

Launceston Medical Centre

Quality Report

Landlake Road
Launceston,
Cornwall
PL15 9HH

Tel: 01566 772131

Website: www.launcestonmedicalcentre.co.uk

Date of inspection visit: 26 May 2016

Date of publication: 16/09/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Launceston Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Launceston Medical Centre on 26 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found some gaps in these systems. This included some training updates had not been provided for staff. Recruitment practices did not meet the legal requirements regarding the checks that must be undertaken to ensure patients are cared for by suitable staff.
- Risks to patients were assessed and well managed. For example, there were safety systems in place for proactive management of vulnerable older people ensuring they were frequently reviewed and their needs met.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All 40 patients giving feedback at the inspection confirmed they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. For example, the appointment system had been completely reviewed as a result of patient feedback and provided more flexibility because of the range of staff available for them to see.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice had reviewed the skill mix across the team against the increasing needs of an older population in the area. An emergency paramedic, with a practitioner training was part of the team. Their role and responsibilities included responding to the needs of vulnerable older people and patients with long term conditions by making home visits to them for assessment and treatment within their scope of practice. This had reduced the number of emergency admissions for patients through proactive assessment and treatment and released GP time so that they were able to focus on patients with complex and urgent needs.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff. For example, references, checks of professional registers;

Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients; and obtaining and retain evidence of insurance indemnity for all clinical staff, including locum GPs.

- Ensure that training is managed effectively so that patient safety is promoted and any risks that could affect the quality of care are reduced. In particular Mental Capacity Act 2005, safeguarding for all clinical staff and chaperone training for staff undertaking this role.

The areas where the provider should make improvement are:

- Ensure that the learning from significant events involves the whole team and becomes embedded in everyday practice. Review the approach to analysing such events to create a team based learning environment.
- Review systems for establishing and monitoring what training staff are required to complete according to their roles and responsibilities.
- Review systems for capturing any verbal complaints made by patients, and analyse and use these for shared learning to improve the patient experience at the practice.
- Review information displayed about out of hours services to make it clearer for patients with the contact numbers and times to call this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, the approach was limited and did not facilitate whole team involvement in this process.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed but not always managed. However, we found gaps in these processes which could increase risks. This included: not all nurses had completed level 2 child safeguarding training. Recruitment practices did not meet the legal requirements regarding the checks that must be undertaken to ensure patients are cared for by suitable staff. When locum GPs were engaged, there was incomplete evidence of checks being made of the performers list held by NHS England or General Medical Council register.
- The practice were proactive in managing patients with complex needs to maintain their safety and wellbeing.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care. Where ratings were lower, the practice staff had reflected on these findings and planned to provide customer care training for relevant staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had reviewed the skill mix across the team against the increasing needs of an older population in the area. This had resulted in the appointment of an emergency paramedic with practitioner training, whose role and responsibilities included responding to the needs of vulnerable older people and patients with long term conditions by providing home and post discharge from hospital visits for assessment and treatment within their scope of their practice.
- Two self employed pharmacists supported GPs in monitoring vulnerable patients and those with long term conditions by regularly reviewing their repeat prescriptions. Safeguards were built into this system to ensure that any risks to vulnerable patients were reduced. This included early identification of under ordering of repeat prescriptions, which could suggest that the patient was not taking these as prescribed.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had a duty system with a GP and an emergency paramedic practitioner available to see patients.
- The practice listened to patients feedback and had reviewed the appointment system in response to their comments. The practice provided 15 minute routine appointments, compared with the national standard of 10 minute appointments.

