Port Isaac The Surgery

Quality Report

The Surgery
Hillson Close
Port Isaac
PL29 3TR
Tel: 01208 880222
Website: www.portisaacpractice.co.uk

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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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Port Isaac, the Surgery on 29 September 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 had the skills, knowledge and experience to deliver effective care and treatment.
- All 60 patients who gave feedback in the inspection told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They also said that GPs went above and beyond what was expected of them.
- 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.
- 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.
- The practice governance frameworks were not always effective in supporting the delivery of the strategy and good quality care. Whilst staff assessed patients' needs, the practice did not have a robust risk management system with which to identify and mitigate all potential risks in a timely way.

We saw an area of outstanding practice:

Summary of findings

- Integrated health and social care is advocated by the practice and any potential barriers for patients to experience this are reduced .Early involvement in pilots to improve the experience of support and healthcare for people with mental health needs has resulted in improvements to the way this is co-ordinated.The practice has an integrated community nursing service, which through shared expertise and communication systems has meant that there is greater anticipatory care of vulnerable patients.

The areas where the provider must make improvement:

- Establish and operate effective audit and governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.This is in respect of monitoring risks, proactive use of clinical audit to improve patient care, and reviewing and updating policies.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as goodfor providing safe services.

- 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?

Good

The practice is rated as good for providing effective services.

- 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.
- The clinical audit system needed further development to fully demonstrate quality improvement for patients.
- 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?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.The practice promoted integrated care for people.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Summary of findings

Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Good

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.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The team was committed to delivering integrated, high quality care and promote good outcomes for patients.
- Governance frameworks were not always effective in supporting the delivery of the strategy and good quality care. GPs did not have robust systems providing them with oversight of potential risks so that they could mitigate these. For example, some policies were overdue a review and did not reflect current guidelines. Audits were not initiated quickly enough or fully utilised to make improvements for patients.
- The practice proactively sought feedback from patients and had acted on this,
- All staff had received inductions and received regular performance reviews or attended staff meetings and events.
- There was a strong commitment towards innovation and integrated care. Port Isaac Surgery has played a key role in improving communication and integrating mental health services in North Cornwall. A GP partner holds senior appointments within three health services leading development of services in the area. Respiratory services had been set up at the practice to be proactive and educational. High levels of patient engagement in the effective management of their own health condition were being achieved. The community nursing team was based at the practice and was

Summary of findings

fully integrated as part of the practice team. This meant that through shared communication systems, expertise and access to training the practice had reduced any potential barriers for patients to experience integrated care.

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. For example, information about patients' outcomes was used to make improvements such as; early identification of frail older people at risk of falls resulting from frequent reviews. This included regular reviews of the appropriateness and necessity of medicines and continued close working with the reablement and complex care teams in the community to support these patients. Data showed that 87.5% (national average 81.27%) of patients at risk of bone fractures were treated with an appropriate bone sparing medicine.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They regularly visited frail housebound patients without an acute medical need, carrying out comprehensive reviews of each patient in their own home to assess their needs. They used this time to assess their well being ensuring that the right support was provided to avoid the risk of social isolation.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example 100% patients with the heart condition, atrial fibrillation, were treated with an appropriate anti blood clotting medicine.
- Older patients receiving regular medicines were seen for bi-annual face-to-face reviews with their named GP.
- The practice participated in the Unplanned Admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had an extensive care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital.
- The practice provided enhanced diagnostics such as 24 ECG machines so that frail and elderly patients did not have to travel to the district acute hospital.

People with long term conditions

Good

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

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, there was a proactive approach towards self management and health in particular for people with long term respiratory conditions. All of the patients had been reviewed, had a clear plan and rescue medicines.
- Nationally reported data showed that outcomes for patients were good for long term conditions. The practice had achieved the percentage of patients with diabetes who had had a blood test to check glucose levels in the 12 months was 74.78% (national average 77.72%).
- 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 being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- 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)

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.

Summary of findings

- 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.

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, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- 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.
- 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).

