The Westover Surgery

Quality Report

Western Terrace
Falmouth
Kernow
TR11 4QJ
Tel: 01326 212120
Website: www.westoversurgery.co.uk

Date of inspection visit: 13 January 2015
Date of publication: 09/04/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Westover Surgery was inspected on Wednesday 13 January 2015. This was a comprehensive inspection. Overall, we rated this practice as good.

Westover Surgery provides primary medical services to people living in Falmouth and the surrounding areas. The practice provides services to a homogenous population with a diverse range of age groups. Westover Surgery is situated in a residential location in the seaside town of Falmouth. The main practice is at Westover Surgery, Western Terrace, Falmouth, Kernow TR11 4QJ and the branch surgery is at Wood Lane, Woodlane Branch Surgery, Trelawney Road, Falmouth TR11 3GP. We visited the main practice at Westover Surgery during our inspection.

At the time of our inspection there were approximately 8,300 patients registered at the service with a team of five GP partners and one salaried GP. GP partners held managerial and financial responsibility for running the business. In addition there was a practice manager, and additional administrative and reception staff.

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

Westover Surgery is a General Medical Services practice.

Our key findings were as follows:

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

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

Summary of findings

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

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

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

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

Patients told us they felt safe in the hands of the staff and felt confident in clinical decisions made. There were effective safeguarding procedures in place.

Significant events, complaints and incidents were investigated and discussed. Learning from these events was communicated and acted upon.

Some practice staff were dementia friends, so knew more about how they could help people with the condition.

There were areas of practice where the provider needed to make improvements.

The provider should:

- Improve the access to the premises so that it is easily accessible for people using wheelchairs or prams.
- Implement systems to, improve communication with patients who may have sensory problems such as hearing loss or partial sight, or have cognitive impairment.
- A practice evacuation drill should be carried out on an annual basis to ensure staff and patient safety in the event of an emergency.

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

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

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

Significant events and incidents were investigated both informally and formally. Staff were aware of the learning and actions taken.

Staff were aware of their responsibilities in regard to safeguarding and the Mental Capacity Act 2005. There were suitable safeguarding policies and procedures in place that helped identify and protect children and adults from the risk of abuse.

There were suitable arrangements for the efficient management of medicines within the practice. Policies were updated annually or more regularly if required.

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

Are services effective?

Good

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

The practice had a clinical audit system in place and six clinical audits had been completed in the last 12 months. These included medication audits which provided evidence that a full audit cycle was in place.

Staff worked with the community long term conditions team who helped with ensuring appropriate pre-screening counselling could take place for vulnerable patients who required regular screening.

Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. For example, regular liaison with local mental health support services.

Summary of findings

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

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

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others for many aspects of care. Feedback from patients about their care and treatment was consistently positive.

We observed a patient centred culture and found evidence that staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings.

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

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

Are services responsive to people's needs?

Good

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

Patients told us the practice was responsive to their needs. There was information provided on how patients could complain although access to this information on the practice website could be improved. Complaints were managed according to the practice policy and within timescales. There was an accessible complaints system in place. The practice manager was the nominated individual who oversaw the management of complaints.

The practice recognised the importance of patient feedback and had encouraged the development of a patient participation group to gain patients' views.

Summary of findings

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

Most patients said it was usually straightforward to get an appointment at the practice to see a GP on the same day if it was urgent. However, some patients told us they found it difficult to get through to the practice on the telephone to make an appointment.

Are services well-led?

Good

The practice is rated as good for being well led.

The practice had a clear vision which had quality and safety as its top priority.

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. Nursing staff, GPs and administrative staff demonstrated they understood their responsibilities including how and to whom they should escalate any concerns.

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

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

Significant events, incidents and complaints were managed as they occurred and through a more formal process to identify, assess and manage risks to the health, welfare and safety of patients.

The practice sought feedback from patients, which included using new technology, and had an active patient participation group (PPG).

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

Westover Surgery is rated as good for the care of older people.

All patients over 75 had been informed of their named GP. This was a change that patients had welcomed as it had resulted in more continuity and effectiveness of care. The practice offered home visits to patients too ill or infirm to attend the practice.

The practice enjoyed regular informal meetings with relevant charities such as Age Concern. The practice had effective liaison with the Community Matron who had developed an extensive network of contacts.

The practice ensured that all patients who had been discharged from hospital have a summary printed out and reviewed by the duty doctor each day. Any appropriate actions were made, for example, updating medication, appropriate follow up actions and visits.

