

# Care Quality Commission

## Inspection Evidence Table

### Port Isaac The Surgery (1-542459759)

Inspection date: 24 January 2019

Date of data download: 18 January 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

## Rating: Good

### Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including salaried GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
Guidance regarding safeguarding contact details were located on the intranet and notice boards in treatment rooms and reception areas. A monthly meeting was held with health visitors and district nurses were co-located at the practice so information sharing was efficient.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
The new practice manager had completed an audit of recruitment records and restructured and reorganised recruitment records to ensure information was accessible and monitored. For example, systems to ensure Nursing and Midwifery Council (NMC) registration checks were completed annually. A risk assessment review had also been completed to demonstrate that non- clinical staff still did not require an enhanced Disclosure and Barring (DBS) check.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. <b>Date of last inspection/test:</b> Port Isaac- October 2018 Bridge medical centre- January 2019 St Kew- 2013- rebooked for January 2019	Yes
There was a record of equipment calibration. <b>Date of last calibration:</b> All branches November 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure. Last reviewed August 2018	Yes
There was a record of fire extinguisher checks. <b>Date of last check:</b> All sites January 2019	Yes
There was a log of fire drills. <b>Date of last drill:</b> All sites January 2019	Yes

There was a record of fire alarm checks. <b>Date of last check:</b> All sites January 2019	Yes
There was a record of fire training for staff. <b>Date of last training:</b> Online training monitored on in house elearning system. All completed. All sites live demonstration January 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. <b>Date of completion:</b> Booked for February 2019	Yes
Actions from previous fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out by external contractor. <b>Date of last assessment:</b> October 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. <b>Date of last assessment:</b> October 2018	Yes
Explanation of any answers and additional evidence: Actions from the recent health and safety assessment had highlighted that the fire log book had not been completed and legionella risk assessment had not been completed. Both actions had been promptly addressed once identified.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy located on the intranet.	Yes
Staff had received effective training on infection prevention and control.	Yes
<b>Date of last infection prevention and control audit:</b> All sites- September 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Previous infection control audits had highlighted issues which had been addressed immediately. For example, decluttering work surfaces and replacement of equipment. The audits had also highlighted the need to invest in the environment to make the area easier to clean. For example, replacement of carpets in consulting rooms and refurbishment of wooden splashbacks and cupboard doors. The leadership team had discussed this and had plans to refurbish in the future as part of a business plan when additional funding was secured.	

## Risks to patients

**There were effective systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Locum GPs were given a locum information folder. The practice issued the locums with a temporary log in code so they could access further information, policies and guidance in advance of working at the practice via the intranet.  Staff had received sepsis awareness training updates on the eLearning system. A sepsis policy was available and NICE guidelines were displayed in the consulting rooms and near reception staff.	

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes

Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to follow up and monitor any delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA)</small>	1.12	0.97	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	12.0%	9.7%	8.7%	No statistical variation
<p>Although the practice were not an outlier in antibiotic prescribing they were aware their rates were slightly higher than the national and local averages. The GPs explained that 47% of their practice population were over 65 years of age and had a higher prevalence of long term conditions. The GPs also explained they provided care to four care and nursing homes in the area and contributed the slightly higher antibiotic use to these reasons. The GPs had embedded systems in place to review prescribing patterns and trends. There was a process of peer review and discussion amongst all prescribers within the practice. Local guidelines and formularies were used to ensure appropriate prescribing. Information leaflets were used for patients to explain why antibiotics were not prescribed.</p>				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers,	Yes

Medicines management	Y/N/Partial
and there was regular review of their prescribing practice supported by clinical supervision or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>All emergency medicines and equipment were stored in similar bags and arranged in a standardised way across all three sites. Checks were also standardised using the same documentation. Staff added that this helped responses to emergencies. There was an unexpected emergency during the inspection. The staff responded promptly and sensitively. Emergency equipment and medicines were used and restocked immediately. The team considered that the situation had been handled well and response times by emergency ambulance was prompt.</p>	
<p>The practice had employed a prescribing pharmacist who supported the clinical team with roles such as medicine optimisation, reviews of patient discharges and any medicine changes, managing stock shortages and medicine queries. The pharmacist also completed updates to medicine protocols and standard operating procedures, supporting the dispensary staff and completing medicine audits. The GPs recognised that there had been many benefits to this post including monitoring ophthalmology prescription changes.</p>	

Dispensary services across all three sites	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>One of the GP partners was the dispensary lead at the practice. The practice also employed a prescribing pharmacist who assisted with overseeing the Dispensary Services Quality Scheme (DSQS). Each site within the organisation had a dispensary lead and supporting team of staff. There were embedded systems in place for the safe running of the dispensaries. Staff said they felt supported, training was available and felt they could freely raise any concerns. Regular dispensary meetings were held and any incidents investigated promptly.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: Staff said there was a no blame culture within the organisation and effective communication when learning was identified. There was a clear system for recording actions taken following and incidents and near misses. Meeting minutes detailed discussions and significant events were a standing agenda item on practice meetings.	

### Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
There had been four errors made in relation to the scanning system.	No harm came to patients. A discussion had taken place with staff and it had been highlighted as human error in each situation and it was identified that the scanning unit was situated within a busy area of the practice. The scanner was subsequently moved and no further errors had been made.
A dispensary error had been made regarding medicines being left out by a courier.	No harm came to the patient. The medicines were sent to the patient. Action included introducing a new standard operating procedure, policy and recording system being introduced.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The practice had a policy in place regarding alerts. Records of these and the actions taken were maintained by the practice manager.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.97	0.92	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice had a higher than local and national average of older patients. For example, 47% of patients were over the age of 65 years compared to the local average of 39% and national average of 27%</li> <li>The practice delivered care to four nursing and care homes with a nominated GP visiting at least weekly to provide continuity of care and helping develop good working relationships with the care home staff. This model of delivery had shown a reduction in out of hours admissions.</li> <li>GPs completed treatment escalation plans and provided 'just in case medicines' prescribed when appropriate for palliative patients.</li> <li>The practice had a community healthcare assistant (HCA) seconded to the practice who visited housebound patients to carry out blood tests, INR (near patient testing for blood thinning medicines) and portable ECGs (electrocardiogram heart monitoring). The HCA visited elderly patients post hospital discharge, helped with medicine queries and alerted GPs and district</li> </ul>

nurses of patient concerns.

- The practice employed a courier driver to deliver medicines to housebound dispensing patients.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The practice ran weekly clinics for chronic disease management, with three specialist nurses including for, diabetes, respiratory and coronary heart disease. The respiratory and diabetic nurse were independent prescribers.
- The practice worked with a community nurse who visited our housebound diabetic patients.
- The practice employed a prescribing pharmacist who was available to oversee all prescribing and management guidelines.
- The practice staff were in the process of introducing a 'one stop shop' where patients could access screening and reviews for more than one long term condition to decrease travel to the practice.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, diabetic specialists and mental health teams.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services and had a pharmacist who reviewed any medicine changes.
- Patients from the practice and within the locality with rheumatoid arthritis could access appointments with the hospital rheumatology consultant twice a month saving patients substantial travel time and enabling them to have their conditions monitored.
- There was a physiotherapist based at one of the branch surgeries which enabled patients to access to physiotherapy services closer to home. The physiotherapy was offered within a purpose-built room with equipment provided by the practice. The practice also offers an equipment loan service and run regular Pilates classes.
- Practice staff worked as part of a locality group and were submitting a bid to provide "Leg Clubs" locally to improve social isolation as well as the management of leg ulcers.

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Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.6%	83.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	28.3% (121)	19.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.9%	79.9%	77.7%	Variation (positive)
Exception rate (number of exceptions).	13.1% (56)	12.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.9%	83.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.1% (73)	14.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.0%	75.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	25.0% (149)	11.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.2%	90.3%	89.7%	No statistical variation

Exception rate (number of exceptions).	22.0% (35)	14.4%	11.5%	N/A
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Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.1%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (31)	5.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.7%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (14)	6.8%	6.7%	N/A

#### Any additional evidence or comments

We spoke with the GPs about the higher than average exception reporting rates for long term conditions. They were aware of these rates and kept the rates under close review. Explanations for this included having 47% of the patients over the age of 65 years, patients on end of life pathways and many patients within care homes in the area. We looked at a sample of patient records and saw that clinical reasons for exemption were explained clearly and were deemed appropriate. The practice had a lead nurse who had dedicated time to follow up patients who chose not to or failed to attend reviews. There was a system of sending three follow up letters and text reminders to prompt patients who had failed to attend for appointments.

