

# Care Quality Commission

## Inspection Evidence Table

### Helston Medical Centre (1-541864167)

Inspection date: 29 June 2018

Date of data download: 11 June 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 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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: February 2018	Yes
There was a record of equipment calibration Date of last calibration: February 2018	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 Date of completion 26 June 2018	Yes
Actions were identified and completed. An external fire escape door was found to be difficult to open, this was rectified the following day.	Yes
Additional observations: The practice had had an actual fire in November 2017. This had resulted in the coffee machine being relocated. The practice also purchased thermal blankets to be used during evacuation. The practice shared their learning with other GP practices within their federation.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: February 2018	Yes
Health and safety risk assessment and actions Date of last assessment: February 2018	Yes
Additional comments: The practice employed an external provider to carry out all fire and health and safety risk assessments.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>A recent handwashing exercise had taken place and results discussed in a clinical meeting.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### 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

### 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
Explanation of any answers:	
The practice were also exploring new ways for processing blood results to become even more	

efficient with this process.

## 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)	1.04	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)	10.4%	9.8%	8.9%	Comparable to other practices

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.	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.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	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

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
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.	Yes
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
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
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>None of the high risk medicines were on repeat prescription, enabling the GP to assess the patient's needs before the next prescription was issued.</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.	11
Number of events that required action	9

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

Event	Specific action taken
Needlestick Injury	The practice looked at the appointment system for nurses and gave additional time to allow for these appointments.
Incorrect vaccine given to patient	The practice made changes to the layout of the fridge in the Porthleven practice so that individual vaccines were spread apart to make them more easily identifiable.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: All Alerts are received by the practice manager and deputy manager then emailed to the relevant staff. Further discussion took place at weekly clinical meetings to ensure actions had been taken as required.	

Any additional evidence
We saw evidence where staff had received further training and held discussions on the use of oxygen therapy following a patient safety alert.

# 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)	0.89	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)	88.4%	82.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.9% (133)	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)	78.7%	81.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (85)	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)	83.9%	82.3%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	9.6%	(64)	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)	81.8%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.8% (168)	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)	90.8%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (32)	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)	85.7%	84.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (53)	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)	90.0%	88.3%	88.4%	Comparable to other practices



QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	9.9%	(22)	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)	154	161	95.7%	Met 95% WHO based target Significant Variation (positive)
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)	146	158	92.4%	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)	147	158	93.0%	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)	146	158	92.4%	Met 90% Minimum (no variation)

## 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)	75.6%	75.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.2%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.2%	60.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring	79.7%	63.7%	71.2%	N/A

within 6 months of the date of diagnosis. (PHE)				
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)	49.5%	51.4%	51.6%	Comparable to other practices

## 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) <small>(QOF)</small>	93.3%	93.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.2% (34)	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) <small>(QOF)</small>	92.3%	92.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.9% (29)	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) <small>(QOF)</small>	83.2%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (5)	7.0%	6.8%	
Any additional evidence or comments				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	551	539
Overall QOF exception reporting	6.7%	6.8%	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
<p>Staff said there was a culture of learning and education at the practice and they were encouraged to develop within their roles. We were given examples where staff had identified training needs and had been provided with courses and educational programmes to attend. For example;</p> <p>Receptionists had been trained to become dispensers.</p> <p>Department leads received additional training in areas of management. For example, the practice manager had been supported to obtain a Diploma in leadership and the deputy manager had received training in management and supervisory skills.</p> <p>The practice employed apprentices.</p> <p>The practice was a training practice for doctors training to become GPs and for medical students from the peninsular medical school.</p>	

## 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)	91.7%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (10)	1.0%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
All staff were aware of the Practice Consent Policy. It was reviewed annually and available on Practice Intranet.