In 2009, Port Isaac Surgery played a key role in the North Cornwall Integrated Mental health Pilot. Communication with secondary care services was improved as a result of this pilot. The practice had lead the way in promoting a mental health hub approach to integrate care for people with mental health needs. This approach was currently being rolled out across Kernow CCG area, which brings secondary care expertise closer to where people need it. The practice chaired monthly meetings with a mental health nurse, psychiatrist and representatives from the voluntary sector and learning disability services. New patient referrals and any on-going issues for existing patients were discussed at this meeting so that patients experience early interventions in a co-ordinated way avoiding unnecessary hospital admission.

- A GP at the practice had a special interest in adult mental health and psychiatry and also the skills and training to reach out to especially vulnerable patients who traditionally are very reluctant to engage.

Summary of findings

Mental health data showed that the practice was proactive in identifying people with suspected or diagnosed with dementia. For example:

- 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.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

The practice had a lead GP with specialist interest in dementia. They worked closely with organisations such as the Alzheimer's society to follow current practice. Early identification and interventions were promoted at the practice for any patients suspected or diagnosed with dementia. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing better in relation to appointments when compared with local and national averages, apart from waiting times. There were 243 survey forms distributed for Port Isaac The Surgery and 140 forms were returned. This represents 1.75% of the total number of patients registered at the practice.

- 85.2% found it easy to get through to this surgery by phone compared to a CCG average of 81.8%% and a national average of 74.4%.
- 91.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%%, national average 85.4%).
- 99.1% said the last appointment they got was convenient (CCG average 94.6%, national average 91.8%).
- 83% described their experience of making an appointment as good (CCG average 81.5% national average 73.8%).
- 63.5% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67.8%,national average 65.2%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were all positive about the standard of care received. Patients described the service as an excellent flexible service which met their needs. Staff were described by patients as very caring and gave several examples of where they had gone above and beyond what was expected of them.

We spoke with nine patients during the inspection. All nine patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Patients shared examples demonstrating that the practice was responsive in emergencies and when additional support was needed.

Areas for improvement

Action the service MUST take to improve

Establish and operate effective audit and governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. This is in respect of monitoring risks, proactive use of clinical audit to improve patient care, and reviewing and updating policies.

Outstanding practice

Integrated health and social care is advocated by the practice and any potential barriers for patients to experience this are reduced .Early involvement in pilots to improve the experience of support and healthcare for people with mental health needs has resulted in improvements to the way this is co-ordinated.The practice has an integrated community nursing service, which through shared expertise and communication systems has meant that there is greater anticipatory care of vulnerable patients.

Port Isaac The 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 CQC pharmacist inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Port Isaac The Surgery

Port Isaac, The surgery has 5 branch surgeries. Of these, Port Isaac, St Kew Surgery (branch) and Bridge Medical Centre (branch) have dispensaries. The other branch surgeries are based at Blisland, Delabole and Polzeath. The practice has approx. 8000 patients and covers up to 90 square miles of coastal and rural areas. The practice provides a minor injury service at Port Isaac and Bridge Medical Centre during surgery hours. More than 50% of patients registered at the practice are older people, which is higher than the national average. The total patient population falls within the mid-range of social deprivation.

There are five GP partners and two salaried GP (three male and four female). The nursing team consists of six female nurses with one holding prescribing qualifications. There is also a female HCA in the clinical team who is seconded from the community nursing team. The entire team of clinical staff works across the practice, including the branch surgeries. They are supported by a practice manager and a team of administrative and reception staff. The dispensaries based at Port Isaac, St Kew (branch surgery) and Bridge Medical (branch surgery) are managed by a dispensary manager supported by dispensary assistants.

The practice is EEFO accredited (an organisation working with Young People in Cornwall) and is able to provide friendly, confidential support that is focussed on the needs of young people. These include emergency contraception, coils and implants, free condoms, contraceptive advice and any health / wellbeing advice needed.

The practice at Port Isaac is open between 8.30am until 6 pm Monday to Friday. Appointments are from 8.30 am to 11.30 am every morning and 2pm to 6 pm daily. Extended hours surgeries are offered every Saturday between 8am and 11am at the St Kew Surgery. Early morning appointments are offered by arrangement to working age patients at Port Isaac and all the other branch surgeries. The practice website contains other information about opening hours for all the branch surgeries linked with this practice. When the practice is closed there is an answerphone message which directs patients to the out of hours service. This is in line with contractual agreements with Kernow Clinical Commissioning Group (CCG).