### Families, children and young people

Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- Patients could access services of a women's health and menopause specialist GP who visited the practice.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	54	57	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	87	96	90.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	87	96	90.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	87	96	90.6%	Met 90% minimum (no variation)

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

Population group rating: Good

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the practice.
- Practice staff regularly updated information to encourage attendance for flu' vaccinations, smear tests, and other relevant healthcare information on the practice website and Facebook pages.

Cancer Indicators

Practice

CCG

England

England

		average	average	comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	74.7%	74.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.6%	75.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.7%	60.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	78.4%	62.7%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	44.9%	52.1%	51.9%	No statistical variation

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including rurally isolated patients and those with a learning disability.
- Practice staff held regular meetings with the Learning Disability Liaison Nurse who helped support patients with learning disabilities and provided joint home visits if this felt helpful for the patient.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients at local care and nursing homes.

### People experiencing poor mental health (including people with dementia)

Population group rating: Good

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for

physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Practice staff referred patients to counsellors for psychological therapy for various conditions, including anxiety, depression, stress and alcohol dependence.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training.
- The practice employed a Dementia Practitioner who held regular assessment clinics in the practice, supported by a visiting consultant psychiatrist who provided GPs with additional support with prescribing and care planning.
- The practice worked with a dementia liaison nurse from the community mental health team, who looked after these patients in the community.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.0%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.3% (4)	16.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.2%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (4)	14.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.2%	83.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (3)	7.4%	6.6%	N/A

## Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and**

**routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	548.1	537.5
Overall QOF exception reporting (all domains)	8.2%	6.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>All members of the team participated in audit within the practice as a way of monitoring, reviewing and improving services. For example:</p> <ul style="list-style-type: none"> <li>The nursing team completed audits of minor injuries which demonstrated that between April 2017 and March 2018 163 patients were seen and just 12 were referred for further investigation at the local minor injury unit or emergency department. Data was still being collected for the period of April 2018 and March 2019</li> <li>The nursing team completed an audit to monitor the reason and any complications following insertion of 32 intrauterine contraceptive devices between April 2017 and March 2018. This showed there had been no failures and no complications. Data was still being collected for the period of April 2018 and March 2019</li> <li>The practice manager had completed an audit to look at why patients requested home visits. The audit resulted in a change of process and use of the computer system to manage requests. GPs could access the list remotely, triage and organise more efficiently. The audit was due to be repeated in May 2019 to ascertain any reduction of visits.</li> </ul>
<p>We saw examples of clinical audits. Not all these audits were completed cycles but the GPs were aware of timescales to repeat and close the audit cycles. Examples of audits included:</p> <ul style="list-style-type: none"> <li>Prophylactic antibiotic prescribing for recurrent urinary tract infection. The aim of this audit was to initially review female patients over 60 years of age who had been prescribed antibiotics prophylactically for recurrent urine tract infections for longer than six months. In January 2018 14 patients had been identified. 50% of these patients had their antibiotics stopped. The audit search was re-run in January 2019 and showed 43% less female patients (8) being prescribed antibiotics.</li> </ul>

### Effective staffing

**The practice could demonstrate that/ staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
The practice employed apprentices within the administration team and dispensary and gave support for them to learn how to perform their roles. One apprentice had won the Cornwall apprentice of the year award in 2018.	

### Coordinating care and treatment

#### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

### Helping patients to live healthier lives

#### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.8%	94.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (21)	1.1%	0.8%	N/A

### Consent to care and treatment

**The practice always obtained to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Written consent was obtained for invasive procedures and scanned into the patient records. Other consent was recorded within the patient electronic record.	

# Caring

# Rating: Good

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	12
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0
Positive comments referred to the staff, organisation, care and treatment. Patients said the practice was 'efficient', 'professional' and 'organised'. Staff were described as 'kind', 'caring' and 'helpful'. Mixed comments related to access to GPs. Patients stated that they could see a GP on the same day but had to wait to see a preferred GP.	

Source	Feedback
Patient interviews	We spoke with three patients who said they were 'delighted' and 'lucky' to be patients at the practice. Patients said the staff 'bent over backwards' and 'went the extra mile' to make sure they were given appointments and obtained their medicines.
Staff award	A member of the dispensary team had been presented with a parish award for services to the community. Patients and staff said the award was well deserved.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8714	231	134	57.9%	1.54%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	97.7%	92.6%	89.0%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	97.7%	92.3%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	96.9%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	94.6%	89.4%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
The practice manager had identified that there had been a reduction in patient feedback and identified in December 2018 that was due to questionnaires being mislaid. This was addressed immediately. There were six results for January 2019 which were all extremely likely to recommend the practice.	

