

# The Penryn Surgery

## Inspection report

Saracen Way  
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection December 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Penryn Surgery, visiting all three locations including the dispensaries at Penryn Surgery, Mawnan Smith Surgery and Stithians Surgery on 4 and 5 December 2018. The inspection was a routine inspection as part of our inspection schedule.

At this inspection we found:

- The practice focussed on safety. The majority of systems were clear facilitating the management of risk across all three registered locations. The practice thoroughly investigated safety events and learned from them improving processes. However, there was a lack of consistency in the way complaints and significant events were documented, which could affect the governance of these processes by the practice.
- Audit was embedded, with the practice routinely reviewing the effectiveness and appropriateness of the care it provided. Care and treatment was always delivered according to evidence-based guidelines.
- All the feedback from 12 patients at the inspection was positive about staff treating them with compassion, kindness, dignity and respect.
- People's individual needs and preferences were central to the planning and delivery of flexible tailored services. For example, patients could attend any of the practice sites in Penryn, Mawnan Smith or Stithians for an appointment at a time to suit them.
- Patient feedback about the appointment system had been listened to. The practice had significantly increased patient access to appointments online facilitating easier access for working people.
- The practice continued to provide a daily on-site clinic at the local university to meet the needs of the students (25% of the practice population). Students were able

access to a GP without disrupting their academic studies. They liaised closely with student support services to provide additional mental health support and monitoring.

- There was a strong focus on continuous learning and improvement at all levels of the organisation. Proactive succession planning based on staff development and training of future GPs, doctors and practice nurses was evident at this training practice.
- The practice was an active research practice in the Southwest, supporting and recruiting patients for research studies to improve care and treatment outcomes for patients.

We saw two areas of outstanding practice:

The practice had responded to increasing numbers of patients presenting with gender dysphoria, for whom there were limited local and regional services available. An information pack had been developed for patients, including signposting to national support agencies, referral processes to the regional gender dysphoria clinic, transition and post-surgery health screening (female to male ongoing eligibility for breast and cervical screening).

The practice held an immunisation event, with children's entertainer, aimed at hard to reach families to increase immunisation uptake. The first event led to seven children being vaccinated. Children were given a bag with presents for being immunised, making it a positive experience for them. The practice planned further such events and intended to hold these at the weekend.

There were areas where the provider could make improvements and **should:**

Review the significant event (SEA) and complaints processes to ensure there is consistent documentation of risks, actions, change and embedding for safe governance.

Develop a consistent style of response to complaints providing both empathy and timeline information for patients.

Review the arrangements for storing and monitoring of blank prescription stationery at Stithians Surgery to ensure that best practice guidance is being followed and risks minimised.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC pharmacist inspector and a CQC assistant inspector.

## Background to The Penryn Surgery

The partnership of GPs registered as the Penryn Surgery runs three registered locations and a branch surgery at the university in Falmouth. The Penryn Surgery, incorporating all three locations was inspected over two days on 4 and 5 December 2018. The practice locations are:

- Penryn Surgery, Saracen Way, Penryn, Cornwall TR10 8HX
- Stithians Surgery, Crellow Lane, Stithians TR3 7BA
- Mawnan Smith Surgery, The Square, Mawnan Smith, Falmouth, TR11 5EP

The practice also has a consulting room at the nearby Penryn Campus that is open each day during the student term times.

The practice group provides primary medical services to 20268 patients of a diverse age group, with 25% being young adults many entering higher education at the local university for the first time. The practice population is in the fifth deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The practice area covers a mixed socio-economic demographic, and has a large care home and over 75 population, all with complex health needs. There is a practice age distribution of male and female patient's

equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 80 years and females to 84 years.

The partnership at the practice comprises of twelve GPs partners and a managing partner (five male and seven female). They are supported by a salaried GP (female) and a retainer GP (female). The retainer scheme helps support GPs who might otherwise leave general practice to stay practising, for example during periods of parenting. The team are supported by a practice manager, three advanced nurse practitioners, a trainee advanced nurse practitioner, eleven practice nurses, four healthcare assistants, a practice based pharmacist and pharmacy technician. There are administrative and reception staff.

Penryn Surgery is an approved training practice providing vocational placements for GPs registrars. Two GP partners are approved to provide vocational training for GPs, second and third year post qualification doctors. Teaching placements are provided for medical students. At the time of the inspection there was a GP registrar on placement at the practice.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice regularly.

The practice is open between 8am and 6:30pm Monday to Friday. Branch surgery opening times are listed on the practice website. Patients can choose to attend any one of the three practices for appointments and at a time to suit them. Extended hours opening is available across all sites providing early morning and late evening appointments. Extended hours surgeries are pre-bookable only and appointments made between one week and up to 48 hours before the surgery was held, via reception, during normal surgery hours. Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice is SAWY approved (Young people friendly service). Friendly, confidential and is available and run by

nurses at the practice. Emergency contraception, coils and implants, free condoms, contraceptive advice and any health or well-being advice is provided as needed. Appointments are available by request or after school or college. Urgent same day appointments and telephone advice are available. Young people are able to choose who they wish to consult with.