On 29 September 2015, we inspected Port Isaac, the Surgery and the dispensaries at the branch practices of St Kew Surgery and Bridge Medical Centre.

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 Port Isaac, the surgery 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

Detailed findings

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

29 September 2015. During our visit we:

- Spoke with a range of staff, GPs, practice nurses and 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.
- Inspected the St Kew Surgery (branch) and Bridge Medical Centre (branch).

We did not visit the other branch surgeries, which the practice runs.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a 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. For example, patient safety alerts were disseminated to the relevant lead member of staff for action. We tracked a recent patient safety alert about pads used with defibrillators (equipment used in emergencies when a person's heart fails). Appropriate action had been taken to check all the equipment across the practice and required no further action being taken.

Staff told us that significant events were discussed at the monthly team meeting to facilitate learning. For example, investigation results for a patient had been sent by the hospital to the wrong practice. The practice learnt that two patient identification numbers were similar so changes were needed to ensure that correct patient was identified. The practice closely monitored when results were due so had picked this up quickly and raised concerns with the hospital to locate the information about the patient.

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. The policies were accessible to staff and 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 were able to share examples where appropriate action had been taken.
- 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 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. The practice used a contractor for cleaning and was in the process of reviewing this. An annual infection control audit took place during the inspection. This did not lead to any further actions being identified as measures were in place to reduce the risk of cross infection.
- The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had established a service for some patients to have their dispensed prescriptions delivered to collection points closer to their homes. There were systems in place to monitor how these medicines were delivered and collected. For example, a log was held showing medicines for collection which were signed out. Arrangements were also in place to ensure that patients were given all the relevant information they required.
- Arrangements for managing medicines, including emergency medicines and vaccines, 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. Records showed that medicines requiring refrigeration were stored within the safe temperature

range and this was monitored every working day. Prescription pads were securely stored and there were systems in place to monitor their use. However, there was no system in place to ensure that blank prescription stationary in printers was secure. This was addressed within 48 hours by fitting additional locks and implementing a new procedure to secure the stationary. Patient Group Directions had been adopted by the practice to allow only the nurses to administer medicines in line with legislation.

- High risk medicines were being monitored in line with national guidance. For example, patients prescribed methotrexate (a bone sparing agent for patients with osteoporosis) were closely monitored through regular blood screening and liaison with specialists supporting them. The patient record system provided a fail safe, with alert flags when blood screening was overdue.An HR consultant had been appointed and was working with the practice to review all the contracts of employment, policies and procedures and mandatory training. The majority of staff at the practice were long serving employees. We reviewed one personnel file and found that appropriate recruitment checks had been undertaken prior to employment..

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 across the whole practice, including the branch surgeries.

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 defibrillators and oxygen with adult and children's maks available at the practice and two branch surgeries we visited.. There were also first aid kits and accident books 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. The interim practice manager was in the process of reviewing this document.

Good

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

Port Issac practice had a 50% higher patient population of older people when compared nationally with other practices. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example 100% patients with the heart condition, atrial fibrillation, were treated with an appropriate anti blood clotting medicine.

Assessments of older people routinely included frailty scoring to help identify people that could be at risk of failing health and social isolation. The practice participated in the Unplanned Admissions Direct Enhanced Service with systems in place to identify the top 2% of the practice population who were judged to be most at risk. These patients were made known to staff, had an extensive care plan and were discussed with the multidisciplinary team to help maintain patient independence and enable patients to remain at home, rather than be admitted to hospital.

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 92.3% of the total number of points available, with 8.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar when compared to the CCG and national average. the percentage of patients with diabetes who had had a blood test to check glucose levels in the 12 months was 74.78% (national average 77.72%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 81.53% (national average 83.11%).
- Performance for mental health related indicators was similar or sometimes better than the CCG and national average. 88.61%.
- The dementia diagnosis rate 73.85% and comparable with the CCG and national average of 83.82%.

  Clinical audits demonstrated quality improvement. However, opportunities to make improvements to outcomes for patients were not always fully utilised.
- Data showed that the practice had a lower ratio of prescribing other NSAIDS over using Diclofenac when compared with other GP practices. We highlighted this at the inspection because national guidance indicated that there were increased risks in using this medicine for people with known or suspected cardiac conditions. Whilst GPs verified that they were aware of this data and had discussed it, an audit did not take place until immediately after the inspection. An action plan to review patients was then put into effect.
- We looked at four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

Effective staffing

There were 27 staff in total including GPs. The lead practice nurse was a respiratory nurse specialist and prescriber. Five practice nurses held also held advanced qualifications and were managing the health care of patients with long term conditions.