Summary of findings

Extended opening hours had been changed providing appointments on alternate Saturday mornings aimed at working patients. The availability of early evening appointments had increased by offering patients the option of seeing the nurse practitioners rather than a GP.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We noted some areas of governance could be improved for example, maintaining better recruitment processes and training oversight.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. For example, named GPs provide a weekly visit to the seven adult care homes in the area where 210 older patients live who are registered at the practice.
- The practice had a named member of staff as the carer lead who was proactive in identifying any carers, signpost and provide support to them were needed.
- Safety net systems were in place, such as regular repeat prescription searches used to identify any emerging concerns for vulnerable older people.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the national average. For example, 92.3% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%). This demonstrated effective monitoring of patients with diabetes. In Cornwall secondary care services were seeing higher numbers of patients with diabetes undergoing amputation surgery as a result of the associated risks from this condition.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. This included appointments on alternate Saturdays from 8am to 12.30pm.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, regular meetings were held with the school nurses to discuss any children or young people they were concerned about.

Working age people (including those recently retired and students)

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

- The needs of the working age population, 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 including: Patients were able to appointments on line, have telephone consultations after 6.30pm to 7.30pm every weekday. Received SMS text prompts for appointments
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 79.3% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%)
- A named GP provided continuity and support for patients living in an adult social care mental health home.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was below average with local and national averages. Two hundred and forty three survey forms were distributed and 125 were returned. This represented about 0.7 % of the practice's patient list. Results from the survey showed;

- 49.3% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68.9% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79.8% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 65.9% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

Since the survey the practice had responded to patient feedback and had reviewed the appointment system. The practice had analysed the comments from the Friends and family test over a 12 month period from April 2015 to March 2016. The average percentage of patients who were extremely or likely to recommend the practice was 82% of patients responding; showing an improvement on the national GP patient survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Staff were described as being efficient, friendly and caring. Patients had confidence in the treatment and care they were receiving.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff. For example, references, checks of professional registers; Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients; and obtaining and retain evidence of insurance indemnity for all clinical staff, including locum GPs.
- Ensure that training is managed effectively so that patient safety is promoted and any risks that could affect the quality of care are reduced. In particular Mental Capacity Act 2005, safeguarding for all clinical staff and chaperone training for staff undertaking this role.

Action the service **SHOULD** take to improve

- Ensure that the learning from significant events involves the whole team and becomes embedded in everyday practice. Review the approach to analysing such events to create a team based learning environment.
- Review systems for establishing and monitoring what training staff are required to complete according to their roles and responsibilities.
- Review systems for capturing any verbal complaints made by patients, and analyse and use these for shared learning to improve the patient experience at the practice.
- Review information displayed about out of hours services to make it clearer for patients with the contact numbers and times to call this service.

Summary of findings

Outstanding practice

The practice had reviewed the skill mix across the team against the increasing needs of an older population in the area. An emergency paramedic, with a practitioner training was part of the team. Their role and responsibilities included responding to the needs of vulnerable older people and patients with long term

conditions by making home visits to them for assessment and treatment within their scope of practice. This had reduced the number of emergency admissions for patients through proactive assessment and treatment and released GP time so that they were able to focus on patients with complex and urgent needs.

Launceston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Launceston Medical Centre

Launceston Medical Centre is situated in the town of Launceston, Cornwall. The practice provides general medical services covering an area of 300 square miles and has a dispensary, which approximately 7,100 patients are able to use. The area covered is a mixture of rural and town populations, attracting temporary residents on holiday during the Summer months. There is high social deprivation in the area as well as pockets of affluence. This is mainly associated with rural poverty. At the time of the inspection, there were 17637 patients on the practice list and the majority of patients are of white British background. Launceston Medical Centre patient population has a higher percentage of working age and older people above the national averages. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. All of the patients have a named GP.

At the time of the inspection, there were seven GP partners (three male and four female). There are also three salaried GPs (a male and two female) with one due to become a GP partner in July 2016. The practice uses the same GP locums for continuity of care and treatment where ever possible. The nursing team consists of ten registered nurses, of which three are nurse practitioners with prescribing

qualifications. The practice also has a qualified emergency care practitioner who sees patients in the practice and carries out some home visits. The nurses specialise in certain areas of minor illness, chronic disease and long term conditions management. There are two health care assistants who support the nurses with this. The dispensary has two pharmacists, nine dispensers and a dispensary manager. The practice is managed by a strategic business manager supported by an assistant practice manager, administrative and reception staff.

