The Stennack Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stennack Surgery, St Ives on 14 October 2015. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice was innovative in the way it worked closely with other organisations and with the local community in planning how services were provided to ensure that they will meet patient needs. The voices of young people in the community led to the development of the current young patients drop in clinic.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Every effort was made to make information accessible, for example following recommendations of the Royal National Institute for the Blind (RNIB).
- Information about how to complain was available and easy to understand.
- The practice had GPs with specialist interest qualifications, which enabled them to provide a home detoxification service for patients with drug and alcohol issues. GPs worked in conjunction with external specialist agencies to ensure that patients had a responsible carer during this period for their safety.

Summary of findings

- The practice had robust systems of governance in place, which put quality and safety as its top priority in delivering person centred care and treatment. We saw many examples of this throughout the inspection, this was a common thread seen in the areas of outstanding practice.
- We found a number of examples where the practice was contributing and leading improvement in pathways of care across the wider local health system not only for the practice.

We saw areas of outstanding practice:

- The practice had a strong vision which had quality and effective care and treatment as its top priority. Stennack Surgery has embraced the concept of living well and is facilitating the integration of services to specifically bring care and treatment closer to home for patients. For example, the practice was setting up a branch surgery, with an attached private pharmacy, in Carbis Bay as a result of patient feedback about the needs of the local community there.
- Innovative approaches are used to gather feedback from patients and improving the service. The relationship with the Patient Participation Group (PPG) is effective and collaborative, with members actively involved in delivering services closer to home for patients in the practice. PPG members act as 'Ambassadors', seeking out patient feedback and actively helping them access support in their communities.
- The practice takes a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. In particular, vulnerable older patients and those with chronic health conditions were closely monitored by a dedicated specialist nurse who did home visits and provided early interventions to reduce the risk of unplanned hospital admissions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Summary of findings

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had listened to patients needs in the nearby Carbis Bay and found a way to fund a branch surgery through sharing premises with a private pharmacy. This was due to open in 2016.
- There were a range of appointments and walk in services were available; same day service for patients needing to be seen urgently and late appointments Monday to Friday were available for working patients and those with minor illness.
- A Minor Injuries Unit was run from the practice, which was open every week day including bank holidays. During the summer months when there is a greater influx of temporary visitors to the area, the minor injuries unit had been open 7 days a week.
- At the inspection, patients remarked positively about the appointment system.
- The number of patients delivered each week was slightly above that expected. For example, 900 appointments were planned with 952 being delivered.
- All 12499 patients on the practice list had a named GP and there was continuity of care, with urgent appointments available the same day.
- There were dedicated staff dealing with prescriptions to provide a responsive and personalised service for patients.

Are services well-led?

Outstanding

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

- The practice had a strong vision with quality and safety as its top priority in delivering person centred care and treatment.
- High standards were promoted and owned by all practice staff and they worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was constructive engagement with staff and a high level of staff satisfaction; team days focussed on team building and a unified approach to patient centred care.

Summary of findings

- Patient engagement in all aspects of practice development and promotion of the living well approach was strongly evident. PPG ambassadors were present in the waiting room on most days signposting patients to community support and providing help where needed.
- Stennack Surgery provided placements for GPs, qualified doctors training to be GPs and medical students. Feedback from trainees and students demonstrated this was a popular placement and they wanted to return to work there permanently.
- The practice was innovative in developing specific services, for example encouraging local young people's voices to be heard and acted upon in developing the drop in clinic for them.
- There were strong links with local universities, with two GPs approved as examiners and one academic tutor. Commercial research studies were being carried out, which would contribute to furthering knowledge and improved outcomes for patients.

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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. There was proactive management of patient needs, which was risk rated and closely monitored by a specially employed nurse at the practice. The nurse's role included making home visits to frail patients who were deemed to be at risk and where interventions could be quickly put in place to avoid unplanned admissions to hospital.
- There was a named GP linked to every adult social care home, who visited patients living there regularly to review their needs.
- Older patients receiving regular medicines were seen for bi-annualand more frequent where required face-to-face reviews with a named GP.
- Data showed that by participating in the Living Well Project, Stennack Surgery had reduced the number of unplanned admissions by 31%. Patients were enabled to live their lives to the best of their ability and GPs helped them find solutions to help them do this. For example, they knew of all the support available in every community around St Ives and signposted patients to help reduce the risk of social isolation.