Flu clinics are held throughout the Autumn and Winter as advertised on the practice website and in waiting rooms at Penryn, Stithians and Mawnan Smith Surgeries.

The practice is registered to provide the following regulated activities: Diagnostic and screening, Surgical procedures, Family planning services, Maternity and midwifery services and Treatment of disease, disorder or injury

This report is specifically about the registered location at Penryn Surgery, Saracen Way, Penryn, Cornwall TR10 8HX.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We reviewed four files and the locum GP files and found the practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role. This included a structured induction and an induction pack should any locum staff work at the practice.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in

emergency procedures. Learning from a significant event resulted in the reception pathway being reviewed providing clear guidance about the deteriorating patient.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Assessment tools were seen to be displayed in all clinical areas and information in the waiting room was available for patients about early symptoms of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. Leaders monitored the safety culture and held a daily 'huddle' meeting with staff to handover information about patient safety, including updates from the out of hours service about vulnerable people.

## Information to deliver safe care and treatment

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

- The practice used a risk management system, which enabled patient records to be analysed to produce risk profiles to target audit activity, health screening and ongoing monitoring of patients. The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the storage and monitoring of prescription stationery was not in line with current guidance at Penryn Surgery.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

## Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, the practice recognised the number of SEAs for the size and

complexity of the practice was low. The lead GP had identified the SEA process needed to be reviewed and awareness raised across all staff groups to increase reporting, analysis and shared learning from such events.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. An audit was undertaken on receipt of a medicines safety alert in 2017 about the risks of sodium valproate (a medicine for epilepsy). This demonstrated the practice had identified all childbearing female patients who were prescribed sodium valproate, reviewed and altered the prescription where appropriate and advised them of the associated risks during pregnancy. The practice continued to monitor patients prescribed sodium valproate making changes where necessary. A recent equipment alert regarding blood testing strips had also been appropriately dealt with.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as good for all of the population groups and good for providing effective services overall.**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had near patient blood testing for any patients on anticoagulant medicines (warfarin). This enabled patients to receive the result and guidance about dosing before leaving the practice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had regular clinical reviews including a review of medicines. The practice had a monthly meeting to discuss all patients on the frailty register with the multidisciplinary team.
- The practice followed up on older patients discharged from hospital. They 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.

### People with long-term conditions:

- The practice's performance on quality indicators for long term conditions was in line with local and national averages with some being exceeded. Performance was above average for some quality indicators covering conditions such as diabetes.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP and clinical pharmacist worked with other health and care professionals to deliver a coordinated package of care.
- Practice nurses were responsible for reviews of patients with long term conditions had received specific training. The nurses held diploma qualifications covering the management of patients with diabetes and respiratory conditions such as asthma and chronic pulmonary disease.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Standardised templates were being implemented to assess patients to identify any risks, which prompted specific follow up actions.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%. All the three indicators were above this target ranging from 90-93% for under and over 2s immunisations.
- The practice held an immunisation event, with children's entertainer, aimed at hard to reach families to increase immunisation uptake. The first event led to seven children being vaccinated. Children were given a bag with presents for being immunised, making it a positive experience for them. The practice planned further such events and intended to hold these at the weekend.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Women's health and cervical screening clinics were run by practice nurses providing education, advice about contraception and general health.

## Are services effective?

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

- The practice's uptake for cervical screening was 74.5%, which was just below the 80% coverage target for the national screening programme. The practice uptake was in line with the local (74%) and above the national (72%) averages. Staff verified every contact with eligible women was used to encourage and support them to have cervical screening. The practice shared with us unpublished data for 2018/19 up to December 2018. This showed the practice was on target to achieve over 80% by the end of the year.
- The practice's uptake for breast and bowel cancer screening was slightly above the national average. GP endorsement of this screening had achieved a 78% patient uptake of bowel screening, which is above the national performance of 54.6%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Onsite immunisation clinics were held at the beginning of the academic year focusing on new students who had not been vaccinated.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 at least every five years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of vulnerable patients which was regularly reviewed for risk, need identification and support required. An elder care nurse carried out this role, doing home visits and telephone support with patients on this list.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 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 medication.
- 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. All patient or carer contacts from patients in crisis were treated as urgent and referred immediately to the GP.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages. Some patients were under secondary care services, being regularly reviewed by the mental health team. The practice had carried out a review of the patient medicines in liaison with the mental health team.

### 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- Data for 2017/18 demonstrated the practice was achieving comparable results compared with local and national practices. There were some areas where there was a statistically significant positive variation, for example, monitoring patients with diabetes.
- We looked at the exception reporting rates, for example for patients on the asthma and mental health registers which were higher than the locality and national averages. The practice demonstrated monthly QOF performance was closely monitored. There were mitigating factors such as 25% of the patient population being transitory young people attending the local university, which made follow up challenging due to failure of students registering with new practices when

## Are services effective?

they moved out of the area at the end of their course. Exception reporting (exclusion of a patient for review) was only done at the end of the financial year when all opportunities encouraging eligible patients to attend for a review of their long-term condition had been explored. Clinicians made the decision as to whether to exception report for two reasons, patient dissent or not appropriate due to clinical reasons. The practice used information about care and treatment to make improvements.