The practice had a system in place to help ensure patients avoid unplanned hospital admissions. This included liaising with the Early Intervention Service. This was a team of physiotherapists, occupational therapists and adult social care specialists who could arrange an immediate care package. This included Acute Care at Home (community based nursing staff who could administer injectable antibiotics and parenteral fluids).

The practice subscribed to the Hospital Admission Avoidance scheme and maintained an up to date list of patients most at risk, supplied by the local District Nursing team who were based at the practice.

The practice carried out monthly meetings with the local palliative care team. Palliative care patients who wish to have one, have an agreed formal end of life care plan. The practice kept a record of patient's end of life wishes.

The practice maintained a register of the top 2% most at risk patients, the majority of whom were in this population group. Proactive management of this register and liaison with other health professionals helped the practice to support these patients. GPs helped patients to avoid unplanned hospital admissions by monitoring this register. There were 149 patients on this register on the day of our inspection. We saw the register used a red, amber, green risk based system to alert GPs to patient's current condition.

Summary of findings

People with long term conditions

Good

Westover Surgery is rated as good for the care of people with long term conditions.

The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance.

Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes, coronary heart disease, and asthma. This was to ensure conditions were monitored to help manage symptoms and prevent long term problems.

Disease registers were maintained that identified patients with long term conditions. There were recall systems in place to ensure patients with long term conditions received appropriate monitoring and support. The practice had formed links with the local hospice and the palliative care nurses liaised closely with the staff at the practice.

The practice had implemented care plans for patients at risk of being admitted to hospital. This included patients with long term conditions.

The practice offers an annual review to all patients with long term conditions, for example patients with diabetes. The practice tailored its service to suit individual patients with long term conditions. For example, patients whose care is spread between secondary and primary care. The practice ensured that a holistic care package was in place.

Patients with asthma and COPD were also offered annual reviews. The practice stated that some patients who believed they have mild asthma were very difficult to persuade to come in for reviews. This had not prevented the practice from continuing to offer the opportunity of a review every year.

The practice offered screening of patients suffering from anxiety and depression, and also opportunistically if a GP identified a patient need.

Families, children and young people

Good

Westover Surgery is rated as good for the care of families, children and young people.

The practice wrote to parents of children who had failed to attend for immunisations to remind them of the range of vaccinations available and the reasons for them.

Summary of findings

Staff worked well with the midwife to provide antenatal and six weekly postnatal care. The practice provided baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening.

The midwifery team contacts the practice us about any pregnant women about whom they have concerns to enable a joint approach.

The GPs training in safeguarding children from abuse was at the highest level. This met best practice. Details of children's attendance at A&E were routinely copied to the health visitor for review and if necessary discussed at the GP meeting. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening.

The practice maintained a register of children aged under 18 who may be at risk. There were numerous criteria for risk. These included medical conditions or any safeguarding concerns. GPs met regularly with other health professionals to ensure support was in place for children on the risk register.

Working age people (including those recently retired and students)

Good

Westover Surgery is rated as good for the care of the working age populations, those recently retired and students.

The practice provided appointments on the same day. If these appointments were not available then a telephone consultation with a GP would be booked and extended practice hours would accommodate the patient if needed to be seen.

The practice offered evening appointments bookable one month in advance. The practice also offered NHS health checks to patients over 40. The practice encouraged patients who have been out of work to attend.

Falmouth had a high student population resulting in a large number of young people in the area. The practice offered a special Wednesday afternoon GP clinic for students during term time.

Patients could book appointments and repeat medications on line. The practice operated extended opening hours one evening a week.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

Patients with learning disabilities were offered and provided a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. However, we found there was no hearing aid induction loop, patient information in large print or symbols for those with difficulties accessing the written word.

The practice stated that they do not turn any patients away. The practice had registered several patients who are of no fixed abode who use the surgery's address as their registered address. These patients pick up their mail regularly from the practice. If they have a mobile phone the practice had obtained these contact details in order to be able to contact them urgently.

Staff knew how to recognise signs of abuse in vulnerable adults and children.

Vulnerable patients were reviewed at the multidisciplinary team meetings. A counsellor was available within the practice. Staff told us that there were a few patients who had a first language that was not English, however, interpretation requirements were available to the practice and staff knew how to access these services. Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and send letters for appointments.