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

Good

Are services effective?

(for example, treatment is effective)

- 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. A health care assistant at the practice had completed training so that they were able to manage the initial part of new patient and health checks for people over 40 years of age.
- GPs had lead roles for each population group. For example, one GP had an interest in care of people with mental health needs. Through training and engagement with secondary specialists they had developed their skills and experience in this area.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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.
- The interim practice manager had carried out a scoping exercise to identify any gaps and training needs across the whole team.The practice had a contract with an recognised online training provider to ensure that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff had previously received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The interim practice manager had arranged a series of annual updates had to take place over the course of the next few months.

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.

- 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.

The practice had developed extensive care plan templates for use with patients. For example, patients with long term respiratory conditions had a self management plan which was written with them, promoting their health so that they could achieve a good quality of life. For one patient whose care plan we looked at, this meant that they were able to achieve their goal of being able to resume going out to the shops and to visit friends so reduced the risk of social isolation for them.

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. Through it's personal medical services contract, the practice had developed an integrated nursing team that was managed by the GP partners. The practice had a health visitor, midwife, physiotherapist and community mental health worker all working on site. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, or more often where needed, 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. GPs and nurses verified that they had completed training covering the Mental Capacity Act.

Health promotion and prevention

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

Good

Are services effective?

(for example, treatment is effective)

- 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 and Patients were then signposted to the relevant service.
- Smoking cessation advice was available at the practice and patients were signposted to a local support group. Data showed that the practice was performing higher in promoting smoking cessation. For example, the percentage of patients aged 15 or over who are recorded as current smokers who had a record of an offer of support and treatment within the preceding 24 months at the practice was 99.7% compared with the CCG (87.9%) and national (86.7%) averages.

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 81.27% 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. This resulted in a slightly higher detection rate of 67.7% for new cancers when compared with the CCG (49.2%) and national (48.4%) averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70.5% to 94.3% and five year olds from 78.8% to 97.5%. Flu vaccination rates for the over 65s were 73.77% and at risk groups 49.33%. These were also comparable to CCG and national averages.

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.

Outstanding ☆

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 saw that doors were closed during consultations and 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 51 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. Several told us that the staff went above and beyond what was expected of them. This was further echoed in the interviews we had with nine patients on the day of the inspection.

We also spoke with the chair person 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.

Results from the national GP patient survey published on 4 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96.4% said the GP was good at listening to them compared to the CCG average of 91.7% and national average of 88.6%.
- 98.1% said the GP gave them enough time (CCG average 94.8%, national average 91.9%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.3%)
- 94.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.5%, national average 85.1%).
- 98.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).

We spent time in the waiting room and reception areas and saw that staff were polite and caring when speaking with patients. Some staff we spoke with verified they had completed customer care training.

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 in line with local and national averages. For example:

- 96% 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 86.3%.
- 92.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.1%, national average 81.5%)

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

The practice recognised social isolation and its impact on independence, confidence, security and happiness in old age. The practice promoted and worked with volunteering in health groups to link older people with support and social events. Many staff had lived all their lives in and around Port Isaacand explained that they want to provide the best possible service to their neighbours and the local community. The practice had invested in a vehicle and employed a driver to deliver medicines to people who were unable to collect these themselves.

Outstanding ☆

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice was proactive in identifying patients who might be a carer. For example, new patient registration forms specifically asked patients to highlight if they were a carer. Appointment templates used to assess patients needs also had a specific question to complete about whether the person was a carer. Written information was available to direct carers to the various avenues of support available to them.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice hosted several support groups, providing free use of rooms for the memory and breast cancer support groups. GP partners told us that they did this to reduce the burden of travelling for patients who were on limited incomes or frail due to ill health.

GPs were exceptionally caring when looking after patients at the end of their lives. They told us that they actively discussed end of life plans with their patients. This enabled patients to choose what treatments they wished to have and their preferred place of dying. We looked at two care records for patients receiving end of life care. These showed that GPs had regularly visited patients in the evening at times when the out of hours services would normally provide cover. GPs told us they did this to provide continuity of care for patients and their carers and wanted to fulfil the agreed end of life plan as far as possible.

