

# The Alverton Practice

## Quality Report

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Date of inspection visit: 6 January 2016

Date of publication: 22/07/2016

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at The Alverton Practice on 6 January 2016. Overall the practice is rated as outstanding

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice, including;

- Multi-disciplinary team (MDT) meetings took place monthly and involved a range of other professionals we noted the uniqueness of this approach to MDT meetings and heard how their approach had been singled out locally and nationally as a model of best practice.
- The practice organised children's "flu parties" as part of their childhood vaccination programme and had achieved the highest uptake for childhood flu vaccinations in the Clinical Commissioning Group area.

# Summary of findings

- In response to feedback about improving access to appointments the practice provided a branch surgery in a local supermarket. This was highlighted by NHS England as pioneering.
- The branch practice in Newlyn catered for a significant proportion of the local fishing community and offered tide and weather dependent flexibility with appointments for these patients. Two of the GPs worked with the Life Boat crew.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Multi-disciplinary team (MDT) meetings took place monthly and involved a range of other professionals we noted the uniqueness of this approach to MDT meetings and heard how the practices approach had been singled out locally and nationally as a model of best practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Outstanding



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- 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 outstanding for providing responsive services.

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

Outstanding



## Are services well-led?

The practice is rated as outstanding 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 this.
- There was a clear leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Outstanding



# Summary of findings

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

# 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 patients in its population.
- All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice nurses carried out home visits for annual and other health checks for those who were unable to attend the practice.
- The practice is part of the Penwith Pioneer Project / Living Well project. Frail patients were offered support from an Age UK worker to develop a care plan set by the patient.
- There was a system in place to highlight patients requiring end of life support who contacted the practice and prioritised appointments or home visits were made.
- A similar system was in place to notify the duty GP where a patient died at home so that certifying the death could be done in a timely way avoiding further distress for family members.

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.
- Patients with multiple chronic diseases were offered a single appointment review.
- Housebound patients with chronic diseases were seen at home by the practice nurse.
- 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



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 72.48% of patients diagnosed with asthma, on the register, had an asthma review in the preceding 12 months compared to the national average of 75.35%
- 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 was EEFO (EEFO is a name of a scheme in Cornwall which helps young people access health services easily) accredited to level two. A drop in service was available whenever the practice was open.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice organised children's "flu parties" as part of their childhood vaccination programme and we were told they had achieved the highest uptake for childhood flu vaccinations in the Clinical Commissioning Group area.
- Same day appointments were available for children. Parents raising concerns about a seriously ill child were encouraged to attend the practice immediately and received a priority appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had established a local multi-agency project that supported children and young people with emotional, psychological and mental health needs that did not meet the criteria for hospital referral.

Outstanding



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

The practice is rated as outstanding 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.

Outstanding



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The branch practice in Newlyn catered for a significant proportion of the local fishing community and offered tide and weather dependent flexibility with appointments for these patients.

## 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.
- Multi-disciplinary team (MDT) meetings took place monthly and involved a range of other professionals we noted the uniqueness of this approach to MDT meetings and heard how the practices approach had been singled out locally and nationally as a model of best practice.
- 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.
- The practice issued food bank vouchers on behalf of a local charity in Penzance.

Good



## 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).

- 85.37% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a counselling service available to patients and a self-referral service for those patients diagnosed with anxiety and depression.
- 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. Staff had been instrumental in establishing a project that encouraged local businesses to become more dementia aware.
- The practice identified and supported military veterans with service related mental health issues.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 117 were returned. This represented 49% response rate and was equivalent to approximately 2% of the practice population.

- 92.9% of patients found it easy to get through to this practice by phone compared to a CCG average of 81.8% and a national average of 73.3%.
- 97.3% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%, national average 85.2%).
- 93.91% of patients described the overall experience of their GP practice as fairly good or very good (national average 84.94%).

- 88.1% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients described the staff at the practice as being understanding and the staff always being pleasant.

