

# Care Quality Commission

## Inspection Evidence Table

### Mullion Health Centre (1-582112650)

Inspection date: 23 April 2018

Date of data download: 18 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead members of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

All staff received a Health & Safety booklet on staff appointment as well as an employment handbook.

Locum staff were checked for inclusion on the national 'Performers List'.

GPs were indemnified with either Medical Defence Union (MDU) or the Medical Protection Society (MPS). The Practice also provides professional indemnity for practice nurses/health care assistants with MPS.

Health assessments were completed for staff and a register was provided to demonstrate the staff vaccination programme.

<b>Safety Records</b>	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 01.10.17 (Mullion) 07.02.18 (Constantine) 30.06.18 (Lizard) 30.06.18 (Ruan Minor)	Yes
There was a record of equipment calibration Date of last calibration: 05.07.17	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment -25.07.16	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: November 2017	Yes
Health and safety risk assessment and actions Date of last assessment: 26.10.17	Yes
<b>Infection control</b> <b>Infection control audit dates:</b> 10.04.18 (Mullion) 11.04.18 (Constantine) 10.04.18 (Ruan Minor) 10.04.18 (Lizard)	Yes

The provider acted on any issues identified For example, actions included removal of toys which were not easily cleanable and replacement of flooring within clinical areas.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### Any additional evidence

All clinical waste and sharps bins collections were provided by an NHS contract. Clinical waste and sharps boxes were all identifiable and secured securely prior to a weekly collection.

All specimens were stored in a “samples only fridge “prior to a daily collection by NHS courier.

### Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of ‘red flag’ sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

### Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had 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

## Safe and appropriate use of medicines

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).(01/07/2016 to 30/06/2017)(NHSBSA)	1.15	0.98	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	13.7%	9.8%	8.9%	Comparable to other practices

Medicine Management	
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
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management 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 audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases (including liquid nitrogen)	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

<b>Dispensing practices only</b>	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	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
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes

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

<b>Significant events</b>	
There was a system for recording and acting on significant events	Yes
Staff understood how to 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.	28
Number of events that required action	24

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

<b>Event</b>	<b>Specific action taken</b>
Administrative error when a patient's medical notes from a previous surgery were sent to a third party (solicitor)	<ol style="list-style-type: none"> <li>1. Affected patient was advised of error and given an apology</li> <li>2. Solicitor contacted and asked to destroy sent records</li> <li>3. Patient advised they could view records sent in error</li> </ol>
Delay in treatment for malignant tumour of prostate- Failure of communication between Oncology	<ol style="list-style-type: none"> <li>1. Reminder the GP to be informed if patient contacted but does not respond to recall (task message).</li> <li>2. Staff reminded of recalls process</li> </ol>

and Practice regarding injections.	
A patient with a suspected deep vein thrombosis was not given blood thinning medicine	<ol style="list-style-type: none"> <li>1. GP involved informed.</li> <li>2. All GPs reminded that if a thrombosis (blood clot) is suspected to always give blood thinning medicines and/or discuss urgent scanning if bleeding is suspected.</li> </ol>

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Safety alerts were distributed both in hard copy and electronically to relevant staff members to action. All safety alerts were saved onto the practice computer system, which were accessible by all staff.</p>	

## Effective

### Effective needs assessment, care and treatment

Prescribing				
Indicator	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). <b>(01/07/2016 to 30/06/2017)</b> (NHSBSA)	1.14	0.99	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	85.1%	82.4%	79.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.2% (77)	19.5%	12.4%	

Indicator	Practice performance	CCG average	England average	England comparison
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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	83.8%	81.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (22)	11.9%	9.3%	
Indicator	Practice performance	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	81.8%	82.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (30)	14.8%	13.3%	

Other long term conditions				
Indicator	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. <b>(01/04/2016 to 31/03/2017)</b> (QoF)	79.2%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.0% (77)	12.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	93.3%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.7% (35)	13.7%	11.4%	
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 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	87.0%	84.5%	83.4%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	2.0% (30)	5.2%	4.0%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.3%	88.3%	88.4%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	5.9% (13)	7.6%	8.2%	

<b>Child Immunisation</b>				
<b>Indicator</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Practice %</b>	<b>Comparison to WHO target</b>
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	38	43	88.4%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	57	62	91.9%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	59	62	95.2%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	58	62	93.5%	Met 90% Minimum (no variation)

## Cancer Indicators



Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	75.0%	75.0%	80%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.1%	76.5%	70.3%	Variation (positive)
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.9%	60.6%	54.6%	Variation (positive)
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. (PHE)	51.3%	64.0%	71.2%	N/A