People experiencing poor mental health (including people with dementia)

Good

Westover Surgery is rated as good for the care of people experiencing poor mental health, including people with dementia.

There was signposting and information available to patients. The practice referred patients who needed mental health services as well as support services being provided at the practice. The practice provided patients with mental health issues the time they need, and arranged for an early follow up appointment within a few days or weeks as appropriate with the individual doctor before they left the surgery.

The practice discussed psychological therapies with patients as a routine. The practice encouraged self-referral to either of the two local mental health support services and also an additional support service which dealt with alcohol and drug abuse.

GPs told us they offered to phone these services direct to arrange an appointment during patient consultations. Referral to early intervention team and home treatment teams were made for higher risk patients. There was evidence of co-operation and communication between the practice and the support services

available for the patient who was borderline. For example, a patient with problem drinking and anxiety or depression. This joined up approach had been facilitated by the practice's monthly meetings with their area psychiatrist, community psychiatric nurse (CPNs) and other therapists.

GPs at the practice made appropriate arrangements with the patient for regular reviews, and encouraged follow up with the same GP where possible. Patients suffering poor mental health were offered annual health checks and testing for depression and anxiety as recommended by national guidelines.

If a patient did not attend a booked follow up appointment the practice had a system in place to contact the patient by telephone or letter.

GPs at the practice met regularly with the Primary Care Dementia Practitioner in the area. GPs and nurses had training in the Mental Capacity Act 2005 (MCA) and an understanding of appropriate guidance available in relation to the MCA when caring for patients with dementia.

The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs identified.

GPs were attentive to patients with mental health issues, particularly in the student population. Regular Mental Health Hub meetings were held with psychiatrists, CPNs and representatives from Outlook South West, a counselling service. In providing comprehensive care plans for patients with mental health issues, the practice had improved from 43% to 70%. This included recording alcohol consumption, which the practice had improved from 50% to 74%.

Summary of findings

What people who use the service say

We spoke with 12 patients during our inspection.

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 36 comment cards which contained detailed positive comments.

Comment cards stated that patients were very pleased with the service provided by the practice. Patients said that the staff took time to listen effectively. Comments also highlighted a confidence in the advice and medical knowledge, access to appointments and praise for the continuity of care and not being rushed.

These findings were reflected during our conversations with patients. The feedback from patients was positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients stated they were happy, very satisfied and said they received good treatment. Patients told us that the GPs were professional and responsive to their needs.

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

Patients appreciated the service provided and told us they had no complaints but that they were aware of the process should they wish to do so.

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

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

Areas for improvement

Action the service SHOULD take to improve

There were areas of practice where the provider needed to make improvements.

The provider should:

- Improve the access to the premises so that it is easily accessible for people using wheelchairs or prams.
- Implement systems to, improve communication with patients who may have sensory problems such as hearing loss or partial sight, or have cognitive impairment.
- A practice evacuation drill should be carried out on an annual basis to ensure staff and patient safety in the event of an emergency.

The Westover Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor and an expert by experience.

Background to The Westover Surgery

Westover Surgery provides primary medical services to people living in Falmouth and the surrounding areas. The practice provides services to a homogenous population with a diverse range of age groups. Westover Surgery is situated in a residential location in the seaside town of Falmouth.

At the time of our inspection there were approximately 8,300 patients registered at the service with a team of five GP partners and one salaried GP. GP partners held managerial and financial responsibility for running the business. In addition there was a practice manager, and additional administrative and reception staff.

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

Westover Surgery is a General Medical Services (GMS) practice.

Westover Surgery is open between Monday and Friday: 8.30am until 6.00pm. The practice provides late opening times once a week which varies between a Monday, Tuesday or a Wednesday. During late opening the practice is open until 8.30pm. Nurses at the practice are also available during late opening until 8pm. The practice is closed between 1pm until 2pm on a Thursday to allow time for staff meetings and training.

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

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

Westover Surgery has two addresses where regulated activities are provided from. The main surgery is located at Westover Surgery, Western Terrace, Falmouth, Kernow TR11 4QJ. There is a branch surgery located nearby at Woodlane Surgery, Trelawney Road, Falmouth TR11 3GP.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting Westover Surgery we reviewed a range of information we held about the service and asked other

Detailed findings

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

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

We carried out our announced visit on Tuesday 13 January 2015. We spoke with 12 patients and eight staff at the practice during our inspection and collected 36 patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, GPs, receptionists/clerical staff, practice nurses and health care assistants. We observed how the practice was run and looked at the facilities and the information available to patients.