Any additional evidence
We saw evidence that following an aural training session a nurse had devised a new consent form for ear syringing. This form was available on the nurse's folder on the intranet and added to the document folder.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	37
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comment Cards	All but two of the cards were positive about the service they received, they described the staff as being supportive and attentive. Areas of concern were around being able to pre book an appointment with a GP of their choice.
E -consult	We received one positive comment from a patient using this method

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,766	237	119	50.21%	Approx. 0.8%

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)	85.7%	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)	95.5%	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)	97.6%	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)	96.5%	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 (01/01/2017 to 31/03/2017)	94.5%	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)	97.3%	93.8%	90.7%	Variation (positive)

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Feedback received demonstrated that patient felt they were involved in decisions 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)	92.4%	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)	94.4%	87.8%	82.0%	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 (01/01/2017 to 31/03/2017)	94.6%	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)	91.5%	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 198 (approx.1.5%) of their patients as carers.
How the practice supports carers	Practice staff were able to sign post carers to local support groups. The practice offered flu vaccines and health checks as required.
How the practice supports recently bereaved patients	A GP would contact the family and offer support. The practice could also signpost patients to charitable organisations who could offer support and advice.

### 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	Reception staff told us that if patients wanted to discuss a personal matter in private, a room was available for patients

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



# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm

However, the practice reception is only available for urgent duty issues (and is not able to book appointments) until 8:30am. There is an urgent call handling service between 8am to 8:30am and 6pm to 6:30pm Monday to Friday

Appointments available	
Monday	08:30 - 11:30 14:30 - 18:00
Tuesday	08:30 - 11:30 14:30 - 18:00
Wednesday	08:30 - 11:30 14:30 - 18:00
Thursday	08:30 - 11:30 14:30 - 18:00
Friday	08:30 - 11:30 14:30 - 18:00
Extended hours opening	
The practice held evening surgeries where pre bookable appointments on one or two evenings per week up until 20:00 were available. Some GPs were also trialling early morning appointments from 7:20am to 8:am	

Porthleven Branch Opening Times	
Day	Time
Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-5pm
Thursday	8.30am-6pm
Friday	8.30am-6pm

Appointments available	
Monday	08:30 - 12:00 14:30 - 17:30
Tuesday	08:30 - 12:00 14:30 - 17:30
Wednesday	08:30 - 12:00 14:30 - 17:00
Thursday	08:30 - 12:00 14:30 - 17:30

Friday	08:30 - 12:00	14:30 - 17:00
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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	
All requests were triaged by the duty team so that home visits could be prioritised. The practice had employed a paramedic who could carry out home visits.	

### Timely access to the service

The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. <b>(01/01/2017 to 31/03/2017)</b>	84.8%	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?" <b>(01/01/2017 to 31/03/2017)</b>	82.5%	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 <b>(01/01/2017 to 31/03/2017)</b>	85.8%	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 <b>(01/01/2017 to 31/03/2017)</b>	83.6%	81.9%	72.7%	Comparable to other practices

### Any additional evidence

The practice had introduced E-consult, this was a computer based tool where patients could either access health professional advice, get their general queries answered, or research a condition themselves. This system reduced demand on GPs which enabled them to spend more face to face time with other patients who needed urgent complex care.

All patients had a named GP, when that GP was not available patients were seen by a GP within the practice cluster meaning that if another GP needed to deal with a problem they were more likely to be

aware of the patient as the cover came from a limited number of clinicians.

Examples of feedback received from patients:

Source	Feedback
Patients	Patients told us they sometimes had to wait to see a named GP, but they could always access an appointment.
NHS Choices	Received 4.5 stars out of five from three reviews.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
From the complaints we reviewed, we found these had been dealt with in a timely manner, with honesty and transparency. Patients received an apology.	

# Well-led

## Leadership capacity and capability

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

The practice were in the process of promoting an on line service for patients with the introduction of E-consult. This allowed for online consultation with GP 24 hours a day and allowed for the practice to determine the right care was given by the right staff member.

The practice were working towards improving their working systems to improve patient care and work life balance of the staff. For example, a new workflow optimisation protocol.