Mental Health Indicators				
Indicator	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	90.0%	93.8%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.9% (7)	15.9%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.2%	92.9%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (6)	13.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	91.6%	84.5%	83.7%	Variation (positive)

<b>(01/04/2016 to 31/03/2017) (QOF)</b>				
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	10.8% (10)	7.0%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	551	539
Overall QOF exception reporting	6.3%	6.7%	5.7%

### Effective staffing

Question	Y/N
The registered person provided assurances that 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 provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, 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

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017) (QOF)</b>	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or	97.4%	94.8%	95.3%	Comparable to other practices

mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (25)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	42.3%	51.4%	51.6%	Comparable to other practices

<b>Any additional evidence</b>
Monthly multi-disciplinary team (MDT) meetings were facilitated to discuss patients receiving palliative care or those with complex long term conditions, patients at risk, or any patient that a MDT member had concerns for.

## Caring

### Kindness, respect and compassion

<b>CQC comments cards</b>	
Total comments cards received	30
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

<b>Source</b>	<b>Feedback</b>
For example, Comments cards, NHS Choices, national patient survey and friends and family test results	<p>There were no comments on the NHS choices website.</p> <p>The national patient survey results from July 2017 were strongly positive. For example, in all 23 questions the practice scored higher than the CCG and national averages for patient satisfaction.</p> <p>Results from the friends and family test results from December 2015 showed a consistently high satisfaction rate. For example, of the 104 results received since 2015, 94 said they would be extremely likely to recommend the practice, eight said they would be likely, one did not know and one extremely unlikely.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,972	221	1.6%	127	57.47%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	97.2%	86.6%	78.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.7%	92.3%	88.8%	Variation (positive)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	100.0%	97.4%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.8%	90.5%	85.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.7%	93.4%	91.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.7%	93.8%	90.7%	Variation (positive)

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
April 2016	The practice had completed an Improving Practice Questionnaire which gave an overall patient satisfaction rate of 93%. For all 28 questions the practice score was higher than the national mean score.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with 11 patients  30 comment cards	All comments received were consistently positive about the staff group, access, care and treatment received. There were no negative comments received.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.9%	90.9%	86.4%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.5%	87.8%	82.0%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.8%	92.7%	89.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.9%	89.8%	85.4%	Significant Variation (positive)

Interpretation services were available for patients who did not have English as a first language. Yes  
(Language Line telephone service was available)

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	326 (4%) carers were registered as 'carers' on the practice clinical system.
How the practice supports carers	Both the Mullion Health Centre and the Constantine Surgery had 'Carers Groups' which were supported by the practice. These provided both social support and assistance with advice for grants and equipment.
How the practice supports recently bereaved patients	All immediate relatives for bereaved patients received a home visit or active follow up by the last GP the patient saw.

## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Confidentiality was provided by moving sensitive conversations to a more private area of the reception. Patients were requested to stand back from the desk whilst other patient conversations took place.

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

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-13:00
Monday	14:00-18:00
Tuesday	08:30-13:00

<b>Tuesday</b>	<b>14:00-18:00</b>
<b>Wednesday</b>	<b>08:30-13:00</b>
<b>Wednesday</b>	<b>14:00-18:00</b>
<b>Thursday</b>	<b>08:30-13:00</b>
<b>Thursday</b>	<b>14:00-18:00</b>
<b>Friday</b>	<b>08:30-13:00</b>
<b>Friday</b>	<b>14:00-18:00</b>

Appointments available
Extended hours opening were offered two evenings per week between 6.30pm and 8.20pm at the Mullion and Constantine branch surgeries.

<b>Home visits</b>	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
These were booked by receptionists and triaged by the duty GP.	

## Timely access to the service

### National GP Survey results

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	83.3%	84.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	96.6%	79.3%	70.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	90.2%	82.1%	75.5%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	93.4%	81.9%	72.7%	Variation (positive)

Examples of feedback received from patients:

Source	Feedback
<ul style="list-style-type: none"> <li>• Interviews with 11 patients</li> <li>• 30 comment cards</li> <li>• Results from National patient survey</li> <li>• Results from the friends and family test and results from the IPQ (Independent patient questionnaire)</li> </ul>	All feedback from patients was strongly positive in regard of patient access. There were no negative remarks received.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice maintained a register of complaints to monitor any actions and trends. No trends had been highlighted. All actions had been managed and shared in a timely way, demonstrating duty of candour.	