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe Track Record

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

The practice kept records of significant events that had occurred and these were made available to us.

Significant events were discussed on a fortnightly basis at a weekly meeting which included all GPs and the practice manager. During the alternate weeks when significant events were not on the agenda, the practice discussed safeguarding and the day to day running of the practice.

There was evidence that appropriate learning had taken place where necessary and that the findings were communicated to relevant staff. This was shown in the minutes and agendas from the meetings.

Staff were aware of the significant event reporting process and how they would verbally escalate concerns within the practice. All staff we spoke with felt very able to raise any concern however small. Staff knew that following a significant event, the GPs undertook an analysis to establish the details of the incident and the full circumstances surrounding it. Staff explained that these meetings were well structured, well attended and not hierarchical.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff.

These alerts were monitored by the practice manager and disseminated to relevant staff. They were also discussed at meetings.

Learning and improvement from safety incidents

At Westover Surgery the process following a significant event or complaint was both informal and formalised. GPs discussed incidents daily and also at fortnightly clinical meetings. GPs, nurses and practice staff were able to explain the learning from these events. For example, an incident involving the incorrect labelling of blood samples had resulted in further training being given to the staff concerned.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and staff knew how to raise any concerns. A named GP had a lead role for safeguarding older patients, young patients and children. GPs held child protection meetings with health visitors at the practice every two months or more regularly if required. All GPs were trained to safeguarding level three, which is the highest level available and met best practice. All nurses were in the process of being trained up to level three.

There were appropriate policies in place to direct staff on when and how to make a safeguarding referral. The policies included information on external agency contacts, for example the local authority safeguarding team. These details were displayed where staff could easily find them.

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

We spoke with two district nurses who said the practice provided a good service to patients and worked well with other health professionals.

The computer based patient record system allowed safeguarding information to be alerted to staff in a discreet way. When a vulnerable adult or 'at risk' child had been seen by different health professionals, staff were aware of their circumstances. Staff had received safeguarding training in December 2014 and were aware of who the safeguarding leads were. Staff also demonstrated knowledge of how to make a patient referral or escalate a safeguarding concern internally using the whistleblowing policy or safeguarding policy. Copies of these policies were available in paper format and online via the staff computer system.

The practice maintained a risk register of the top 2% most at risk patients. The practice also maintained a separate register of any children who were at risk. GPs met regularly with other health professionals to ensure support for these patients was in place.

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

chaperone present for any consultation, examination or procedure where they feel one is required. Staff had received online chaperone training. Staff told us that nurses provided the chaperone service. Clinical staff at the practice had received criminal record bureau checks via the Disclosure Barring Service (DBS). The practice had a written policy and guidance for providing a chaperone for patients which included expectations of how staff were to provide assistance. Staff understood their role was to reassure and observe that interactions between patients and doctors were appropriate and record any issues in the patient records. If a chaperone was used, this was recorded in writing on patient records.

Medicines Management

The GPs were responsible for prescribing medicines at the practice.

The control of repeat prescriptions was managed well. Patients were not issued any medicines until the prescription had been authorised by a GP. Patients were satisfied with the repeat prescription processes. They were notified of health checks needed before medicines were issued. Patients explained they could use the box in the surgery, send an e-mail, or use the on-line request facility for repeat prescriptions.

Other medicines stored on site were also managed well. There were effective systems in place for obtaining, using, safekeeping, storing and supplying medicines. Clear checks and temperature records were kept to strengthen the audit of medicines issued and improve medicine management.

All of the medicines we saw were in date. Storage areas were clean and well ordered. Deliveries of refrigerated medicines were immediately checked and placed in the refrigerator. This meant the cold chain and effective storage was well maintained. There were fridge temperature monitors in place. Daily checks took place on these. One was displayed outside and the other was inside the fridge, to provide a back up system in the event of one going wrong.

We looked at the storage facilities for refrigerated medicines and immunisations, the refrigerator plug was not easily accessible therefore was very unlikely to be switched off. An audit of vaccine storage had taken place in September 2014. This had found the storage of vaccines to be safe and was due to be repeated in the spring of 2015 to ensure a full audit cycle was in place.