Thank you cards from families were displayed in a staff only area, all of which described positive experiences of support and compassion received from the team at the practice.

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.

Good

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 Saturday morning clinics between 8am and 11am for working patients who could not attend during normal opening hours.
- After school hours appointments were available for children and young people to avoid them having to miss any time from their school day.
- There were longer appointments available for people with a learning disability. The practice team worked jointly with learning disability nurse specialists to ensure that people's communication needs were met. For example, nurses used easy read information to explain how self checks such as breast examination should be done.
- Home visits were available for older patients / patients who would benefit from these.
- A dedicated phone line was given to frail older patients and those receiving palliative care. This enabled them to access help quickly to get support when they needed it.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. For example, the first language of some patients registered at the practice was Polish. Information leaflets written in Polish were seen in the waiting area and used by administrative staff when patients needed them.
- The practice was accessible to people using mobility aids or transporting their babies and young children in prams. However, there were no baby changing facilities.
- There was raised seating in the waiting room for people whose mobility was limited.
- Port Isaac Surgery is situated in a coastal village, which is a popular holiday destination and typically used by a further 1000 temporary visitors each year. The practice policy enabled people to be seen without impacting on permanently registered patients.
- Services aimed at promoting health for young people were in place. There was a young person's board in the waiting room and information on the practice website aimed at this group. Young people were able to request to see whoever they wished to and at a time that suited them.

Access to the service

The practice at Port Isaac is open between 8.30am until 6 pm Monday to Friday. Appointments are from 8.30 am to 11.30 am every morning and 2pm to 6 pm daily. Extended hours surgeries are offered every Saturday between 8am and 11am at the St Kew Surgery. Early morning appointments are offered by arrangement to working age patients at Port Isaac and all the other branch surgeries. The practice website contains other information about opening hours for all the branch surgeries linked with this practice. When the practice is closed there is an answerphone message which directs patients to the out of hours service. This is in line with contractual agreements with Kernow Clinical Commissioning Group (CCG).

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.

- 77.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.9% and national average of 75.7%.
- 85.2% patients said they could get through easily to the surgery by phone (CCG average 81.8%, national average 74.4%).
- 83% patients described their experience of making an appointment as good (CCG average 81.5%, national average 73.8%.
- 63.5% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67.8%, national average 65.2%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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.This was also available in other languages such as polish.

We looked at nine complaints received in 2015 and found these were dealt with in a timely way, demonstrating that there was openness and transparency with dealing with the complaint. Every week the practice held a meeting with GP partners and the interim practice manager, at which complaints were a standing item for discussion. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice investigated a patient's concerns about their diagnosis and onward referral to secondary services. Records demonstrated that learning was shared and an apology was made to the patient.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The team was committed to delivering integrated, high quality care and promote good outcomes for patients.

- GPs told us they had one of the highest percentages of older people in the clinical commissioning group coupled with population growth driven by new housing developments in the area. The practice had recognised significant funding challenges in regard to population growth and contractual changes. The GPs were developing the practice to accommodate these challenges and the changing needs of their patients.
- Succession planning was in progress as a GP partner was due to retire.The GP partners had considered utilising skill mix by increasing resources by appointing an advanced nurse practitioner.

Governance arrangements

The practice governance frameworks were not always effective in supporting the delivery of the strategy and good quality care.

