

Care Quality Commission

Inspection Evidence Table

Fowey River Practice (1-547827307)

Inspection date: 25 and 26 July 2018

Date of data download: 20 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
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
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
<p>Explanation of any answers:</p> <p>We sampled four staff files and found appropriate checks had been undertaken prior to employment. We saw current medical indemnity insurance was in place for all clinical staff, including locum GPs used at the practice to cover absence.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: April 2018</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration: April 2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment</p> <p>Date of completion October 2017</p>	Yes
<p>Actions were identified and completed.</p> <p>A door at the bottom of the stairs had been adapted to ensure it closed securely.</p>	
<p>Additional observations:</p> <p>We saw all of the fire exits were clear. The fire procedure was displayed in strategic places and signage throughout the building directed staff and patients to the nearest exits.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: October 2017</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: October 2017</p>	Yes
<p>Additional comments:</p> <p>Since the last inspection, the practice had extended the premises creating a loft conversion with a suite of administrative offices on the first floor. This had enabled the practice to utilise ground floor space for clinical consultation rooms providing more accessible access for patients with limited mobility.</p> <p>We looked at the health and safety risk assessment and saw actions were completed. This included the assessment of IT equipment and replacement of chairs and monitors</p> <p>The practice held a contract with a health and safety consultancy firm and paid into a health and welfare scheme for staff. The scheme provided staff access to services and financial support for</p>	

dentistry, acupuncture, physiotherapy, ophthalmic check and spectacles, private hospital diagnostic and treatment services.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 9 April 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw locks were fitted to the designated area for sharps bins and a clinical waste storage area as highlighted in the audit action plan. Procedures were in place outlining the cleaning of equipment such as nebuliser machines (used to deliver medicines to patients via a face mask) to promote patient safety.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>The practice had a waste consignment contract which was valid. Clinical specimens awaiting collection were stored in a specimen refrigerator.</p>	

Any additional evidence
<p>A nurse lead had responsibility for management of infection control systems, regularly carrying out audits throughout the year. These included a monthly environmental audit in conjunction with the contractor and sharps, waste and hand hygiene audits. Minor surgery infection rates for patients were closely monitored, found to be low and reported upon as a standing item at meetings with GPs.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Fifteen staff completed a Care Quality Commission questionnaire. All staff identifying themselves as being in a non-clinical role verified they had received training about recognising symptoms linked to sepsis. All staff followed nationally recognised guidance with a traffic light system showing when to escalate symptom concerns to a GP or emergency services.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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
<p>Explanation of any answers:</p> <p>We sampled five patient records. The practice had monitored the quality and completeness of clinical documentation through audit.</p> <p>Clear systems were seen with named staff monitoring the workflow to ensure tasks were completed. A spreadsheet of referrals demonstrated letters were typed within 48 hours and sent electronically to secondary healthcare services. Staff told us GPs and practice nurses communicated when a referral letter needed to be prioritised as urgent. We observed a member of staff being asked to complete a referral, which was completed and sent electronically within an hour.</p>	

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	1.23	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)	11.9%	9.8%	8.9%	Comparable to other practices

Any additional evidence

Since the last inspection, the practice advanced nurse practitioner provided leadership around antibiotic stewardship. The practice had carried out prescribing audits to identify whether antibiotic prescribing was in line with national guidance when treating infections. Antibiotic prescribing had reduced in 2017/18 as a result of this.