People with long term conditions

Good

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

- Longer appointments and home visits were available when needed.
- Nursing staff held advanced qualifications and took the lead with chronic disease management.
- GPs held specialist interest qualifications, which enabled them to provide services closer to home for patients with chronic health conditions.
- Staff had extended their skills and were able to offer services such as minor surgery.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicine needs were being met.

Summary of findings

- The practice maintained registers and provided regular clinics for patients with long term conditions. Quality and Outcomes Framework results indicated that chronic disease management was good.
- Data showed that GPs at Stennack Surgery were low prescribers of antibiotics, anti-inflammatory medicines and were following national guidance so that risks associated with these medicines were avoided for patients.

Families, children and young people

Outstanding ☆

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 comparable with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Midwives, health visitors and school nurses confirmed the practice worked well with them.
- A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice. The team had gone out to the local secondary school to provide a chlamydia screening service for young patients there.
- Young person friendly resources about sexual health were accessible in the waiting room, on the practice website and social networking pages.
- There was innovative engagement of young patients in the review and development of the young patients drop in service. The purpose was to increase the update of appointments and deliver a service that young people wanted.

Working age people (including those recently retired and students)

Good ●

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

Summary of findings

- 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.
- Varied types of appointments were available, including face to face or telephone consultations with a GP, practice nurse or advanced nurse practitioner.
- Evening appointments were available up to 8pm Monday to Friday.
- 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.
- Pre booked appointments were available 3 months in advance in addition to same day appointments.
- The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.

People whose circumstances may make them vulnerable

Outstanding ☆

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.
- There was proactive management of vulnerable patients' needs, which was risk rated and monitored by a specially employed nurse.Their role included making home visits to patients who could be at risk to help avoid unplanned admissions to hospital.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had GPs with specialist interest qualifications, which enabled them to provide a home detoxification service for patients with drug and alcohol issues. GPs worked in conjunction with external specialist agencies to ensure that patients had a responsible carer during this period for safety.

Summary of findings

- Translation phone services were used to accommodate language needs if requested. The practice had an induction hearing loop and was accessible for patients in a wheelchair.
- Patient engagement was inclusive and every effort made to include representatives from hard to reach vulnerable groups. For example, two Romany gypsies had joined the virtual patient participation group and had contributed when patients were consulted about proposed developments of the service.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice held monthly hub meetings with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health were supported and given help to access various support groups and voluntary organisations.
- The practice had GPs with specialist interest qualifications, which enabled them to provide a home detoxification service for patients with drug and alcohol issues. GPs worked in conjunction with external specialist agencies to ensure that patients had a responsible carer during this period for their safety.
- It 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 people with mental health needs and dementia. For example, a GP acted as a lead in this area and held additional qualifications to support this.
- Data showed that the practice was performing slightly higher at 89.39% when compared nationally (86.04%) for having an agreed care plan in place with patients with complex mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 119 were returned.

- 78.4% of patients found it easy to get through to this surgery by phone compared to the CCG and national averages of 81.8% and 73%.
- 86.7% of patients found the receptionists at this surgery helpful (CCG average 90.9%, national average 87%).
- 82.1% 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%).
- 95.2% of patients said the last appointment they got was convenient (CCG average 94.6%, national average 92%).
- 71.7% of patients described their experience of making an appointment as good (CCG average 81.5%, national average 73%).
- 55% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 81.5%, national average 65%).

The practice had listened to this feedback and worked with the Patient Participation Group (PPG) on these areas to improve the service for patients. For example, awareness of on-line services was raised; this had resulted in an increase in patients using these. This helped to reduce not only queues at the reception desk, but also the volume of phone calls. PPG Ambassadors introduced a system of 'queue walking' in order to help patients use the IT options, thereby reducing queues at the reception desk.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. The majority referred to the practice being well organised, efficient and caring staff.

We spoke with 10 patients, two of whom were members of the PPG, during the inspection. All 10 patients said that they were happy with the care they received and thought that staff was committed and caring. An example patients gave was that they sometimes had a longer wait than they would like for their appointment, but they felt this was acceptable given that the GPs and nurses listened and spent as much time as was needed to deal with any issues they were reporting to them.