## Involvement in decisions about care and treatment

## Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	98.8%	95.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	138 patients were registered as a carer (1.6%)
How the practice supported carers.	Once identified, carers were signposted to local support services and were given information where to access this. Carers could access health checks, flu immunisations and were signposted to social prescribing and community carer services.
How the practice supported recently bereaved patients.	The patients usual GP normally contacted the bereaved patient to offer further care and support. We spoke with one patient who said the care their relative at the end of their life was 'superb' and continued for the family after the death.

## Privacy and dignity

## The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

## The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

## Practice Opening Times

	Time		
Opening times:	Port Isaac	Bridge Medical Centre	St Kew
Monday	8.30am and 1pm and 2pm and 6pm at Port Isaac and Bridge		8.30am and 12.30
Tuesday	8.30am and 1pm and 2pm and 6pm at Port Isaac and Bridge		closed
Wednesday	8.30am and 1pm and 2pm and 6pm at Port Isaac and Bridge		8.30am and 12.30
Thursday	8.30am and 1pm and 2pm and 6pm at Port Isaac and Bridge		closed
Friday	8.30am and 1pm and 2pm and 6pm at Port Isaac and Bridge		8.30am and 12.30
Appointments available:	Monday 8.40am until 11.40 (or when last patient has been seen) at all three sites		

	and 3pm and 5pm at Port Isaac and Bridge
Tuesday	8.40am until 11.40 (or when last patient has been seen) and 3pm and 5pm at Port Isaac and Bridge
Wednesday	8.40am until 11.40 (or when last patient has been seen) at all three sites and 3pm and 5pm at Port Isaac and Bridge
Thursday	8.40am until 11.40 (or when last patient has been seen) and 3pm and 5pm at Port Isaac and Bridge
Friday	8.40am until 11.40 (or when last patient has been seen) at all three sites and 3pm and 5pm at Port Isaac and Bridge

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8714	231	134	57.9%	1.54%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.8%	96.2%	94.8%	No statistical variation

### Any additional evidence or comments

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### Older people

### Population group rating: Good

#### Findings

- All patients were supported in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients.
- Practice staff signposted elderly patients to relevant complimentary services and worked with 'The Betjeman Centre' in Wadebridge to support patients and were looking at providing social prescribing as part of our locality group. Practice staff referred patients to the 'Community Maker' who was developing a 'Directory of Services' for Social Prescribing in conjunction with Age Concern and the Betjeman Centre.

### People with long-term conditions

### Population group rating: Good

#### Findings

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Nurse appointments were available outside of school hours so they did not need to miss school.
- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was currently developing an enhanced service for patients, working with a network of local practices all using the same computer based appointment system. Patients could access evening and weekend GP appointments using the Out of Hours GP scheme.

## **People whose circumstances make them vulnerable**

**Population group rating: Good here**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## **People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

### **Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs

and those patients living with dementia.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

### People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	75.5%	77%	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	79.6%	78.1%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	77.1%	74.6%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	88.6%	82.7%	74.4%	No statistical variation

### Any additional evidence or comments

The practice had completed an analysis of the patient survey and identified two areas where scores were lower than local averages. They had identified:

- 76% find it easy to get through to this GP practice by phone – 2% below CCG average. In response, the practice changed the telephone system and monitored the usage. In addition, the leadership team discussed re-arranging the reception staff across the sites and had employed new staff to implement this. As a result patient complaints had stopped and a compliment about the system had been received.

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Records were kept to demonstrate the communication and correspondence sent regarding the complaint. Complaints were discussed as a standing agenda item at practice meetings and an analysis completed each year to monitor trends.	

### Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was seen by a GP and a referral made by the GP. The patient was unhappy that they had to chase the referral.	No harm came to the patient. The practice manager apologised to the patient and explained this should not have been required. The investigated highlighted human error. Staff were reminded of the correct process.
A temporary resident complained that they were unable to access an appointment at a specified time.	The practice manager spoke with the patient and explained the appointment system and explained they could not request specific times for an appointment. The protocol was reviewed and no changes were required. However, patient information posters displayed on the outside of the practice were moved to make them more visible for patients to read and understand how to access services out of hours.