Medicines Management	Y/N
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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	Yes
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 General Medical Council guidance.	NA
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.	Yes
There was medical oxygen on site at Fowey River Practice and the two branch surgeries at Polruan and Par.	Yes
The practice had a defibrillator at Fowey River Practice and the two branch surgeries at Polruan and Par.	Yes
Both were checked regularly and this was recorded.	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
<p>Explanation of any answers:</p> <p>The practice had a dispensary at the branch surgery in Polruan, which was inspected on 25 July 2018. Appropriate procedures were in place for the secure storage, recording and monitoring of controlled drugs.</p> <p>Medicines requiring refrigeration were stored appropriately at all three sites. Records demonstrated adherence to cold chain, with twice daily checks being completed. Staff responsible for checking the equipment described the process. All staff understood the safe temperature range which medicines needed to be stored at and understood when to escalate any concerns to their line manager.</p>	

Dispensing practices only	Y/N
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
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
<p>Explanation of any answers</p> <p>The dispensary was situated at the branch surgery in Polruan. Only patients living 1.5 miles from the nearest pharmacy were able to use this service. The dispensary at Polruan did not have the facilities to provide monitored dosage systems or a home delivery service. Any patients requiring these services were risk assessed by their GP and received their prescribed medicines via a private pharmacy in Fowey.</p> <p>Dispensing staff explained patient records highlighted disabled patients requiring reasonable adjustments and the IT system had inbuilt settings to choose alternative information methods using large print and braille for medicine labelling.</p> <p>Any other comments on dispensary services:</p> <p>The chair and deputy chairperson of the patient participation group (PPG) told us they were receiving comments from patients living in Polruan and surrounding areas who were worried about a review of dispensing services there. The PPG representatives explained that the practice was supportive and enabling them to be involved in discussions with NHS England about the review and potential impact on patients living in an isolated rural/coastal area.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
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.	22
Number of events that required action	22

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

Event	Specific action taken
Patient continued to be prescribed an opioid medication (used for moderate to severe pain) after being advised by a secondary care team to reduce or discontinue with this medicine.	The practice carried out reviews and audited patients on this medicine. Standard operating procedures for dealing with referral letters and recommendations around prescribing were reviewed in line with national guidance.
Delivery of vaccines was not refrigerated in a timely way which could have affected the viability of the vaccine for patients receiving it.	The practice contacted the manufacturer and followed guidance given which was to destroy and replace the vaccines. A new system was implemented with all deliveries being assumed to need refrigeration. Any vaccines for branch surgeries were transported in a suitable container that maintained the cold chain.
A patient with a history of prostate cancer had not had a recent blood test as part of their ongoing screening	The practice picked this up through routine checks and carried out blood tests to screen the patient. A system was set up using an IT programme to run weekly checks of patients looking for any health history or indicators that required follow up. The results were reviewed every week by the clinical team and actions agreed.

Safety Alerts	Y/N
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>There was an effective system in place managed by the practice manager and a lead GP. The GP viewed all alerts and it was clearly recorded whether action was required or not. If action was required this was assigned to an appropriate member of staff and recorded when the action had been completed. The alerts were regularly audited to ensure that action had been taken where required. All the alerts were stored in a file which was accessible by staff should they need to refer to them.</p> <p>A safety alert highlighted potential risks to women of childbearing age prescribed sodium valproate (medicine used to treat epilepsy). The practice identified all childbearing female patients who were prescribed sodium valproate and reviewed them. GPs advised the patients of the associated risks during pregnancy and made changes to their treatment where necessary.</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). (01/07/2016 to 30/06/2017) (NHSBSA)	0.88	0.99	0.90	Comparable to other practices

People with long-term conditions

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 (01/04/2016 to 31/03/2017) (QOF)	67.8%	82.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (13)	19.7%	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 (01/04/2016 to 31/03/2017) (QOF)	74.4%	81.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (21)	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 (01/04/2016 to 31/03/2017) (QOF)	94.2%	82.3%	80.1%	Significant Variation (positive)

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	19.3%	(78)	14.9%	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. (01/04/2016 to 31/03/2017) (QOF)	71.4%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (1)	12.3%	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 (01/04/2016 to 31/03/2017) (QOF)	94.0%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (1)	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 (01/04/2016 to 31/03/2017) (QOF)	90.2%	84.5%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (76)	5.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
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. (01/04/2016 to 31/03/2017) (QOF)	89.4%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (10)	7.6%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	69	74	93.2%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	81	86	94.2%	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) (01/04/2016 to 31/03/2017) (NHS England)	81	86	94.2%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	82	86	95.3%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments The practice had a well-established recall system with named staff monitoring the childhood immunisation register. Staff told us they used all opportunities to engage with parents to explain childhood health, support available and services at the practice.				