Outstanding practice

- The practice had a strong vision which had quality and effective care and treatment as its top priority. Stennack Surgery has embraced the concept of living well and is facilitating the integration of services to specifically bring care and treatment closer to home for patients. For example, the practice was setting up a branch surgery, with an attached private pharmacy, in Carbis Bay as a result of patient feedback about the needs of the local community there.
- Innovative approaches are used to gather feedback from patients and improving the service. The relationship with the Patient Participation Group (PPG) is effective and collaborative, with members actively involved in delivering services closer to home for patients in the practice. PPG members act as 'Ambassadors', seeking out patient feedback and actively helping them access support in their communities.
- The practice takes a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. In particular, vulnerable older patients and those with chronic health conditions were closely monitored by a dedicated specialist nurse who did home visits and provided early interventions to reduce the risk of unplanned hospital admissions.

The Stennack Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included specialist advisors: a GP, practice manager and a practice nurse.

Background to The Stennack Surgery

The GP partnership runs the Stennack Surgery, which has this one location.

Stennack Surgery is contracted with NHS Kernow and the Kernow CCG (Clinical Commissioning Group) to provide personal medical services to people living in and around the coastal town of St Ives, where social deprivation is in the mid-range. There were 12499 patients registered at the practice when we inspected. The practice working population is slightly higher with more patients over the age of 45 years. Throughout the year, the practice sees approximately 4000 temporary patients visiting the area on holiday. The practice uses a named locum GP to accommodate the surge of temporary patients during the summer months.

Stennack Surgery is responsible for managing inpatient care at the local community hospital. A GP from the practice undertakes ward rounds there three times a week to review patients.

The practice provides some enhanced services which are above what is normally required covering child vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations as well as monitoring the health needs of people with learning disabilities. The practice also provides direct enhanced services including minor surgery, remote care monitoring for vulnerable patients and shingles and rotavirus vaccination.

There are eight GP partners and four salaried GPs: seven male and five female. The GPs are supported by eight female registered nurses, two of whom are nurse practitioners, two assistant practitioners and a healthcare assistant. The practice has a practice manager, and administrative and reception staff. Patients have access to community staff based at the practice and nearby hospital including district nurses, health visitors, and midwives.

Stennack Surgery is a teaching practice, with two GP partners approved as trainers and one GP partner approved as a teacher with Health Education South West. The practice normally provides placements for trainee GPs and F2 trainees (qualified doctors in the second year of their foundation training). Teaching placements are provided for year 3, 4 and 5 medical students. A trainee GP was on placement when we inspected.

Stennack Surgery is open from 8 am – 8 pm Monday to Friday. The practice has a same day team, comprising of GPs and nurse practitioners with urgent appointments available on the day for patients. Appointments are available in the evening and telephone consultations offered for working patients. Routine appointments can be booked up to 3 months in advance. Appointments are usually for 10 minutes but longer appointments are available on request.

There is a minor injury unit at the practice open between 8am – 8pm Monday to Friday (including Bank holidays except Christmas Day and Boxing Day). This is a walk-in service, where no appointment is needed. This service is

able to treat patients with minor injuries, such as lacerations, sports injuries and infections. All other patients experiencing major trauma, head injuries, poisonings or major collapse are directed to the main hospital in Truro.

The practice holds a weekly Young persons drop-in clinic for all patients under 25 years old is held every Wednesday, from 4pm – 6pm. Patients are able to turn up on the day and be seen.

When the practice is closed, patients are directed to an Out of Hours service delivered by another provider. This is in line with other GP practices in the Kernow CCG.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 October 2015.

During our visit we:

- Spoke with staff and patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was 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 also a recording form available on the practice's computer system. We spoke with 13 staff who told us that the process was supportive and there was positive learning culture at the practice.
- The practice carried out a thorough analysis of the significant events and acted on them. These were discussed by the executive team every week, with further analysis and identification of learning at the governance meeting held every six weeks. Minutes showed that wider learning was shared through monthly team meetings held with each staff group, for example the nursing or administrative teams.

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. For example, the practice learnt that the system in place for monitoring patients on anti blood clotting medicines was not as robust as it should be for patients on non warfarin anticoagulants. A manual monthly search of all patients on these medicines was set up, in addition to that for those on warfarin, to ensure they are closely monitored. The practice was able to demonstrate that these two systems worked effectively through the regular blood checks carried out for patients.