- The practice relied soley on trust when patient safety alerts were disseminated to senior staff for action. This meant that there was no system providing oversight and assurance that the actions had been completed.
- The practice had a lone working policy, however staff working in the dispensary identified themselves as lone workers for some of their working day had not been involved in any recent risk assessment of this. Therefore, the practice had not mitigate potential future risks.
- Practice specific policies were implemented and available to all staff. However, these were not always in line with current legislation. For example, we identified that the safeguarding children policy referenced out of date national guidance from 2006.This was rectified immediately after the inspection.
- Management systems were not fully embedded to provide the GP partners with a comprehensive understanding of the performance of the practice. For example, there had been changes in the GP partnership that altered key responsibilities and lead roles. Information about this was out of date so did not reflect what staff described to us. The practice had an interim practice manager in place who was in the process of reviewing all the systems with the GP partners. The key responsibilities and lead role schedule was updated immediately following the inspection and a copy sent to us.
- Clinical and internal audits were used to monitor quality that the practice had a lower ratio of prescribing other Nonsteroidal anti-inflammatory drugs (NSAIDS) over using Diclofenac when compared with other GP practices. We highlighted this at the inspection because national guidance indicated that there were increased risks in using this medicine for people with known or suspected cardiac conditions. Whilst GPs verified that they were aware of this data and had discussed it, an audit did not take place until immediately after the inspection. An action plan to review patients was then put into effect.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in relation to patient health and safety. The practice had recently employed an IT consultant to streamline all systems to do this who had already carried out a prevalence search resulting in action being taken. This had resulted in an audit of patients diagnosed with heart failure, which identified that there were coding issues which had resulted in a loss of income for the practice. These were being rectified at the time of the inspection.

Areas where the practice had effective governance frameworks in place were:

- There was a staffing structure and staff were aware of their own roles and responsibilities. The practice updated it's responsibilities document during the inspection to reflect recent changes made.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. 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.

Are services well-led?

Requires improvement

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

The GP partners were 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 team meetings. GP partners and the interim practice manager met once a week and every month a whole team meeting was held.
- 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. We reviewed actions taken after concerns were raised about a member of staff. This demonstrated that the practice took a fair approach and encouraged personal development through reflection and learning from a specific incident.
- Staff said they felt respected, valued and supported, by the partners and practice manager 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, patients highlighted that the appointment system needed improvement. The practice responded by extending opening hours.
- We met the chair person of the PPG which was in the early stages of expanding membership to represent all patient groups. They told us met with GP partners on a regular basis and had agreed three key areas to work on: the creation of a friends of Port Isaac practice group to raise money, health awareness and organising events; involvement in the Living Well project that is rolling out across Cornwall to signpost and support people to stay healthy; and involvement in decisions about the needs of the area, with expanding populations in Wadebridge and Camelford and the retention of branch surgeries.
- The practice had also gathered feedback from staff through appraisals, informal discussions and the monthly practice meeting. 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 GP partners demonstrated a strong commitment to integrating health and social care for people registered at the practice. The lead GP partner held three directorships in Cornwall, all of which are influencing the development of integrated services for people; Kernow Health CIC, Cornwall Health Out of hours GP provider and a board member of the local referral management committee.

Port Isaac was one of the first practices to obtain a Personal Medical Services (PMS) contract, which facilitated early development of integrated services in the area. For example, In 2009, Port Isaac Surgery played a key role in the North Cornwall Integrated Mental health Pilot. Communication with secondary care services was improved with the practice influencing the development of a mental health hub approach. This approach is currently being rolled out across Kernow Clinical Commissioning Group area, which brings secondary care expertise closer to where people need it. The practice had also enabled the community nursing service to remain onsite and were fully integrated as part of the practice team. This meant that through shared communication systems, expertise and access to training the practice had reduced any potential barriers for patients to experience integrated care.

Are services well-led?

Requires improvement

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

Respiratory services had been set up at the practice to be proactive and educational. High levels of patient engagement in the effective management of their own health condition were being achieved. For example, the most recent Quality and Outcomes Framework data showed 96.8% of patients with Chronic Obstructive Pulmonary Disease were reviewed with spirometry between 3 months before and 12 months after entering on to the register. The practice had a 12 week rehabilitation course set up in conjunction with a local fitness centre. An individual tailored programme was being delivered for patients that was based on a comprehensive assessment. Once signed up the programme attempted to return the patient to the highest possible functional capacity to improve their quality of life.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation17(2)(b,f)** The provider must establish and operate systems and processes to evaluate, improve and mitigate risks relating to the health, safety and welfare of service users and others. **How the regulation was not being met:** • **There was no system providing oversight and assurance that the actions had been completed to mitigate any potential risks.** • **Policies were not always in line with current legislation. For example, the child safeguarding policy did not refer to the most up to date guidance.** • **Clinical and internal audits were used to monitor quality. However, opportunities to make improvements to outcomes for patients were not fully utilised. Prescribing data has not been audited in a timely way to ensure current guidance was being followed.** •