The practice is open 8.25am to 6.30pm Monday to Friday. The dispensary is open during these times, closing every Thursday for an hour between 1.15pm and 2.15pm for training. Phone lines are open from 8am to 6.30pm, with the out of hours service picking up phone calls after this time as agreed in the locality. Patients are able to book routine appointments on line up to eight weeks in advance. On line appointments are available one week in advance and the remaining appointments are from 6pm onwards for the following day. Appointments are available for working patients by appointment to suit the needs of the patient. Extended opening hours are on alternate Saturdays by appointment from 8am to 12.30pm. Telephone advice is available for patients from 8am to 6.30pm. Information about this is listed on the practice website and patient information leaflet.

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Kernow. The practice closes during the year for staff training, in line with other practices in the area. Information about this is posted on their website.

The practice has a General Medical Service (GMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical

Detailed findings

procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services. These are carried out from the practices only location at; Landlake Road, Launceston, Cornwall. PL15 9HH.

Why we carried out this inspection

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

We had previously inspected the practice. In September 2013, a scheduled inspection found that the practice was compliant with all of the regulations in place at that time.

How we carried out this inspection

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

- Spoke with 17 staff (GPs, strategic business manager, practice nurses, practice manager, reception administrative staff) and spoke with three patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have a standing item at full practice meetings where all significant events were analysed, learning identified and shared across the team. Staff told us that significant events were discussed as part of other meetings and only if deemed relevant. This approach could lead to missed opportunities for early identification of evolving themes developing or wider shared learning to prevent these from reoccurring. We highlighted this during feedback to the practice and made reference to CQC's guidance about significant event analysis; which the practice responded positively to.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in November 2015 whilst carrying out checks a refrigerator used to store vaccines was found to be switched off and once turned on reading above the safe range to store these medicines. Daily checks had not been completed for the previous two days. The practice followed protocols to destroy all the vaccines from the refrigerator and checking procedures were reviewed. This included: electronic devices to monitor refrigerator temperature fluctuations; in addition they had increased governance of

this system to promote patient safety. In addition to the daily checks carried out by the nursing team, weekly monitoring was being done to monitor temperature fluctuations in all the refrigerators used.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and were updated within 48 hours of the inspection with minor amendments made. The policies were updated to clearly outline 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. For example, the nurse practitioner told us that they had a joint meeting with the school nurse every three months or more frequently to monitor any children who were of concern. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Five nursing staff had completed level one training which provides basic knowledge skills. However, the same nurses not completed level 2 child safeguarding training, recognised in national guidelines as the minimum level for clinical staff working with children and young people. The practice submitted evidence shortly after the inspection to confirm level two training had been completed. We highlighted this as part of our feedback about setting out agreed required training for each role and the practice said this would be put in place.
- A notice at reception and in consultation rooms advised patients that chaperones were available if required. The chaperone policy stated that only staff who had been trained would undertake this role, but did not refer to whether Disclosure and Barring Service checks would be undertaken. All of the nurses at the practice acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on

Are services safe?

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 provided information after the inspection demonstrating that there was a system showing which staff were approved to undertake chaperone duties having been trained and DBS checked to undertake this role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A cleaning audit had been done in May 2016, with no actions required providing the practice with assurance that appropriate standards were being followed.
- The 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 interviewed confirmed they had received up to date training. We saw that annual infection control audits were undertaken, but staff confirmed that the current one was overdue. Within 48 hours the practice sent us an infection control audit and we saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Three of the nurses and an emergency practitioner were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. All of the prescribing staff received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses and the emergency practitioner to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing

medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) within the dispensary and procedures were followed to ensure these were secure. There were also arrangements in place for the destruction of controlled drugs. We saw records demonstrating that practice was in regular contact with the medicines optimisation team at the clinical commissioning group (Kernow CCG) to ensure effective medicines management.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. These included: weekly searches of repeat prescription requests to monitor vulnerable older people and those with long term health conditions to ensure that they were taking medicines as prescribed and any potential risks reduced
- We reviewed three personnel files for newly recruited administrative staff and four locum GPs. We found gaps in recruitment practices, which could place patients at risk of being cared for by unsuitable staff. This included recruitment checks required by law which had not been undertaken prior to employment. None of the three files had proof of identification or a record of references obtained. The recruitment policy stated that the appropriate professional body and checks through the Disclosure and Barring Service would be undertaken where appropriate. The policy did not specify, which roles the practice would require professional registers or DBS check to be carried out.
- We looked at the system for checking any locum GPs used for cover at the practice. Staff told us that the practice used four regular locum GPs. Three out of four locum GP files contained information about their professional qualifications and working history in the form of a CV. The practice manager told us that checks were made of professional registers for all clinical staff, including locum GPs. However, not all of the locum files

Are services safe?

we reviewed had evidence of checks of the performers list held by NHS England or General Medical Council (GMC) having been undertaken or documented assessment of any information held on these registers.

- The practice had introduced a system to monitor the ongoing professional registration of permanent GPs and nurses as a result of learning from a significant event. A named member of staff held this information and checked both the GMC and Nurses, Midwives Council registers. Records showed that the professional registration for the permanent GPs and nurses was valid when we inspected.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice was using an external health and safety consultant who had carried out a risk assessment and made recommendations for improvement in October 2015. For example, the practice was now using an external human resources company and following a standardised induction procedure for new staff. We saw up to date fire risk assessments and the practice 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw actions arising from these were being followed. For example, a record of water system checks was seen.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were 57 staff employed at the practice, with some staff holding dual roles for which they had received training for. An example was a receptionist who was also qualified to dispense medicines.

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.
- The practice had an in house qualified life support trainer. We saw evidence showing that they attended updates to maintain this qualification at Derriford Hospital. All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.
- A review of access to services, coupled with increasing patient demands had led the practice to set up several safety net systems. These included: weekly searches of repeat prescription requests to monitor vulnerable older people and those with long term health conditions to ensure that they were taking medicines as prescribed and any potential risks reduced; provided training for staff to obtain additional qualifications so that they were able to undertake dual roles and cover during periods of absence of staff; a duty emergency practitioner was available to immediately assess any patient needing urgent assistance; nurses monitoring attendance of reviews and telephoning vulnerable older people if they failed to attend.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we saw that the practice had distributed a medicines alert about the associated risks to the unborn child of pregnant women prescribed valproate based medicines (mostly used to control epilepsy). The practice had also set up a pop up message providing cautionary advice about this every time a valproate based medicine was being prescribed by a GP.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

We looked at exception reporting for patients diagnosed with mental health needs where this was higher at 15.9% compared with the CCG or national averages (12.8% and 11.1%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice was supporting patients with severe, enduring mental health needs who were living in Adult Social Care homes who remained under the care of the consultant psychiatrist for the area.

There was a clinical led decision making system regarding exception reporting. The protocol outlined that patients would only be excepted from the review appointment, if all

other avenues had been explored including being sent three prompt letters and being phoned by their GP to discuss this. The practice proactively managed any exception reporting.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. For example, 92.3% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88.3%). This demonstrated an effective monitoring. In Cornwall secondary care services were seeing higher numbers of patients with diabetes undergoing amputation surgery as a result of the associated risks from this condition.
- Performance for mental health related indicators was above the national average. For example, 90.7% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%).

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years, 15 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. The practice had skilled in house IT staff who supported the clinical team carrying out regular searches of patients, leading to reviews and actions taken to improve their care. For example, recent actions from an audit of all patients diagnosed and being treated for cancer resulted in improved follow up of these patients. The learning had been discussed with all GPs who were encouraged to use appropriate codes in the patient record system providing regular prompts when a review of the patient was due to take place.

Information about patients' outcomes was used to make improvements. An example seen had reviewed the management of frail patients diagnosed with diabetes. The GPs wanted to reduce any potential risks associated with

Are services effective?