When there are unintended or unexpected safety incidents, we saw that patients had received an apology, offered support and were told about any actions taken to improve processes to prevent it happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. All of the staff demonstrated a strong commitment to providing high quality care and understood whistleblowing procedures. There was a lead member of staff for safeguarding. The safeguarding lead GP had attended level three safeguarding training. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. For example, we saw documentation confirming that a GP partner had attended a safeguarding meeting about a patient. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, all the GPs had completed level 3 safeguarding training.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- A nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had carried out a hand washing audit, which assessed how effective the GPs, nurses and healthcare assistants were in washing their hands before, during and after procedures. Staff were clear about their reporting responsibilities. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to

administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- The practice held a small stock of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a cupboard and access to them was restricted and the keys held securely.
- Cold chain checks were carried out daily and records showed there had been no issues with this demonstrating that medicines used for vaccination were stored within a safe temperature range.
- 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. For example, a repeat prescribing self audit had been completed by the practice to ensure that national guidance was followed for the safe prescribing of anti blood clotting medicines for patients. Awareness was raised across the team of GPs and patients identified were reviewed to ensure that any risk factors were known and changes to the prescription made where necessary.
- High risk medicines were being monitored in line with national guidance. For example, patients on warfarin were closely monitored through regular blood screening and liaison with specialists supporting them.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used a standard application template, which was comprehensive. An annual check of professional registers had been carried out for all GPs and nursing staff. The practice held records showing how locums had been engaged and the comprehensive identity, DBS and qualification checks carried out every time they worked at the practice. The practice chose to repeat all DBS checks for long standing staff every three years as a further safeguard for patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. A member of the team was a qualified civil engineer and had produced drawings for fire evacuation plans and location of water pipes to inform the fire service of the location of these in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. We saw evidence of the checks being carried out. For example, a contractors report showed that recommendations listed from the last risk assessment had been addressed and included replacement of the cold water tank.
- 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. For example, the practice used named locum GPs at peak holiday periods when the number of temporary patients using the service increased. Buddying arrangements were in place for every GP, so that patient results and correspondence were reviewed promptly and acted upon. The practice information booklet for patients explained the buddy arrangements so that they were clear about who would be dealing with their results if their normal GP was not available.

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.
- Some nurses at the practice were advanced life support trainers and were due to update. All staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All

Good

Are services safe?

the treatment rooms had a kit of emergency medicines in the event of a patient experiencing a reaction during treatment. Following a successful resuscitation of a patient, the practice had reviewed the event and had made changes to the emergency grab bag. This had improved the labelling of contents for ease of access during an emergency.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Documents seen demonstrated that all the emergency medicines and equipment 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. A monthly educational meeting was held at the practice so that the nurses, GPs and trainees on placements discussed new developments. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff explained that any updates or changes would be communicated by email or through staff meetings. For example, the team had discussed the implications for patients newly diagnosed with chronic kidney disease and impact on quality of life. This had led to a communication system being set up so that there was a consistent approach taken with patients, including an invitation to see a nurse for explanation of the diagnosis, future tests and on-going monitoring.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, patients with heart failure were being regularly reviewed. Changes were made to medicines where necessary with particular reference to guidance about prescribing beta blocker medicines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Data for the year 2013/14 for QOF showed that the practice had obtained 877.59 points out of a possible 900 points with 5.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was comparable with the national average. For example 83.17% of patients on the diabetic register had had their blood tested for in the last 12 months to monitor how well controlled this was (National average 77.72%).
- The percentage of patients with hypertension having regular blood pressure tests was 85.14% which was comparable with the national average of 83.11%.
- The dementia diagnosis rate was 1.1% which was higher than the national average of 0.6% in 2013/14.

The practice was ranked 8th out of 69 practices in Cornwall with the lowest A&E attendance in the area.

Clinical audits demonstrated quality improvement.