Patients were informed of the reason for any medicines prescribed and the dosage. Where appropriate patients were warned of any side effects, for example, the likelihood of drowsiness. All patients said they were provided with information leaflets supplied with the medicine to check for side effects.

The computer system highlighted high risk medicines, and those requiring more detailed monitoring. We discussed the way patients' records were updated following a hospital discharge and saw that systems were in place to make sure any changes that were made to patient's medicines were authorised by the prescriber.

There were no controlled drugs (CD) stored at the practice. However, appropriate CD storage facilities and registers were in place should they be required.

Cleanliness & Infection Control

We left comment cards at the practice for patients to tell us about the care and treatment they receive. We received 36 completed cards. Of these, 12 specifically commented on the building being clean, tidy and hygienic. Patients told us staff used gloves and aprons and washed their hands.

The practice had policies and procedures on infection which had been reviewed in January 2015. We spoke with the infection control lead nurse. We saw cleaning schedules were in place for all areas of the practice. Checks were made to ensure the cleaning was carried out. Staff had access to supplies of protective equipment such as gloves and aprons, disposable bed roll and surface wipes. The nursing team were aware of the steps they took to reduce risks of cross infection and had received updated training in infection control.

Treatment rooms, public waiting areas, toilets and treatment rooms were visibly clean. There were hand washing posters on display to show effective hand washing techniques.

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

Good

Are services safe?

Equipment

Emergency equipment available to the practice was within the expiry dates. There were emergency oxygen masks of a range of different sizes for both adult and child patients at the practice. The practice had a system using checklists to monitor the dates of emergency medicines and equipment so they were discarded and replaced as required.

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

Portable appliance testing (PAT) where electrical appliances were routinely checked for safety was last carried out by an external contractor in October 2014.

Staff told us they had sufficient equipment at the practice including sufficient blood pressure monitors and spirometers.

Staffing & Recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. A new nurse had recently been recruited. There were now three nurses available to cover the main surgery and its nearby branch surgery.

The practice said they had used nurse locums as staff cover until the recent recruitment of a new nurse. GPs told us they covered for each other during short staff absences. Some of the part time GPs were able to work extra hours when required. The practice also had a list of locally based GP locums which they used to cover any longer absences.

The practice used a team approach where the workload for part time staff was shared equally. Each team had appointed clerical support. Staff explained this worked well but there remained a general team work approach where all staff helped one another when one particular member of staff was busy. Staff told us they felt supported in their roles.

Recruitment procedures were safe and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Clinical competence was assessed at interview. Once in post staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

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

A staff handbook issued to all staff set out the benefits and responsibilities of working at the practice.

The practice had disciplinary procedures to follow should the need arise.

Each registered nurse had their Nursing and Midwifery Council (NMC) status completed and checked annually. This was to ensure they were on the professional register to enable them to practice as a registered nurse. Nurses showed us evidence of their registration.

Monitoring Safety & Responding to Risk

The practice had a suitable business continuity plan. This covered the continued operation of the practice should one of their two sites become unusable due to a range of different circumstances. These included adverse weather, flooding, computer or telephony systems failure.

National alerts affecting patient safety were disseminated to all staff. Staff received any medical alert warnings or notifications about safety by email or verbally from the deputy practice manager. These were discussed at team meetings.

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

Arrangements to deal with emergencies and major incidents

Appropriate equipment was available and maintained to deal with emergencies, including if a patient collapsed. Administration staff appreciated that they had also been included on the basic life support training sessions. Emergency first aid and Automated External Defibrillator (AED) training had been provided to all staff in October 2014. An AED is a device which assists in the resuscitation of patients who have suffered a cardiac arrest. There was an AED at the practice.

There was a fire evacuation plan in place and adequate fire safety equipment at the practice. However, the practice

Good

Are services safe?

manager informed us that no evacuation drill had taken place within the last 12 months. This should be carried out on an annual basis to ensure staff and patient safety in the event of an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). Practice staff followed the National Institute for Health and Care Excellence (NICE) guidance and had formal meetings to discuss latest guidance. Where required, guidance from the Mental Capacity Act 2005 had been followed. Guidance from national travel vaccine websites had been followed by practice nurses.

The practice used the quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed they generally achieved higher than national average scores in areas that reflected the effectiveness of care provided. The local clinical commissioning group (CCG) data demonstrated that the practice performed well in comparison to other practices within the CCG area as the examples below demonstrate.