(for example, treatment is effective)

age, frailty and side effects. Seventeen patients were identified as being frail and diagnosed with diabetes. All 17 patients were reviewed and led to six patients having their medicines changed.

The number of Emergency Admissions for vulnerable patients in 2014/15 was lower at 13.4% compared with the local and national averages (CCG 14.5% and national 14.6%). GPs told us that they anticipated that data for the year 2015/16 would show further reductions, but was not yet available. The appointment of an emergency paramedic, with a practitioner training, had meant that the practice was able to make changes to the way vulnerable people's needs were met. The emergency paramedics role and responsibilities included responding to the needs of vulnerable older people and patients with long term conditions by making home visits to them for assessment and treatment within their scope of practice. This had reduced the number of emergency admissions for patients through proactive assessment and treatment and released GP time so that they were able to focus on patients with complex and urgent needs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The team was committed to learning and extending their skills and experience to meet the needs and increasing patient demands. For example, the practice was providing financial support and time to enable a health care assistant to complete a foundation degree to become an assistant practitioner. This course provided opportunities for the member of staff to extend their skills, so that with supervision they were starting to provide foot checks for patients with diabetes, ear cleaning and lung capacity checks for patients with long term respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, for example: This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However, there were gaps in the level of safeguarding and Mental Capacity Act training that had been provided for staff. We highlighted in feedback that systems for establishing and monitoring what training staff were required to complete according to their roles and responsibilities needed to be implemented.
- Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Are services effective?

(for example, treatment is effective)

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. Staff shared examples with us where best interest decisions had been made. However, training information provided by the practice showed that not all of the staff, including clinical staff had completed Mental Capacity Act training.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. For example, staff had involved an independent mental capacity assessor to support a patient who needed to have an operation.
- The process for seeking consent was monitored through patient records audits. We saw that the practice used a standard consent form. This prompted the GP to discuss risks and benefits of the planned minor surgical procedure and to record this discussion.

Supporting patients to live healthier lives

The practice was actively contributing to the local 'Living well' programme, with over 100 patients referred into the programme. The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. For example, a weight management clinic aimed at improving mobility for patients was run from by a specialist nurse visiting the practice.
- GPs were promoting exercise for patients and offering this on prescription at the local sports centre. A patient had also been supported to set up an exercise class for patients with osteoporosis. This class focussed on reducing the risk of falls for patients, which could lead to fractures, by delivering strength and balance exercises.

- Smoking cessation advice was available from practice nurses and information provided about a local support group.
- The practice had created a health pod in the waiting room, where patients were encouraged to take their blood pressure and weight prior to appointments. Information raised patient awareness about associated risk factors, when to report any issues and help was made available to reduce these. This included, supporting patients wanting to achieve weight loss to improve their health outcomes.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, and they ensured a female sample taker was available. Nursing staff also demonstrated they took an opportunistic approach, checking every eligible female attending for any appointment to ensure that they had been screened. They shared an example of the support given to an anxious female patient who had not had cervical screening for more than 16 years and successfully completed this with her. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 81% of female patients in the eligible age range were screened for breast cancer, which was higher than the CCG (77%) and national averages (72%). The percentage of patients in the eligible age range screened for bowel cancer was 61%, which was comparable with the CCG average of 61% and higher than the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG (under two year olds ranged from 78% to 93% and five year olds from 72% to 93%). For example, at Launceston Medical Centre childhood immunisation rates for the vaccines given to under two year olds ranged from 79.4% to 95% and five year olds from 73% to 91.9%. We spoke with nursing staff about the immunisation rate

Are services effective?

(for example, treatment is effective)

for children under two for meningitis C, which was 51.2%. They told us that this had become a combined immunisation mid-year, which then affected the data showing performance in this area.

Patients had access to appropriate health assessments and checks. Up until recently, this included health checks for

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Staff shared several examples with us that demonstrated they were compassionate and responded to patients in need. For example, staff had driven a parent to hospital after their child was taken seriously ill.