- We looked at five clinical audits completed in the last two years where improvements were implemented and monitored. For example, an completed had been completed into the insertion of contraceptive devices and had been linked to learning from a significant event. The first cycle reviewed the outcomes for 66 female patients and considered whether there had been any complications or significant events following this procedure. By the second cycle the reviewer had also included whether the risk of pregnancy had been documented in the patient notes. This showed that for those patients having this procedure, the risk had been discussed and was documented in 100% of patient records.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, between November 2013 and February 2014, GPs had reviewed all the patients prescribed medicines to reduce gastric acid reflux. National guidelines highlighted that patients taking this medicine had a higher risk of developing a serious infection (clostridium difficile). In total 35 patients were reviewed, resulting in this medicine being stopped or alternatives prescribed where possible. Awareness of the associated risks was raised through educational meetings, which led to further caution being taken when prescribing this type of medicine.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw a comprehensive induction pack for locum GPs and any other temporary staff such as medical students on placement.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice had GPs with specialist interest qualifications, which enabled them to provide a home detoxification service for patients with drug and alcohol issues. GPs worked in conjunction with external specialist agencies to ensure that patients had a responsible carer during this period for their safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The business manager showed us the e-training summaries and closely monitored when updates were due.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff were given ongoing support including one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All of the staff that we met verified they had had an appraisal within the last 12 months. The practice held a matrix of dates when appraisals were due.
- 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.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A frailty assessment tool was used to identify any risks for patients.

The practice worked to the gold standards framework for end of life care. The GPs worked closely with the palliative care team based at the local hospice to support patients to be at home and receive services there. A palliative care register was held and reviewed regularly. This included monthly multidisciplinary meetings to discuss the care and support needs of patients and their families.

Mental health hub meetings were held at the practice once a month with representatives from secondary and voluntary services attending. The practice had previously had a mental well-being facilitator based at the practice who would work with and signpost patients to other forms of support available in the community. The GP partners were mindful of the research about the health and wellbeing benefits of being outdoors in nature. They told us they were in the process of trying to raise funds to have this resource reinstated as part of the drive towards integrated services for patients at 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. GPs understood the processes to develop advance care plans with frail older patients and had these in place for patients.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was not routinely monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. GPs verified that consent was obtained. Records seen in four patient records demonstrated that risks, benefits and information had been provided as part of this process.

Health promotion and prevention

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. Patients were then signposted to the relevant service.
- The practice had systems in place to monitor and improve outcomes for vulnerable patients. For example, a register of patients with learning disability showed that 100% had a physical health check in the previous 12 months. Two GPs were able to offer a home detoxification service for patients with drug and alcohol addiction. Tailored support plans were in place with a series of set appointments during the detoxification process, in conjunction with support from a specialist agency.
- Smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.66% which was comparable to the national average of 81.83%. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.5% to 92.7% and 70.5% to 90.5% of five year olds had been vaccinated. In 2013/14 the flu vaccination rates for the over 65s was 57.19% which was lower than the national average of 73.2%. Flu vaccination for at risk groups was 44.72% which was lower than the national average rate of 52.29%. For the most recent winter flu campaign, the practice had used local radio and newspapers to increase the uptake of flu vaccinations for patients over 65 and those at risk. Rates had improved as a result, for example 72.1% of patients with diabetes had been given a flu vaccination which was comparable with local and national rates (CCG 76.4%, national 77.6%). Some patients chose to use a local pharmacy which was offering free flu vaccinations, which was affecting the practice data.

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

A dedicated young person clinic was being run once a week after school hours and information at the practice and website was aimed at young people providing contraception and sexual health advice, support and treatment.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were truly respected and valued as individuals and are empowered as partners in their care. For example, 49 patients remarked verbally or in comment cards about the compassionate care they received from the team at Stennack Surgery.

Staff recognised and respects the totality of people's needs. Staff took patients personal, cultural, social and religious needs into account.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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 49 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also 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 compared well with the CCG and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 87.4% of patients said the GP was good at listening to them compared to the CCG average of 91.7% and national average of 89%.
- 83.6% of patients said the GP gave them enough time (CCG average 90.8% and national average 87%).
- 95.4% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 87.4% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 85%).
- 87.4% 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%).
- 86.7% of patients said they found the receptionists at the practice helpful (CCG average 90.9%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published on 4 July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.5% and national average of 86%.
- 85.8% 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%)

All 10 patients we spoke with said they had been involved in decisions about their care and thought staff were good at explaining tests. Patients added that this was supported by receiving leaflets and further health promotion.

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.

Good

Are services caring?

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 had Patient Participation Group (PPG) ambassadors who, using a rota, based themselves in the practice waiting room. Their role included signposting patients to other support available in the community. For example a bereaved relative had been given help and information about the procedures for registering their family member's death, liaising with local funeral directors and how to access bereavement counselling.