The practice had made significant improvement in their Quality Outcomes Framework (QOF) performance scores in the last 12 months. QOF is a voluntary framework which provides practices with incentives to meet health targets. The practice had improved from 58% to 69% in providing face to face reviews with dementia patients. The practice had also improved from 68% to 76% for patients with diabetes who last measured cholesterol reading was 5 mmol/l or less.

Management, monitoring and improving outcomes for people

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

The GPs referred patients to staff in the acute community team, who provided support in the patient's home for short term treatment and rehabilitation. This enabled patients to remain at home and to be treated for a short period of time, avoiding a hospital admission where appropriate. A referral system was in place. If a patient selected the automated choose and book system, the practice provided a printed letter which explained the system for ease of use.

GPs in the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit in this area which was used by GPs for revalidation and personal learning purposes.

Recent clinical audits had covered such areas as medications and prescriptions. Findings of these audits had been discussed at clinical meetings and shared learning taken place.

Effective Staffing

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

The practice had applied to the NHS to become a teaching practice for new GPs. Two GPs at the practice were in the process of becoming GP trainers.

All clinical staff had received an annual formal appraisal and kept up to date with their continuous professional development programme, documented evidence to confirmed this. A process was also in place which showed clerical and administration staff received regular formal appraisal.

There was a comprehensive induction process for new staff which was adapted for each staff role. A tailored induction programme was in place for each individual role.

The staff training programme was monitored to make sure staff were up to date with training the practice had decided was mandatory. This included basic life support, safeguarding, fire safety and infection control. Staff said that they could ask to attend any relevant external training to further their development, such as infection control training which had been put in place.

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

Good

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice worked effectively with a wide range of other services. Examples included were joint working with the local midwifery team, the district nurses who were based at the practice itself, mental health services, health visitors, specialist nurses and hospital consultants. For example, the GPs met with mental health consultants on a monthly basis to discuss cases and worked with district nursing teams when caring for patients with complex needs.

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

Information Sharing

The practice worked effectively with other services. Examples given were monthly Kernow Clinical Commissioning Group (KCCG) meetings on both an area and a regional level. Regular meetings took place with mental health services, health visitors, specialist nurses, hospital consultants and community nursing staff. For example, the GPs shared relevant information with health visitors regarding at risk patients. The practice maintained a list of the 2% of their patients most at risk.

Communication with the out of hours service was good. The practice was working on a system which would allow the Out of Hours GPs to access detailed patient records with patient's consent, using a computer system. At the present time, a limited summary care record could be viewed by Out of Hours GPs. The practice GPs were informed when patients were discharged from hospital which prompted a medication review.

Consent to care and treatment

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

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

Where patients did not have the mental capacity to consent to a specific course of care or treatment, the practice had acted in accordance with the Mental Capacity Act (2005) to make decisions in the patient's best interest. Staff were knowledgeable and sensitive to this subject. We were given specific examples by the GPs where they had been involved in best interest decisions and where they had involved independent mental capacity assessors to ensure the decision being made regarding the patient who could not decide themselves, was in the patient's best interest. Staff also received dementia awareness training on an annual basis.

Health Promotion and Prevention

There were regular appointments offered to patients with complex illnesses and diseases. The practice manager explained that this was so that patients could access care at a time convenient to them. A full range of screening tests were offered for diseases such as prostate cancer, cervical cancer and ovarian cancer. Vaccination clinics were organised on a regular basis which were monitored to ensure those that needed vaccinations were offered. Patients were encouraged to adopt healthy lifestyles and were supported by services such as a walking group and smoking cessation clinics. Patients with diabetes were invited to a diabetes clinic where staff discussed how changes to lifestyle, diet and weight could influence their diabetes.

All patients with learning disability were offered a physical health check each year. The practice kept a register of all patients with a learning disability.

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

Health education was provided on healthy diet and life style. The practice provided regular visits to nearby care homes. All patients aged over 75 years had a named GP to ensure health promotion and prevention.

Good

Are services effective?

(for example, treatment is effective)

The practice recognised the need to maintain fitness and healthy weight management. Patients had been referred to exercise programmes and gyms. The practice had also referred patients to nationally organised slimming programmes at local venues.

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

Family planning, contraception and sexual health screening was provided at the practice.