Working age people (including those recently retired and students)

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 (01/04/2016 to 31/03/2017) (Public Health England)	73.8%	75.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.8%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last	61.5%	60.7%	54.5%	N/A

30 months (2.5 year coverage, %)(PHE)				
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)	59.5%	63.7%	71.2%	N/A
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)	53.7%	51.4%	51.6%	Comparable to other practices
<p>The practice used every opportunity to engage women in the cervical screening programme. Information was on the practice website and screens in waiting rooms.</p> <p>Staff told us all patients with a cancer diagnosis were offered an open appointment with a practice nurse to ensure they were receiving the support they needed.</p>				

People experiencing poor mental health (including people with dementia)

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 (01/04/2016 to 31/03/2017) (QOF)	97.4%	93.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	16.0%	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 (01/04/2016 to 31/03/2017) (QOF)	92.3%	92.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	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 (01/04/2016 to 31/03/2017) (QOF)	100.0%	84.5%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (4)	7.0%	6.8%	
Any additional evidence or comments				
The practice continued to provide a holistic approach to assessing, planning and delivering care and treatment of patients with dementia. Outcome data consistently showed significant positive performance in the percentage of patients with dementia being reviewed and low exception report ratings for three years from 2014. Unpublished data also demonstrated the same level of performance. As highlighted in the last inspection report in 2015, GPs at the practice had been recognised for leading research on advanced care planning for people with advanced dementia. The practice continued to provide leadership and shared learning across the locality.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533	551	539
Overall QOF exception reporting	4.0%	6.8%	5.7%
Any additional evidence or comments Minutes of practice meetings demonstrated quality outcome framework (QOF) performance was closely monitored. A GP partner was the quality lead and responsible with the practice manager and advanced nurse practitioner partner for determining when action was required to address any issues arising. Staff told us this approach enabled the practice to proactively manage all patient registers so they were appropriately recalled and followed up.			

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 (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.3%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (7)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff were able to explain the consent process for all invasive procedures such as ear irrigation, cervical screening, blood taking and minor surgery. They showed us templates on the patient record system, which included a checklist for when an Independent Mental Capacity Advocate (IMCA) was involved in making a best interest decision for a patient.

Any additional evidence

Staff interviewed told us the practice had a strong learning culture where they were encouraged develop skills and offer ideas or innovations to improve the service. A health care assistant had been supported develop their skills enabling them to do interventions such as B12 injections. Practice nurses specialised in management of patients with diabetes and respiratory conditions having completed advanced qualifications in these areas.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	28
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:

Source	Feedback
Care Quality Commission comments cards	We received 28 responses from patients during the inspection. All of these were strongly positive highlighting staff who were said to 'go the extra mile', attentive and caring. Some patients made specific comments about being in a partnership with their GP and/or nurses who cared for them and expressed high levels of satisfaction and confidence.
NHS choices	The practice had achieved five stars from four ratings. Data showed 84.1% of patients would recommend the practice.
Patient representative group	We met two patients from the PPG who said patients told them staff were always caring, attentive and very kind.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,866	221	128	57.92%	1.6%

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 (01/01/2017 to 31/03/2017)	84.1%	86.6%	78.9%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	87.2%	92.3%	88.8%	Comparable to other practices
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?" (01/01/2017 to 31/03/2017)	94.0%	97.4%	95.5%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	81.8%	90.5%	85.5%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	92.1%	93.4%	91.4%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	94.4%	93.8%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
Ongoing	<p>The practice had a patient participation group (PPG). The group met regularly and a virtual group to obtain ongoing feedback from patients including their views on proposed developments and suggestions to improve the practice.</p> <p>Patient representatives networked with parish leaders in the development of the neighbourhood plans. As part of this networking, residents in the Tywardreath and Par parishes had been surveyed and were involved in promoting the countywide initiative 'A dose of nature' to improve their health and well-being.</p> <p>The PPG had led a campaign to raise awareness and increase patient numbers for online prescription requests and text prompts, virtual PPG membership and their views about flu clinic experience.</p>

Any additional evidence
Two patients who were members of the patient participation group (PPG) told us the practice worked with them to improve services for patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients described a high level of engagement with the GPs and nursing staff about their care and treatment.