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

## Outstanding practice

We saw areas of outstanding practice, including;

- Multi-disciplinary team (MDT) meetings took place monthly and involved a range of other professionals we noted the uniqueness of this approach to MDT meetings and heard how their approach had been singled out locally and nationally as a model of best practice.
- The practice organised children's "flu parties" as part of their childhood vaccination programme and had achieved the highest uptake for childhood flu vaccinations in the Clinical Commissioning Group area.

- In response to feedback about improving access to appointments the practice provided a branch surgery in a local supermarket. This was highlighted by NHS England as pioneering.
- The branch practice in Newlyn catered for a significant proportion of the local fishing community and offered tide and weather dependent flexibility with appointments for these patients. Two of the GPs worked with the Life Boat crew.

# The Alverton Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

### Background to The Alverton Practice

The Alverton Practice provides primary medical services to people living in Penzance, Newlyn and wider Penwith. There is a branch practice in Newlyn and a branch located in a local supermarket. We did not visit these branches during this inspection.

The Alverton practice, in collaboration with The Sunnyside Surgery and Rosmellyn Surgery - collectively share a branch surgery known as Mounts Bay Surgery within the Sainsbury's Store in Penzance.

At the time of our inspection there were approximately 6,150 patients registered at the practice. There are three GP partners and one Nurse Practitioner partner. There are also two salaried GPs employed. In addition to this there is one nurse prescriber, two practice nurses, five healthcare assistants, a practice manager, and additional administrative and reception staff.

The practice is a training practice for doctors training to become GPs as well as being a teaching practice for medical students from the Peninsular Medical School.

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

The practice is open from Monday to Friday, between the hours of 8am and 6:30pm. Appointments with the GP or nurse are available between these times and could be booked up to eight weeks in advance. There are evening appointments on Tuesdays until 8pm and on alternate Saturdays between 9am and 12pm for people unable to access appointments during normal opening times. GPs also offer patients telephone consultations, and provided home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

### Why we carried out this inspection

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

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2016. During our visit we:

- Spoke with a range of staff including

# Detailed findings

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We reviewed the summary of incident reports from the past six months which were sent to us before the inspection. The summary gave a description of the event and any immediate actions taken. There was evidence of analysis of these events, what had been learned and what action had been taken to improve safety in the practice. Staff told us they were kept informed about any action taken and there were minutes of meetings to show how the learning had been shared with the team.

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

### Overview of safety systems and processes

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

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

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP lead was trained to Safeguarding level three for children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice was observed to be clean and tidy. We noted a small area of the floor and an examination light in the nurse's treatment room were discoloured, and a GP consulting room used for examination and treatment was seen to have carpet. The practice responded positively to this when highlighted and arranged to have replacements provided and stopped using the carpeted rooms for treatment.
- 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 had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was 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 and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments, last updated in June 2015 and carried out regular fire drills. All electrical equipment was checked in April 2014 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).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager prepared a GP and nurses rota weekly, which took absences into account and to cope with patient demand.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 8.7% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 100% which was better than the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.26% which was similar to the national average of 83.65%.
- Performance for mental health related indicators was 100% which was better than the national average of 92.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The audits included significant event audits, medicine audits such as, medicines that slow down or prevent

bone damage. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice had been recognised by the Peninsular Clinical Research Network for its mentoring of other practices new to NHS research and had been awarded Level 3 in the sessional scheme. Findings were used by the practice to improve services.

### 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. It 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. 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. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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



# Are services effective?

## (for example, treatment is effective)

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

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team (MDT) meetings took place monthly and that care plans were routinely reviewed and updated. MDT meetings involved a range of other professionals including the community nursing team, social services staff, housing staff, the community matron, police and ambulance representatives, community pharmacy and rehabilitation teams, a primary care dementia representative and the voluntary sector. The practice told us about the uniqueness of this approach to MDT meetings and how their approach had been singled out locally and nationally as a model of best practice. They had been in discussion with other practices, the clinical commissioning group and the Royal College of General Practice about this approach and had been visited by other clinicians so they could learn from the practice.

### Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service. Following consultation with a GP homeopathy was also offered.

The practice's uptake for the cervical screening programme was 80.95%, which was comparable to the national average of 81.83%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 89.1% and five year olds from 78.7% to 95.7%. We heard how the practice organised children's "flu parties" as part of their childhood vaccination programme. In the last two flu seasons the practice had achieved the highest uptake for childhood flu vaccines in the CCG area.

Flu vaccination rates for the over 65s were 87.12%, and at risk groups 68.68%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up appointments 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 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 95.3% of patients said the GP was good at listening to them compared to the average of 91.7% and national average of 88.6%.
- 93.1% of patients said the GP gave them enough time (CCG average 90.8%, national average 86.6%).
- 99.1% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 94.9% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.5%, national average 85.1%).

- 98.4% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 99.1% of patients said they found the receptionists at the practice helpful (CCG average 90.9%, national average 86.8%)

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

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

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

- 99.1% of patients said the last GP they saw was good at explaining tests and treatments compared to the average of 90.4% and national average of 86%.
- 95.9% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.1%, national average 81.4%)
- 96.7% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.7%, national average 84.8%)

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available 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.

## Are services caring?

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. Additionally we heard how staff also attended patients funerals where possible to offer support to bereaved families.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered lunchtime and Tuesday evening appointments until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Any parent raising concerns about a seriously ill child was encouraged to attend the practice immediately and received a priority appointment.
- There was a system in place to highlight patients requiring end of life support who contacted the practice. These contacts were actioned as a priority and prioritised appointments or home visits were made.
- A similar system was in place to notify the duty GP where a patient died at home so that certifying the death could be done in a timely way avoiding further distress for family members.
- The branch practice in Newlyn catered for a significant proportion of the local fishing community and offered tide and weather dependent flexibility with appointments for these patients.
- Patients were able to receive travel vaccines available on the NHS as well as those vaccines available privately.
- The practice were able to offer weather and tide dependant opening times in support of the local fishing community in Newlyn.
- A hearing loop and translation services available.

### Access to the service

The practice was open from Monday to Friday, between the hours of 8am and **6:30pm**. Appointments with the GP or nurse were available between these times and could be booked up to eight weeks in advance. There were evening

appointments on Tuesdays until 8pm and on alternate Saturdays between 9am and 12pm for people unable to access appointments during normal opening times. GPs also offered patients telephone consultations, and performed home visits where appropriate.

Urgent appointments were available daily with the duty GP for those patients who needed them. Routine GP and nurse appointments were available throughout the day, including lunchtimes to improve patient access to appointments.

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

- 84.5% of patients were satisfied with the practice's opening hours compared to the Commissioning Group (CCG) average of 79.9% and national average of 74.9%.
- 93.2% of patients said they could get through easily to the practice by phone (CCG average 81.8%, national average 73.3%).
- 75.9% of patients said they always or almost always see or speak to the GP they prefer (CCG average 67.1%, national average 60%).

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

### Listening and learning from concerns and complaints

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

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system for example, posters displayed in the waiting area, together with leaflets.

We looked three complaints received in the last 12 months and found that all of these had been satisfactorily handled and dealt with in a timely way. Written complaints responses showed that openness and transparency had been followed when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result, to improve the quality of care.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place, a GP had won the NHS leadership award, and staff felt supported by management.

- Staff told us the practice held regular team meetings, and the practice intranet allowed for effective communication. It contained internal protocols, meeting dates and minutes as well as referral guidance and lists of local patient resources.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, assisted with the results of the patient surveys and submitted proposals for improvements to the practice management team. For example, increasing patients awareness of booking appointments and obtaining repeat prescriptions on line. Additionally in response to PPG feedback about improving access to appointments the practice, with two other local practices, provided a branch surgery in a local supermarket. This was highlighted by NHS England as pioneering in encouraging private investment in the NHS.

# Are services well-led?

Outstanding



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

- The practice had gathered feedback from staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice are working with two other GP practices in Penzance to open a new premises in Penzance.

## Continuous improvement