Falmouth, Cornwall TR11 2UN and from a branch at Mylor and Flushing. During our inspection we visited the main site at Falmouth. Our pharmacist inspector visited the site at Mylor.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff including
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been an incident where a child received a repeated immunisation (no harm came to the patient). A review of processes took place and it was agreed that immunisations would not be given if a red book was not produced prior to the immunisation. The Red Book is a personal child health record and contains baby's details and information on their growth and development and is also where immunisations were detailed. Parents when booking the appointment were requested to bring in their child's red book.

#### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. The clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice 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. An infection control audit was undertaken in March 2015 and repeated in January 2016. We saw evidence that action had been taken to address any improvements identified as a result.

There were effective arrangements for managing medicines, including emergency medicines in the practice which kept people safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines.

- About 10% of the patients registered at the practice could have their prescriptions dispensed at Mylor Surgery. Systems were in place to check that dispensary processes were suitable and the quality of the service was maintained, although a dispensary audit had not been completed in the last 12 months.
- There was a named GP responsible for the dispensary and prescribing. Dispensary staff had completed appropriate training to work safely in the dispensary. Dispensary staff showed us standard operating



## Are services safe?

procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Staff signed these documents and they were regularly reviewed.

- The dispensary staff used a barcode system that reduced the risk of errors when dispensing medicines. Staff recorded significant events and reported them to the practice manager. Staff received and acted upon medicines alerts.
- Patients could arrange to collect their medicines from a local shop. There were processes such as risk assessments in place to make sure that this was safe and medicines were stored securely.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage due to their potential for misuse) and had procedures in place to manage them safely. There were also appropriate arrangements in place for the destruction of controlled drugs. Dispensary staff told us that prescriptions for controlled drugs were not dispensed before being signed by a GP. This was confirmed by a GP at Trescobeas Surgery.
- Prescription pads were stored securely. A system was in place to monitor the use of prescription pads, however, blank prescription forms used for printers were not managed as robustly. Printers containing prescription forms were seen to be kept in unlocked rooms. This meant that the practice would not know if blank prescription forms had gone missing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines and vaccines in line with legislation. All nurses working under a Patient Group Direction had received suitable training.
- Some equipment, including needles and syringes, were stored in unlocked cupboards that were accessible to patients.
- We reviewed five personnel files. Records we looked at did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, not all the files contained application forms, two references, full employment history, with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). DBS checks had been carried out by the practice

on clinical staff. We asked whether any risk assessments had been carried out with respect to employing a person in a position of trust without a DBS check, no such risk assessment had been carried out.

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in May 2016 to ensure the equipment was safe to use and clinical equipment was checked in July 2015 to ensure it was working properly. The practice 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.



## Are services safe?

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 with 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 84% which was better than the national average of 78%.
- Performance for mental health related indicators was 100% which was better than the national average of 80%.

We also saw evidence provided by the practice that they had achieved 100% of the total QOF points that were available for 2015/2016

There was evidence of quality improvement including clinical audit.

There had been five clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored. The audits included inadequate smear audits, significant event audits, medicine audits, and emergency referrals to hospital audits.

The practice participated in local audits, national benchmarking, accreditation, and peer review.

Findings were used by the practice to improve services. For example, the practice was proactive in responding to adolescent females and women of child bearing potential receiving high risk medicines given for epilepsy. Guidelines recommended that these patients were seen by a hospital specialist. In March 2015 the practice identified eight patients that these guidelines affected and sent them a letter informing them of the risks and inviting them in to the practice to discuss contraceptive advice. The audit was repeated again in December 2015, there were seven females identified and all but one had been seen by a specialist and/or had received contraceptive advice.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, ear syringing and wound management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The lead practice nurse was the dedicated hospital discharge liaison nurse. They screened all discharge summaries and coordinated care and medicines for vulnerable people from the practice leaving hospital. This sometimes included a home visit. They also monitored the top 2% of the vulnerable patients list ensuring that all these patients were seen by a healthcare professional at least once in each three month period.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The nurses held weight loss clinics and smoking cessation advice was available from a practice counsellor.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 64% which was better than the clinical commissioning group (CCG) average of 61% and the national average of 58%

The number of females, aged 50-70, screened for breast cancer in last 36 months was 79% which was better than the CCG average of 77% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 84% and five year olds from 74% to 92%. (CCQ averages were 78% to 93% and 73% to 93%).

The practice had achieved SAWY Kernow level three, one of only two in the county. SAWY Kernow, a local scheme which encouraged young people to become savvy and seek help and advice about their health, wellbeing or everyday life.

## Are services effective?

(for example, treatment is effective)

The practice participated in the C-Card (condom card) scheme, which was a free condom distribution network. It provided quick, easy and confidential access to condoms for young people living in Cornwall and the Isles of Scilly.

The practice had a dedicated young person's champion, (young PPG member) with dedicated websites, twitter and Facebook pages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). 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 were slightly higher or comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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 slightly better than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that 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.
- Information leaflets were available in easy read format.

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

## Are services caring?

Patient information leaflets and notices were available in the corridors which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice was in the process of identifying further patients that were carers, there was a dedicated carer's lead, and to date they had identified 35 patients as carers (about 0.3% of the practice list) with another 20 patients that required confirmation that they remained carers. The

practice recognised this was an area they needed to improve further. Written information was available to direct carers to the various avenues of local support available to them.

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

# 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 additional appointments on a Monday, Tuesday, Wednesday and Thursday evening until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Appointment times were flexible to meet the needs of the patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available within these times. The practice operated the telephone call back system. Patients were requested to telephone or book a consultation with their own GP on line. Extended hours appointments were offered between 6.30pm and 8pm Monday to Thursday. In addition to pre-bookable telephone consultations that could be booked up to four 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 better than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

A recent healthwatch study on the appointment system showed that 93% of 48 patients surveyed reported that it was easy to book an appointment on the day and 83% found it easy to book an appointment in advance.

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

The practice had a system in place to assess:

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

The practice had a system in place to identify urgency of need when patients telephoned the practice. If the request was about a new ailment the call back would be coded red, and take priority, if it was for a follow up appointment the call back would be coded black. Appointment requests for children were always coded red.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The 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. There was a poster and leaflets displayed in the waiting room explaining how to complain, should patients wish to do so.

We looked at fourteen complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, showing openness and transparency in dealing with the complaint. The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to

# Are services responsive to people's needs?

(for example, to feedback?)

the quality of care as a result. For example, reception staff were reminded of the importance of patient confidentiality following an incident where a receptionist had spoken to a spouse without the patients consent.



# 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. These were to;

- treat patients fairly and equally, and with dignity and respect;
- provide highly effective, efficient and safe healthcare services for our patients; and
- listen, communicate and collaborate with patients effectively.

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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us, and we observed that the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings as well as weekly “huddles”. Huddles were brief meetings with staff teams to pass on information and gain feedback. We observed the nursing team huddle that was used for a nurse to give feedback on recent training.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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

### 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 had gathered feedback from patients through the patient participation group (PPG) and

# Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had 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 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. For example the practice had been registered as a GP teaching and training practice. There were three GP trainers. The practice provided training opportunities to doctors seeking to become qualified GPs.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014
Maternity and midwifery services	Good Governance
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	Blank prescription forms for use in printers, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.
	17 (1)