## Well-led

### Leadership capacity and capability

#### Vision and strategy

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



## Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews (10) 19 Staff questionnaires	All feedback from staff was positive. They said they felt supported within their roles, had access to educational and professional development and received pastoral care and support. Staff said it was a good place to work.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff suggestion at a practice Meeting	Changes to the way blood test results were managed changed to ensure GPs were not spending time chasing patients on the telephone. Normal test results were given to patients by reception staff who had received training and guidance and with prior agreement from patients. Abnormal results were actioned by the GP.
Staff feedback at practice meeting	The availability and flexibility of appointments for temporary residents was discussed and adapted to ensure clinicians had additional time during the holiday seasons.
Staff feedback	The location of flu clinics was discussed. Staff expressed concerns that due to the geographical location of the practice and branches flu clinics within village halls meant access to additional emergency equipment was restricted. As a result all clinics were held within the practice and branches where emergency equipment and additional staff were located.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Patient feedback	Suitable wheel chair access in waiting room at Mullion health centre was requested. Two chairs were removed to allow wheelchairs and pushchairs to be manoeuvred safely.
Patient feedback	A request to make the rails at Constantine surgery more visible was requested by a patient. The rails were painted yellow to assist patients with visual issues.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Practice Meeting discussion	Concerns were raised regarding the safe management of violent or aggressive patients and safety of staff. New policies were introduced and promoted to all relevant staff.
Maternity Risk Assessment	Concern was identified and addressed regarding pregnant staff and exposure to patients with blood borne viruses. A change in process was introduced to ensure patients received the care required but ensured pregnant staff were protected.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Observation and	An event had occurred in the personal life of one of the team. We were told of

discussion with staff	examples where patients and staff provided practical and emotional support to the member of staff.
-----------------------	--

#### Examples of actions to improve quality in past 2 years

Area	Impact
High risk medicines in pregnancy	The GPs were aware of the risk of prescribing certain epilepsy medicines for women of childbearing years. An audit was performed and IT systems adapted to ensure any patients were not prescribed this medicine without understanding the risk.
Antibiotic prescribing	The GPs were aware of the higher than local antibiotic prescribing rates. A reminder of current guidance was shared with the GPs and rates had subsequently reduced by 3% and continued to reduce.

#### Examples of service developments implemented in past 2 years

Development area	Impact
Joint Injections service for South Kerrier patients	Patients received a joint injection service. There had been improved access in the locality for patients who may not be able to receive a joint injection at their own practice. This had reduced the number of referrals to secondary care or the need for further treatment.
Locality Leg Club	The practice had supported and referred patients to a 'Leg Club' for treatment and monitoring of at risk patients prone to ulceration. This was held at Helston Community Hospital. This included patient transportation.
Helston Community Hospital	Promoting patient care at the 'Primary Care Hub' with provision for more integrated services. Including a care coordinator role supporting patients with their health care needs. For example, the development of a service for Chronic Obstructive Pulmonary Disease.
Practice WIFI had been introduced	Patient access improvement through online services

#### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
--	-----

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

##### Examples of methods of engagement

	Method	Impact
Patients	<ul style="list-style-type: none"> <li>• Website</li> <li>• Regular newsletters</li> <li>• Patient information screen</li> <li>• Patient Participation Group</li> </ul>	Improved interactions regarding service provision with patients.
Public	Website	Improved communication with the public
Staff	Monthly staff newsletter Open door approach Structured formal practice meetings,	Improved communication across the team.

	team meetings and clinical meetings	
--	-------------------------------------	--

### Feedback from Patient Participation Group;

#### Feedback

There was an established patient participation group which met three to four times a year. The meetings were chaired by the practice manager. The group was consulted about the management of the practice and had implemented ideas including the transport at the practice, feedback about appointments and had been consulted about changes in services provided.

### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Mullion Health Voluntary Car Service	The PPG, Friends group and patients had been consulted about this service and ran it with support from the practice staff. Staff advertised how to become a volunteer and had facilitated DBS checks and a telephone system. This had resulted in improved access for patients to travelling to hospital and the practice and branch surgeries.
Friends Of Constantine Surgery	The group were hosted and supported by the practice and patients benefitted from the purchase of equipment and services.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice staff held virtual lipid (blood fats) clinics avoiding need for appointments at hospital.	Improving patient care in a timely way to high risk patients, decreasing waiting times providing better access for appointment availability for face to face consultation when required.
The practice staff held virtual diabetes clinics with diabetic specialist nurses from the Royal Cornwall Hospital.	Improving patient care in a more timely fashion to high risk patients, decreasing waiting times providing better access for appointment availability for face to face consultation when required.

#### 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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)

- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>