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

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

- 84.3% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.7% and the national average of 89%.
- 84.1% of patients said the GP gave them enough time compared to the CCG average of 91.4% and the national average of 87%.

- 94.3% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.1% and the national average of 95%.
- 84.2% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 80.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.4% and the national average of 87%.

The practice had reviewed this information and found there was insufficient detail in the comments made. However, the practice had provided customer care training to improve the patient experience.

Care planning and involvement in decisions about care and treatment

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

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

- 80.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.7% and the national average of 86%.
- 79.3% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80.8% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We saw minutes of staff meetings showing that teams had reflected on the feedback from patients through the national survey. Staff had taken part in customer care

Are services caring?

training to improve the patient experience. Written and verbal comments received from 40 patients involved in the inspection provided some specific comments about how staff involved them in decisions about their care. All of these were complimentary.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 352 patients as carers (About 2% of the practice list). Launceston Medical Practice had a carers pack which it gave to anyone identifying themselves in this role. Carers were signposted and provide support to them were needed. Written information was displayed in the waiting room to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Launceston Medical Centre patient population has a higher percentage of working age and older people above the national averages. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. All of the patients have a named GP.

- Patients were able to access appointments that were routinely 15 minutes or more in length, depending on their needs. This included: Patients with a learning disability and anyone needing extra time to see their GP.
- The practice had reviewed the skill mix across the team against the increasing needs of an older population in the area. This had resulted in the appointment of an emergency paramedic with practitioner training, whose role and responsibilities included responding to the needs of vulnerable older people and patients with long term conditions by making home visits to them for assessment and treatment within their scope of practice. For example, the emergency practitioner was carrying out on average three to four home visits a day. This had released GP time so that they were able to respond to patients with complex and urgent needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately were available.
- The practice used information technology, such as SMS texting, to provide patients with reminders about their appointments or to arrange an annual review.
- There were disabled facilities, a hearing loop and translation services available.
- The premises were well sign posted throughout for people with poor eyesight, dementia or those with a learning disability. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, staff told us they asked patients how they

would like to receive information. Nursing staff telephoned vulnerable older people if they failed to attend for appointments to check on their safety and wellbeing.

Access to the service

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

- 72.7% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 49.3% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

In response to this feedback, the practice had completely overhauled the appointment system. The practice was open 8.30am to 6.30pm Monday to Friday. The dispensary was open during these times, closing every Thursday for an hour between 1.15pm and 2.15pm. Phone lines were open from 8am to 6.30pm, with the out of hours service picking up phone calls after this time. Appointments were available for working patients by appointment to suit the needs of the patient. Extended opening hours were on alternate Saturdays by appointment from 8am to 12.30pm. Telephone advice was available for patients from 8am to 6.30pm. Additionally the practice had analysed the comments from the Friends and family test over a 12 month period from April 2015 to March 2016. The average percentage of patients who were extremely or likely to recommend the practice was 82% of patients responding; showing an improvement on the national GP patient survey.

Information about opening hours was listed on the practice website and in the patient information leaflet. However, information displayed on the doors leading into the practice contradicted the information on the website and leaflet making it confusing for patients to know opening times and how to contact the out of hours service. For example, information about the out of hours service suggested that patients should phone the practice instead of the out of hours service direct. The opening hours on the doors leading into the practice were listed as 8.30am to 5.30pm, which was incorrect as staff verified that the practice was open until 6.30pm. We highlighted this during our interviews with staff so that changes could be made to improve information for patients; to which the practice responded positively.

Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice had set up five minute emergency appointments for patients to be seen by duty GPs from 4.45pm each day. A sit and wait emergency clinic enabled patients to be seen by nurse practitioners also between 5.30pm and 6.30pm.

Three patients told us on the day of the inspection that they were able to get appointments when they needed them. This was also echoed in 37 comment cards completed by patients, which were all positive about access to the services at the practice. Patients told us that staff were more proactive in offering combined appointments when they needed a review for one or more long term conditions. For example, we saw this being arranged for a patient who needed a diabetic and asthma review including blood tests. Instead of three appointments, the receptionist organised these into two appointments at a time that was convenient for the patient.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters displayed and summary leaflet available in the waiting room. Information about the complaints system was also published on the practice website.