The practice was proactive in identifying patients who were carers. For example, in 2014/15 1.3% (45 out of 12499) of the practice's total patient population was identified as a carer. GPs told us that all of the staff were focussed on identifying patients who could be carers so that they were offered appropriate support. We saw that new patients and staff completed a form, which highlighted what support they might need. The practice computer system alerted GPs if a patient was also a carer and used creative ways to reach carers. For example, notes advertising carer checks and support groups were included on repeat prescription stationary sent to patients. 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 visited them at home to meet the family's needs and/or by giving them advice on how to find a support service.

Outstanding ☆

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 executive team at the practice had utilised the joint strategic plan for the area and had carried out a mapping exercise to identify every type of support service available for patients registered at Stennack Surgery. This included voluntary groups and looked at every village and community within the practice boundary. This information was utilised day to day to help patients live well and reduce unplanned admissions to secondary services.
- The views of patients in the nearby community of Carbis bay had been listened to regarding access to GP and pharmacy services. The practice was in the process of setting up a branch surgery, which incorporated renting space to a private pharmacy to meet patients' needs there.
- An accessibility project had been carried out with young people at the local secondary school, which had influenced how the weekly Young Persons drop-in clinic for all patients under 25 years old was run.
- All 12499 patients had a named GP, but had the choice of who to see whenever they attended for an appointment. The number of patients seen each week was slightly above that expected. For example, 900 appointments were planned with 952 being delivered.
- There was a same day service, which was managed each day by a GP who also triaged calls for home visits or emergencies. On the day appointments were offered for children and those with serious medical conditions.
- A Minor Injuries Unit was run from the practice, which was open 8am to 8pm every week day including bank holidays. During the summer months the minor injuries unit was open every Saturday.
- Nurses held advanced qualifications and were able to see patients with minor illness appointments throughout the day.
- The practice had employed a nurse to closely monitor vulnerable patients who were frail or had chronic conditions who could be at risk. Comprehensive risk monitoring was done, with personalised care plans in place. These outlined a patients support network and what to do if their health started to deteriorate. Home visits were carried out by the nurse to proactively support and manage the needs of these patients.
- The practice had a dedicated staff responsible for dealing with all prescription requests. Patients received personalised support and advice about medicines and their requests for repeat prescriptions were handled efficiently and effectively.
- The practice had a direct access telephone number, which all community health and social care staff including care home/agencies could use for immediate support.
- There were longer appointments available for patients with a learning disability and/or mental health needs.
- There were disabled facilities and translation services available. Comprehensive assessments had been done to ensure that appropriate equipment and signage was in place for hearing and sight impaired patients. For example, national guidance had been followed and patient information screens had a yellow background with bold print to improve access for sight impaired patients.
- All the consultation rooms were on the ground floor and easily accessible.

Access to the service

The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments. Stennack Surgery was open from 8 am – 8 pm Monday to Friday. The practice has a same day team, comprising of GPs and nurse practitioners with urgent appointments available on the day for patients. Appointments are available in the evening and telephone consultations offered for working patients. Routine appointments could be booked up to a week in advance. Appointments were usually for 10 minutes but longer appointments were available on request.

There was a minor injury unit at the practice open between 8am – 8pm Monday to Friday (including Bank holidays except Christmas Day and Boxing Day). This was a walk-in service that treated patients with minor injuries, such as lacerations, sports injuries and infections. All other patients experiencing major trauma, head injuries, poisonings or major collapse were directed to the main hospital in Truro.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

There was a Young Persons drop-in clinic for all patients under 25 years old, which was being held every Wednesday, from 4pm – 6pm. Patients were able to turn up on the day and be seen.

Patients were directed to an Out of Hours service delivered by another provider when the practice was closed. This is in line with other GP practices in the Kernow CCG.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local averages but higher than national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.9% and national average of 75%.
- 78.4% patients said they could get through easily to the surgery by phone, which was comparable with the CCG average 81.8%, national average 73%.
- 71.7% patients described their experience of making an appointment as good (CCG average 81.5%, national average 73%.
- 55% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67.8%, national average 65%).

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 and information on the website informed patients how they could complain.