They had gained funding for a Community Co-ordinator who proactively reached out to the most vulnerable of their population and direct them towards the support available locally to them. This also formed part of a wider programme, including training a broader group of the community to recognise where help was needed and signposted them to the most appropriate resources.

The practice had secured funding for a community hub at the local community hospital, with work due to start later this summer. This would provide a state-of-the-art resource helping to de-medicalise problems at the front door of primary care, and to allow them to embed social prescribing into General Practice.

As the lead practice in their locality the practice had recognised that isolation and loneliness could have a significant impact upon the health of their population so they had driven a community mapping exercise with Age UK, that gives a resource of all the clubs, groups, carers, volunteers and charities based locally which would support their patients.

The practice was the only practice in the area, working to be involved with the “Discharge to Assess” (D2A) programme. D2A is about funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. Patients could then be assessed for their longer-term needs in the right place allowing patients to be cared for in an environment appropriate for their needs.

### Any additional evidence

The practice had recently joined the Mounts Bay Medical research programme to provide high quality, practice based clinical research.

## Vision and strategy

### Practice Vision and values

The practice aims to provide all their patients with a comprehensive range of healthcare services covering one-off problems to longer term illnesses.

## Culture

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

Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically.

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

Source	Feedback
Nursing and reception staff	They requested a INR machine. (an INR is a self-monitoring device used by patients on anti-coagulation therapy to measure their INR (International Normalized Ratio) levels at the time of the appointment) This reduced the number of telephone calls being made in reception.
Administrative staff	Each GP now had their own secretary undertaking tasks to increase productivity.

### Any additional evidence

The practice was very committed to the training and development of their staff and had introduced flexible working hours to allow staff to attend training courses.

## Governance arrangements

Practice specific policies	The practice had policies in place to manage complaints and significant events. The practice's complaints leaflet for patients set out the timescales for a response and we saw this was adhered to.	
Other examples	The practice used and shared learning from incidents, significant events and complaints from the other practices within the federation to help improve service quality.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

### Any additional evidence

We saw minutes from clinical meetings that demonstrated shared learning and discussion around complaints and significant events.

## Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Loss of Power	Contact details of all suppliers were available.
Adverse Weather	A plan was in place to ensure patients were contacted during adverse weather conditions either by text or using local social media. The practice purchased "snow socks" for GPs vehicles to allow them to get to the practice and visit housebound patients in the recent adverse weather.

### Appropriate and accurate information

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

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

#### Feedback from Patient Participation Group;

Feedback
We met with three members of the patient reference group. They told us that they met quarterly with the practice manager and a GP to discuss what was happening in the practice. Feedback on the level of involvement the reference group had was mixed.

INR self-monitoring was used by patients on long-term and on lifetime anti-coagulation therapy to measure their INR (International Normalized Ratio) levels themselves, rather than at a clinic.
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### Continuous improvement and innovation

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

Audit area	Improvement
Dual use of Clopidogrel and Aspirin (medicines which can be used to thin blood)	In July 2015 it was found that 33 patients were on this dual therapy and an audit was undertaken of the patient notes to review if the patient still needed to take both medicines. Results showed that only ten patients required having their medicines reviewed. Further to this it was agreed to add a note to the patients notes stating a date when the dual therapy was to be reviewed and stopped. The audit was repeated in January 2016 and it was found that no patients were taking both medicines past the specified duration demonstrating clearer adherence to guidelines.
Medicines used to treat ADHD	In November 2017 an audit was undertaken of all patients taking these medicines to ensure that the reviews and a record of their pulse

(Attention deficit hyperactivity disorder)	and blood pressure (BP) had been recorded as recommended. Four patients were identified and it was found that one patient needed to be recalled for a BP and pulse check. The audit was repeated in June 2018 and the same four patients were identified. All had received a review and all but one had a recording of the health checks. This one patient had been reviewed by a psychiatrist and they had not recorded that the pulse and BP had been carried out. This patient was called in to the practice for the observations to be taken.
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## 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](#)).