We looked at 15 written complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given when a complaint was found to be upheld.

The business manager verified that verbal complaints were acted upon but were not routinely recorded, analysed or used for shared learning. Therefore, opportunities to share lessons learnt from all patient feedback was not fully utilised by the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This highlighted Launceston Medical Centre aims as being 'committed to providing high quality GP services in a well organised and friendly setting'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included: becoming a training practice; discussions with other nearby practices to form a federation; and working towards becoming a wellbeing centre. GPs said that the town plan saw Launceston increasing by another 1800 houses over a 20 year period. Expansion plans for the practice were submitted and initial pre-project funding had been awarded by the NHS for architectural advice to be sought.
- Succession plans had been implemented to ensure continuity of care for patients. A salaried GP was due to become a GP Partner in July 2016.

Governance arrangements

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

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

However some elements of governance were less effective, these included;

- recruitment arrangements.
- monitoring of training, for example to ensure that all staff completed Mental Capacity Act 2005, nurses were trained to child safeguarding level 2.
- analysing significant events for early identification of evolving themes developing or wider shared learning to prevent these from reoccurring.
- capturing any verbal complaints.
- presentation of information about opening hours and out of hours services.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly every eight weeks, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG members said they saw their role as enablers, helping to change patient perception. One of the main areas was to increase awareness of the different roles of clinical staff, so that patients had a better understanding of utilising services such as the minor illness nurse led service.
- GP partners were attending meetings with local community groups, such as the Launceston Community Network. Patient participation group members told us that GPs had recently attended a meeting with villages in South Petherwin to discuss developments at the practice, such as working towards being a health hub.
- The practice worked closely with the League of friends, based at the nearby community hospital which was fundraising for equipment at the practice.
- The practice had analysed 12 months of results from the friends and family test. On average 82% of patients responding were extremely or likely to recommend the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nursing staff had suggested closer adherence to the locally agreed formulary for catheter and wound dressings. The practice was achieving cost savings for the NHS spending in this area. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was focussed on becoming a health and wellbeing hub. GPs were actively promoting healthy living, encouraging patients to increase their exercise and offered sports on prescription.

The practice was committed to learning, with close links with the local universities. The practice had applied to become a training practice, with two GPs seeking approval from the Deanery to become GP trainers. Teaching placements were already provided for medical and nursing students to increase their awareness of primary medical services as a career opportunity.

Kernow Clinical Commissioning Group had approved Launceston Medical Centre as the first practice in the area to set up in-house information technology support. The IT manager at the practice had developed in-house search systems, which provided the clinical team with safety nets for vulnerable older patients and those with long term health conditions. The practice was providing IT training for other practices in the area so they could benefit from these developments.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Effective arrangements were not in place to manage training by identifying any gaps in a timely way. The practice had not picked up that clinical staff had not completed Mental Capacity Act training, not all nurses had completed level two child safeguarding training.</p> <p>Risk assessments had not been completed to provide assurance that staff were safe to support them for example, through Disclosure and Barring service checks or risk assessments.</p> <p>Regulation 12(2) Ensure that mandatory training is managed effectively so that patient safety is promoted and any risks that could affect the quality of care are reduced. These must include Mental Capacity Act 2005 training for all staff.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure an up to date Disclosure and Barring Service (DBS) check was carried out for all appropriate staff, including locum GPs before they started work. There were no references on file and no routine checks recorded to ensure clinicians had continued registration with the relevant professional body.</p> <p>Regulation 19(2) Ensure recruitment arrangements include all necessary employment checks for all staff, including locum GPs. References, checks of professional registers and Disclosure and Barring Service (DBS)</p>

This section is primarily information for the provider

Requirement notices

checks or risk assessments for all staff providing a regulated service for patients must be obtained. Obtain and retain evidence of insurance indemnity for all clinical staff, including locum GPs.