The practice offered a travel vaccination service.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

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

We left comment cards at the practice for patients to tell us about the care and treatment they received. We collected 36 completed cards which contained positive comments. The overwhelming majority of comment cards stated that patients were grateful for the caring attitude of the staff. However, two patients stated that their GP had not appeared to listen to their concerns. We shared this feedback with the practice manager and the GP. We protected the anonymity of these patients.

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

We saw that patient confidentiality was respected within the practice. Phone calls with patients were carried out from the back office to protect patient's privacy.

The waiting areas had sufficient seating and were located away from the main reception desk which reduced the opportunity for conversations between reception staff and patients to be overheard. There were additional areas available should patients want to speak confidentially away from the reception area. We heard, throughout the day, the reception staff communicating pleasantly and respectfully with patients.

A radio played soft music in the waiting room which patients said they enjoyed. Conversations between patients and clinical staff were confidential and conducted behind a closed door. Window blinds, sheets and curtains were used to ensure patient's privacy. The GP partners' consultation rooms were also fitted with dignity curtains to maintain privacy.

We discussed the use of chaperones to accompany patients when consultation, examination or treatment were carried out. A chaperone is a member of staff or person who is present with a patient during consultation, examination or treatment. Posters displayed informed patients they were able to have a chaperone should they wish. Administration staff at the practice acted as chaperones as required. They understood their role was to reassure and observe that interactions between patients and doctors were appropriate.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in their care and treatment and referred to an ongoing dialogue of choices and options. Comment cards related patients' confidence in the involvement, advice and care from staff and their medical knowledge, the continuity of care, not being rushed at appointments and being pleased with the referrals and ongoing care arranged by practice staff. We were given specific examples where the GPs and nurses had taken extra time and care to diagnose conditions. For example, one patient told us they felt involved in their care, which was complex, and their named GP always took the time to explain things fully to them.

Patient/carer support to cope emotionally with care and treatment

We looked at the results of a 2014 patient survey. There had been 129 respondents. The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 97 % of the respondents in the survey stated that staff were kind and gave them enough time for support and treatment. The CCG average was 95%, so the practice was above average in this area. The patients we spoke to and the comment cards we received were consistent with this information.

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

Staff told us families who had suffered bereavement were contacted by their usual GP. GPs said the personal list they held helped with this communication. There was a counselling service available for patients to access on four days of every week. This included counselling for post traumatic stress disorder and cognitive behaviour therapy.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients told us they felt the staff at the practice were responsive to their individual needs. They told us that they felt confident the practice would meet their needs. GPs told us that when home visits were needed, they were normally made by the GP who was most familiar with the patient. Home visits were usually carried out between 12 noon – 4pm after morning surgery had been completed.

The duty GP allocated home visits based on medical need. The duty GP also checked whether a patient was on the practice top 2% patients most at risk list. This helped patients avoid experiencing unplanned hospital admissions.

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

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other. Patients said they had not experienced delays receiving test results. All patients were asked to call back within seven days for their results. If there was any information of concern, the patient's GP would contact them and arrange an appointment to discuss it.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. There was a large student population in the area, some of whom did not have English as their first language. Every September the practice held clinics at the student faculty and all new students were sent a practice registration form to ensure they signed up with a GP. The practice also held term time student clinics.

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

Two ramps provided wheelchair access to the Westover Surgery. One ramp went to the front door, the other went to the waiting room. This was because there were two stairs which separated the reception desk from the waiting room. The practice had an open waiting area and sufficient seating.

The practice had widened their gateway entrance to improve access. Two pillars either side of the driveway had been removed. There was a level car park available for patients at the practice.

The practice should consider improving access for wheelchair users. For example, consider the installation of ramps in the waiting area to enable wheelchair users easier access

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

Access to the service

Three patients we spoke with on the day of our inspection told us it could sometimes be difficult to get through to the practice on the telephone during the morning to make an appointment. We looked at the results of the 2014 GP survey. There had been 129 respondents. 52% of respondents found it easy to get through to this surgery by phone. This was lower than the CCG average. The practice manager told us that they were responding to this issue. The practice was having a new system installed to improve telephone access.

The GPs provided a personal patient list system. These lists were covered by colleagues when GPs were absent. Patients appreciated this continuity and GPs stated it helped with communication.

Information about the appointment times were found on the practice website and on notices at the practice. Patients were informed about the out of hours arrangements by a poster displayed in the practice, on the website and on the telephone answering message. The website was also available in languages other than English.