- The practice was actively driving quality improvement activity through partnerships and was an active research practice recruiting to national pilots to improve patient care and treatment outcomes.

### Effective staff

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. The practice management team had oversight of all mandatory and specific training via an online system and were able to demonstrate staff had updated or were due to later in the year.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The practice had a competency framework, which staff were familiar with setting out values and behaviours expected of them.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- 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.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised with, community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had responded to increasing numbers of patients presenting with gender dysphoria, for whom there were limited local and regional services available. The practice identified that some patients were turning to illicit and unsafe practices, for example females wishing to transition to male gender were obtaining testosterone online for self-treatment. An information

## Are services effective?

pack had been developed for patients, including signposting to national support agencies, referral processes to the regional gender dysphoria clinic, transition and post-surgery health screening (female to male ongoing eligibility for breast and cervical screening).

### **Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

## We rated the practice as good for caring.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line or above local and national averages for questions relating to kindness, respect and compassion. Some indicators were significantly positive.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them, with over 6% of patients including young carers known to be in this position.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. The percentage of respondents to the GP patient survey who answered positively about whether they had confidence in their GP was 97% which was in line with local and national averages.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

- The practice organised and delivered services to meet patients' needs.
- The practice understood the needs of its population and tailored services in response to those needs, for example: 25% of the patient population was young adults many entering higher education at the local university for the first time. A branch clinic run by a GP was held at Falmouth University every weekday during term time. After registration day for new students were able to access a nurse run immunisation service and travel vaccination prior to field trips in the Summer months. SMS text messages were sent on the day of the clinics to remind students to attend. Student patients were able to attend between 1-3 pm (booked list) or 3pm to 6pm drop in clinic. The practice reviewed demand for onsite services and found the drop-in clinic was the most successful due to significant uptake. In 2017, 60 patients attended for consultations.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Repeat prescriptions could be ordered on line and most were sent electronically to the patient choice of pharmacy.
- Patients who were eligible were able to use one of the three dispensaries located at Penryn, Mawnan Smith or Stithians Surgeries.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. An Elder Care Nurse supported patients in accessing services both within and outside the practice.
- Patients were able to access appointments for minor surgical procedures, including the removal of uncomplicated skin lesions.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Nurse Practitioners provided appointments for patients with minor illnesses, minor injuries and family planning.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP, clinical pharmacist and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to frailty or limited access to transport.
- Arrangements were in place with local pharmacies and practice dispensaries (for those eligible patients) to provide a delivery service of medicines prescribed for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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 under the age of 18 were offered a same day appointment when necessary.
- The practice had a well-established recall system with named staff monitoring the childhood immunisation register. On receipt of the hospital discharge letter the practice sent out congratulations and an appointment for the baby and parent/s to see the GP and practice nurses. Staff told us they saw this as an important opportunity to engage with parents to explain childhood health, support available and services at the practice.

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

## Are services responsive to people's needs?

- 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. For example, extended opening hours.
- Patients were able to book same day appointments on line from 8am every weekday as well as advance routine appointments up to six weeks ahead.

People whose circumstances make them vulnerable:

- Systems were in place for early identification and support of suspected victims of abuse.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patient records included details about specific needs such as accessible information requirements.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was proactive in early identification of student patients and provided appropriate support for those who could be at risk to prevent suicide.
- Patients in mental health crisis were dealt with as a medical emergency and flagged as urgent to their named or duty GP.
- Named clinical staff were linked to care homes, carrying out regular visits each week to do medicines and frailty reviews.
- The practice sign posted patients to the local depression and anxiety service.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with or above local and national averages for questions relating to access to care and treatment. Patients' views were taken account of when these results and those of practice led surveys were carried out. Improvements had been made increasing access to same day appointments for example.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, complaints reviewed lacked consistency in the way patient responses were presented and this was discussed as an area for improvement. The practice had learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them in line with the practice business strategy. For example, in recognition of national and local challenges recruiting GPs the practice had a low turnover focussed on skill mix and diversified roles. The productive general practice programme was being used to review work streams to improve outcomes for patients. There was a whole team approach to reviewing and implementation of changes.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values based on quality patient care based on: respecting others, working as a team, embracing change, being an effective business, having effective leadership and patient focussed. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The partnership promoted succession within the sector through its development and training placements. As a training and teaching practice GP registrars, ST 2 & 3 doctors, and medical students were well supported at the practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy and had an annual away day to plan ahead each year.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and promoted evidence based care.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values in the practice competency framework.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities in respect of safeguarding, prescribing and dispensary management, quality improvement, safeguarding and infection prevention and control.

# Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient and staff safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group which met regularly and a virtual patient group providing feedback. Early consultations and involvement in future plans to improve facilities were taking place.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice was research active, one of only 12 in the South West involved in recruiting patients for NHS and commercial research to improve outcomes for patients.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, working in collaboration with local practices to co-ordinate and utilise the patient record system more effectively.

**Please refer to the evidence tables for further information.**