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 (01/01/2017 to 31/03/2017)	84.5%	90.9%	86.4%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	83.8%	87.8%	82.0%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	94.4%	92.7%	89.9%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	91.6%	89.8%	85.4%	Comparable to other practices

Question	Y/N
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 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	The practice had identified 111 of the patients as carers representing 1.4% of the total patient population.
How the practice supports carers	<p>Staff told us they were mindful during consultations to check whether a patient had become a carer and to record it in the patient notes. When carers were identified, they were given information about support available in Kernow. Staff informed them of how to request assessments for support and having their own health and wellbeing checks.</p> <p>The practice provided holistic care for patients who were at the end of their life and provided a high level of support for carers. GPs told us they had provided extended services for 15 years for any families caring for relative at the end of their life. GPs gave their private contact details to families providing both telephone support and visits when needed. Data provided by the practice showed four patients and their carers had received access to twice daily home visits seven days a week during 2017/18. Previous years data showed six to 10 patients a year and their carers had received this level of support.</p>
How the practice supports recently bereaved patients	<p>Being a small practice, GPs and nurses had in-depth knowledge of their patients and family needs. Support for bereaved patients was tailored to their needs, which could include a home visit, telephone contact and/or regular monitoring by the team.</p> <p>Bereavement cards were sent out routinely and GPs contacted the bereaved family for a telephone call and/or visited them.</p>

Privacy and dignity

Question	Y/N
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	The practice used consultation rooms when patients wished to discuss confidential matters with them. We saw reception staff at Fowey River Practice and the two branch surgeries were discreet and demonstrated care about the content of discussions with patients at the reception desk.

Question	Y/N
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

Examples of specific feedback received:

Source	Feedback
CQC Comment cards	Patients verified in 28 comment cards they were treated with dignity and respect.
NHS Choices	The practice had received a five star rating (one being lowest and five highest) from four patient reviews. Patient comments highlighted the practice staff were friendly and caring.
Patient participation group (PPG)	Two PPG members gave positive feedback about their relationship as patients with all the staff. They described feeling empowered, in partnership and being encouraged to be an expert patient. Privacy and dignity was said to be well promoted from feedback they had received from patients.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday: Fowey River Practice Par Surgery Polruan Surgery	8.30 am to 6.30 pm 8.30 am to 1 pm and 2 pm to 6.30 pm 8.30 am to 12 pm
Tuesday: Fowey River Practice Par Surgery Polruan Surgery	8.30 am to 6.30 pm 8.30 am to 1 pm and 2 pm to 6.30 pm 8.30 am to 12 pm
Wednesday: Fowey River Practice Par Surgery Polruan Surgery	8.30 am to 6.30 pm 8.30 am to 1 pm and 2 pm to 6.30 pm 8.30 am to 12 pm
Thursday: Fowey River Practice Par Surgery Polruan Surgery	8.30 am to 6.30 pm 8.30 am to 1 pm and 2 pm to 6.30 pm 8.30 am to 12 pm
Friday: Fowey River Practice Par Surgery Polruan Surgery	8.30 am to 6.30 pm 8.30 am to 1 pm and 2 pm to 6.30 pm 8.30 am to 12 pm

Appointments available	
	Routine and Urgent (same day) GP
	Routine practice nurse
	HCA
	Advanced nurse practitioner – minor injuries/illness
Extended hours opening	
	Working patients were able to access a range of surgeries taking place early in the mornings (before 08:30), in the evenings or on a Saturday morning. The times, days and location varied from week to