The practice should consider the use of a wider range communication systems for patients. There was no hearing aid induction loop, patient information in large print or symbols for those with difficulties accessing the written word.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. This was overseen by the practice manager, who was the nominated person at the practice to manage complaints.

Patients told us they had no complaints but knew how to make a complaint should they wish to do so. Patients said they felt confident that any issues would be managed well. Results from the patient survey showed that 100% of the 129 respondents had confidence and trust in the staff at the practice. This was higher than the CCG average.

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

The complaints procedure stated that complaints were handled and investigated by the practice manager and would initially be responded to within three days. Records were kept of complaints which showed that patients had been offered the chance to take any complaints further, for example to the parliamentary ombudsman.

Staff were able to describe what learning had taken place following a complaint. Complaints were also discussed as a standing agenda item at the clinical meetings held every quarter.

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 written commitment statement in place. The practice had designed their vision around this, which was to deliver high quality care and promote positive outcomes for patients.

Staff knew and understood the vision and values and knew what their responsibilities were in relation to these. Staff spoke positively about communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work.

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

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

Governance Arrangements

Staff were familiar with the governance arrangements in place at the practice and said that systems used were both informal and formal. Issues were discussed amongst staff as they arose, for example, there was a weekly governance meeting which discussed operational matters, staff rotas, responsibilities and any information of concern.

GPs met daily and discussed any complex issues, workload or significant events or complaints. These were often addressed immediately and communicated through a process of face to face discussions or email. These issues were then followed up more formally at clinical meetings where standing agenda items included significant events, near misses, complaints and health and safety. Staff explained these meetings were well structured, well attended and a safe place to share information.

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

In providing comprehensive care plans for patients with mental health issues, the practice had improved from 43% to 70%. In recording alcohol consumption for patients with mental health issues, the practice had improved from 50% to 74%. 100% of patients with a learning disability had received an annual health check.

Complete audit cycles were in place for clinical audits at the practice. For example, staff at the practice had audited vaccine storage twice in 2014. Recommendations from the first audit had been put in place by the time of the second audit. These included a routine vaccine management review. Other audits had been carried out on medications and prescriptions, to improve patient safety.

Leadership, openness and transparency

Staff were familiar with the leadership structure, which had named members of staff in lead roles. For example there was a lead nurse for infection control, a lead GP for safeguarding. Staff spoke about effective team working, clear roles and responsibilities and talked about a supportive non-hierarchical organisation. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff described an open culture within the practice and opportunities to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. Staff were aware of where to find these policies if required. These were available in paper copy or online via the practice computer system.

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

The practice obtained feedback from its patients via a suggestions book, family and friends survey, website feedback and the national GP patient survey. Patients we spoke with in the waiting room had were aware of how to provide feedback should they wish to do so.

The practice had a patient participation group (PPG), which had been set up in 2011. The PPG met up on a quarterly basis. Minutes from these meetings showed that the PPG had discussed recent GP changes at the practice. These included the recruitment of a new GP and corresponding increase in GP's available time for patients. The PPG put forward suggestions to the practice for a new handrail to improve access at Westover, which the practice stated they would investigate. The PPG also noted the practice had taken on board feedback about the telephone access and were having a new system installed, this was planned to take place in February 2015.

Are services well-led?

Good

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

Evidence showed that the PPG had been able to positively influence the practice by providing effective patient feedback and suggestions.

Management lead through learning & improvement

A process was followed so that learning and improvement could take place when events occurred or new information was provided. For example, the practice held monthly meetings to discuss any current topics and review any newly released national guidelines and the impact for patients. Staff at the practice had recently shared learning about hypertension and its impact upon patients.

There was formal protected time set aside for continuous professional development for staff and access to further education and training as needed. For example, staff had requested infection control training on their e-learning system and this had been implemented.

The practice had systems in place to identify and manage risks to the patients, staff and visitors that attended the practice. The practice had a suitable business continuity plan to manage the risks associated with a significant disruption to the service. This included fire, flooding, electricity shutdown, data loss or if the telephone lines at the practice failed to work.

There were environmental risk assessments for the building. For example annual fire assessments, electrical equipment checks, control of substances hazardous to health (COSHH) assessments and visual checks of the building had been carried out. Health and safety items were a standing agenda item for clinical meetings.

GPs kept up to date with the latest developments through attendance at local medical council forums and conferences. They also attended evening training sessions where a range of different consultants provided presentations about their specialist subjects. These included minor operations, excisions, coils and implants.