A named member of staff with patient liaison experience managed all complaints received by the practice. We looked at three out of fourteen written complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency. The practice also captured verbal complaints and compliments and acted on these. Lessons were learnt from concerns and complaints and action was taken to 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. Staff told us this was to provide high quality care in an integrated way that met the local community needs.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, Stennack Surgery had considered the impact that a new housing estate would increase in patient numbers. The practice was in the process of setting up a branch surgery in Carbis bay.

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. All GPs had a lead role, area of interest and role of responsibility. These included support at the local community and mental health hospitals, support for learning disabilities patients in the community and care homes, prescribing, safeguarding.
- Leadership of the nursing team was strong and there was senior nursing representation at strategic management meetings and policy development.
- Practice specific policies were implemented and were available to all staff on the intranet. Two PPG members verified that they were involved in reviewing these, which recently included updating the confidentiality statement, safeguarding and whistleblowing procedures.
- Staff had a comprehensive understanding of the performance of the practice, which was discussed at weekly executive team meeting.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements. A monthly meeting reviewed the quality outcomes framework (QOF) for patients with long term conditions. This supported learning from the last quarter and actions were agreed to take improvements forward.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all significant events and complaints were discussed at weekly executive and six weekly governance meetings. Trends were routinely analysed as part of the reporting requirements to commissioners. Minutes of meetings and discussion with 13 staff demonstrated that wider learning was shared through monthly team meetings held for each staff group.

Leadership, openness and transparency

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

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

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

- Staff told us that the practice held regular monthly team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Team days were held every year for training events.
- 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

Are services well-led?

Outstanding ☆

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

the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, practice team minutes showed that all staff were involved in the analysis of and learning from significant events, accidents, complaints and other feedback from patients.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice worked in close partnership with the PPG, which had two groups one that meets face to face and a virtual group. The membership of the groups were representative of the patient population and included young patients on the virtual group. The PPG had significant involvement in developing the GP services for patients in St Ives and surrounding villages. The PPG met on a quarterly basis with a GP partner and the business manager.
- The practice embraced new technology and was using social media websites to engage with patients. For example, Stennack Surgery had its own Facebook page and a separate one for the PPG, which was managed by the PPG chairperson. Key priorities which the PPG had focussed on in 2014/15 covered three areas: access to appointments and continuity of care, reducing the number of unattended appointments and reducing the waiting time for appointments. The practice listened and worked with the PPG on these areas to improve the service for patients. For example, awareness of on-line services was raised resulted in an increase in patients using these. This helped to reduce not only queues at the reception desk, but also the volume of phone calls. PPG Ambassadors introduced a system of 'queue walking' in order to help patients use the IT options, thereby reducing queues at the reception desk.
- The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members had been involved with staff from the practice in a recent research project that explored attitudes and barriers for young patients accessing primary care. This involved running a focus group with young people at the local secondary school and the findings were influencing the way the young patient's drop in clinic was run.
- There was a Friends of Stennack Surgery group, which was a registered charity with a key role of fundraising. Over £100,000 had been raised, which had been used to purchase specialist equipment so that the practice could offer additional services for patients. For example, a touch screen spirometry machine had been one of the recent purchases. The new branch surgery was due to be equipped through money raised by the charity.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

The GP partners demonstrated a strong commitment to integrating health and social care for people registered at the practice. A GP partner held directorships in Cornwall, all of which were influencing the development of integrated services for people; and was the chair person for Kernow Clinical Commissioning Group. Through this engagement with local GP practices, the GP was promoting better patient experience and joined up working. For example, he had facilitated the reduction of 66 different cross service referral forms into one electronic version with a drop down menu. This meant that the needs, investigations and ongoing support for a patient was known by all services so that this could be better co-ordinated for them.

Stennack Surgery had close links with the universities as a teaching practice. Two GPs were approved GP trainers and examiners for the local medical school. There was a regular intake of GP registrars, trainee doctors and medical students working at the practice. Educational meetings were held which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice. The aim of this was to enhance patient care and treatment.

Are services well-led?

Outstanding ☆

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

The practice team was forward thinking and worked to improve outcomes for patients in the area and had fully utilised the skills of the active PPG in engaging with patients in an innovative way. The PPG had ambassadors who provide a presence in the waiting room on most days of the week and was a driving force in promoting the concept of an integrated hub approach to support the living well project there.