	<p>week to accommodate patient needs.</p> <p>The extended hours surgeries were pre-bookable only and appointments made between one week and 48 hours before the surgery was held, via reception, during normal surgery hours.</p>
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Home visits	Y/N
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	
<p>The practice had a duty GP system. This GPs role included telephone triage of all patients requesting a same day appointment or home visit. Reception staff had received training to equip them with skills to signpost and identify risks that would necessitate an urgent response from the duty GP. All staff had access to decision pathways highlighting when to escalate concerns immediately to the duty GP, such as an ongoing temperature or an un-well baby. Home visits were carried out between 12 midday and 2pm unless a patient needed urgent assessment.</p> <p>A holistic approach was taken with any patients at the end of their life, whereby home visits were carried out twice a day seven days per week.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,866	221	128	57.92%	1.6%

Indicator	Practice	CCG average	England average	England comparison
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)	80.7%	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)	85.8%	79.3%	70.9%	Comparable to other practices
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)	76.9%	82.1%	75.5%	Comparable to other practices
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)	84.1%	81.9%	72.7%	Comparable to other practices

Any additional evidence or comments

Two patient representatives from the PPG told us the practice had been listened to patient feedback about access to appointments for working patients. This had been improved with appointments being made available from 7am until 8pm on a patient by patient basis.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Three patient reviews awarded the practice five stars, referring to good access.
CQC comment cards	28 patients completed comment cards, all of which were positive about access to services and appointments.

Patient Participation Group	Two PPG members told us patients were able to obtain a routine appointment within a few days of requesting one. Recent health navigation training for reception staff was described as a positive step and had enabled staff to be effective in signposting patients to the right services and support. Patients were able to see the advanced nurse practitioner/partner for treatment of any minor illness/injuries. Other recent developments at the practice had been the promotion of online services. Patients said the practice still recognised the need to continue more traditional access methods via the telephone lines as there was a high percentage of older people registered who did not use the internet or computers.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Staff and patients told us the practice welcomed all forms of feedback and held records of this, including verbal feedback. The practice had a summary which linked to all the correspondence and records of every complaint providing a clear audit trail of the handling of each one.	

Example of how quality has improved in response to complaints
Some complaints led to a significant event investigation taking place to identify any learning for the practice. An example seen had led to all patients diagnosed with cancer being reviewed at educational meetings to share learning and increased early diagnosis and treatment.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The practice responded proactively to challenges encountered since the last inspection in 2015. Examples included: The successful management of a significant increase (25%) of patients registered within a four month window in 2017. The partnership recognised this had been a difficult and challenging time for all staff and had rewarded staff with regular social events. All of the staff interviewed at the inspection told us they were proud, felt valued and enjoyed working at the practice. Records demonstrated there was a very low turnover of staff.

Continuing nationally recognised pressures such as increased patient demand was managed effectively through the productive general practice programme. All of the staff were involved in reviewing and making improvements to work streams with positive impacts for patients. Patient representatives told us patients registered were experiencing quick access to appointments, counter to national trends seen in other areas of country with waiting times of three weeks or more for routine appointments.

Vision and strategy

Practice Vision and values

Information on the practice website, new patient pack and leaflets stated the GP partnership was passionate about traditional family medicine and evidence based care. The vision of the practice was to provide quality care to enable patients to stay healthy by providing access to a wide range of healthcare services. Fowey River practice continued to be research active through its involvement in national research programmes to improve patient outcomes.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff told us they were encouraged to develop their skills through training. They told us they were supported to be competent and safe practitioners.