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels and could demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges. The leadership team proactively planned for the future organisation of the practice and prioritised work patterns and systems to ensure patient safety was kept a priority. For example, an away day had recently been held which gave the team an opportunity to review the business continuity plan, discuss succession plans and discuss the six-month business plan.</p> <p>Leaders understood the challenges, had reported any concerns to external organisations and worked well with external stakeholders. For example, discussing provision of healthcare in Cornwall with NHS England, Kernow Community Interest Group and the local CCG.</p> <p>Patient feedback was welcomed and acted upon and a recent Facebook page had been launched to share information and seek feedback.</p> <p>Staff said the leadership team all had an open-door culture where staff could discuss anything of concern at any time regarding work, support needed either at work or at home. Staff said the new practice manager had resulted in positive changes and described their work style as 'a breath of fresh air'.</p> <p>Openness, honesty and transparency were demonstrated when responding to incidents and complaints and patients were supported to achieve a positive outcome wherever possible.</p> <p>There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. For example, nurses and the pharmacist had been supported to obtain prescribing qualifications.</p> <p>Staff said the GPs and leadership team were visible and approachable and added that communication was good. Staff were excited about the future and said they felt part of the team.</p>	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
The practice had a clear vision and credible strategy to deliver high quality, sustainable care. This was described within the strategic plan.	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Staff said the practice was an inclusive, supportive, good place to work. Staff said there was good morale and team working. We heard appropriate laughter throughout the day and staff said they were happy in the workplace. Staff added that there was support shown by all team members and all staff, including the leadership team were approachable.	

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

The new practice manager had reviewed governance process at the practice and addressed where they were not fully embedded or kept up to date. For example:

- Recruitment records were reviewed and new checklists introduced to demonstrate pre-employment checks had been completed.
- Policies at the practice had been reviewed and updated.
- A more formal structure of meetings had been introduced and minutes maintained of actions, discussions and learning completed.

We saw many fully embedded governance systems which were managed effectively. For example:

- Detailed checklists for emergency medicines and equipment.
- Infection control audits.
- Prescription pad security at all three sites.
- Dispensary Quality Scheme competence checks.
- Close monitoring of prescribing patterns and quality outcomes for patients.
- Monitoring of training programmes.

### Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes

Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

## Engagement with patients, the public, staff and external partners

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Staff said the practice was a good place to work and added that the GPs and management team had an open-door policy to be approachable. Staff said they could share feedback and make suggestions and added that the leadership team acted on this. For example: <ul style="list-style-type: none"> <li>• Staff had requested additional staff and recruitment commenced a week later.</li> <li>• Staff had requested new uniforms which were being introduced.</li> <li>• Staff had suggested workflow changes and changes to the appointment system which had been implemented.</li> </ul>	

## Feedback from Patient Participation Group.

Feedback
The practice manager had started reforming the PPG and had a face to face meeting planned in February.

Any additional evidence
The national patient survey was used to review the services. The practice had completed an analysis of the patient survey and identified areas where scores were lower than local averages. They had identified: <ul style="list-style-type: none"> <li>• 89% of respondents found the receptionists helpful which was higher than national average but 5% below the CCG average score. The leadership team had completed staff training via an interactive event. All staff, including clinical staff, attended and were informed of signposting, telephone answering and dealing with difficult patients. Staff found the training useful.</li> </ul>

## Continuous improvement and innovation

**There was little evidence of systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Staff said there was a culture of education and learning at the practice and we heard of staff accessing opportunities to develop and complete additional training. For example, the practice had supported three members of staff to achieve their non-medical prescribing qualifications and supported staff to obtain dispensary qualifications.</p> <p>The practice used many ways to improve the service provided. These included learning from significant events, complaints and feedback from patients, staff and external stakeholders and peers.</p>	

## Examples of innovation and improvement

The practice strategy was in line with health and social care priorities nationally and across the local area. The leadership team were aware of and involved in the future of general practice nationally and within Cornwall.

One of the GPs was a LMC (Local Medical Council) representative.

Two of the GPs were part of Kernow Health CiC (Community interest Group) a not for profit health organisation. This group worked together to bid for contracts which benefitted patients in Cornwall. For example, the childhood immunisation project. The group were also involved in organising the out of hours provision and help with recruitment in Cornwall.

One of the GPs was also chair of Kernow Health North limited locality group. This group worked with the CCG and other practices to access additional funding and worked at scale to provide services in the area which included a community visiting service, introduction of a 'leg club' and extended hours.

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.