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

Source	Feedback
CQC staff questionnaires	We received feedback forms from staff, all of which were positive with staff proud to work at Fowey River Practice. The majority of these comments highlighted a strong patient focus as the priority for all staff.
Staff interviews	Staff told us this was an inclusive practice and they were proud to work there. They described being well supported to develop their skills and knowledge through continuous learning opportunities.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good

quality and sustainable care.	
Practice specific policies	Staff were able to access all the policies on the practice intranet and these were reviewed annually or more frequently as required. This included detailed information about important telephone contacts, which were linked within policies making it simple for staff to follow.
Other examples	Named staff were accountable as leaders for specific areas such as safeguarding, infection prevention, health and safety, dispensary and prescribing and human resources.
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
GP partners and senior managers regularly monitored progress of agreed actions highlighted on the practice risk register. Minutes of meetings held with staff had clearly set out agreed actions with named staff following up any issues discussed.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Patients located in isolated areas along the coast and inland could experience delays in emergency services getting to them.	The practice had identified risks and set up systems and equipment to respond quickly and effectively to patients in urgent need. Under the duty GP system patients were triaged and prioritised according to clinical need. The duty GP was enabled to be flexible, carrying out a home visit sooner if needed. GPs were well equipped for home visits, which included fluids, equipment and medicines which could be given intravenously until the emergency services arrived.
Lone working at branch surgeries	The practice had reviewed its policy and overstaffed branch surgeries to ensure staff health and safety was maintained. For example, two staff were rostered on duty at Polruan Surgery.
Medicines safety	The practice used an IT programme and ran weekly checks of patient records to identify whether any patients needed to be followed up following a medicines safety alert or changes in pathology denoting clinical action was needed. The clinical team reviewed the data every week to agree actions and monitor when these were completed.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Any additional evidence

The practice had notified the Care Quality Commission (CQC) of changes within the partnership and made appropriate applications to register or cancel registration as necessary.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

We met with two members of the patient participation group. Patients explained the practice consulted them well about proposed improvements, for example the renovation of the building at Fowey and future plans for Par and Polruan branch surgeries. They told us they felt listened to and had influenced changes.

Any additional evidence

We received 28 comment cards from patients. These highlighted a good level of patient engagement about developments at the practice, including changes when staff retired or were employed.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Emergency equipment	The practice provided evidence of ongoing audit since 2012 to the present time with changes made as a result of learning from incidents, training and guidance from the Resuscitation Council. The practice understood the risks of access to remote rural and coastal areas when an emergency response was needed. Additional equipment was carried and used by GPs until emergency services were able to reach the patients home or practice.
Direct oral anticoagulant (blood thinning medicines) prescribing	Three audits had taken place since 2016, looking at whether patients were reviewed at recommended frequencies and the appropriateness of treatment. The key area the practice identified in the audits was to review recall systems to improve performance around recalling patients for review. Named staff were now monitoring all patient registers including those with atrial fibrillation (heart condition) and previous history of blood clots being treated with anticoagulant therapy.

Any additional evidence

Fowey River practice is an approved training and teaching practice. GP registrars (to become qualified GPs) and ST2 and ST3 doctors (specialty training for doctors to build up their knowledge, clinical skills and professional approach) were able to have placements at the practice and be supported by an approved trainer. The practice had a long history of providing placements for trainee practice nurses, student nurses and medical students.

The practice identified through ongoing audits of unplanned admissions that there were gaps affecting integration of care and support for vulnerable frail patients. The practice worked collaboratively with other practices in the area made a successful bid and secured funding for a frailty nurse co-ordinator. The practice had a frailty nurse co-ordinator who was seconded for 18 months working across practices, some of which have shared nursing homes. This had led to improved care and co-ordination for the nursing home and frail patients.

The practice was at the forefront of several local initiatives within the primary care sector. An example was: A designated GP and practice nurse champion were actively involved with the Peninsular Cancer Alliance transformation with the purpose of improving the care available in Primary Care for patients living with and beyond cancer. The practice held regular GSF (Gold Standard Framework) meetings and a list of names were supplied to the rest of the team, enabling them to lend further support to patients.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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.([See NHS Choices for more details](#)).