

Clinton Road Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection on 16 November 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 3 March 2016. These included gaps in;

- Recruitment and chaperone processes, Disclosure and Barring Service checks or risk assessments for some staff, prescription security and monitoring,
- governance arrangements to review and promote practice specific policies, training was not monitored effectively, continuous clinical and internal audit was not in place,
- recording and managing risks, arrangements to gather feedback from patients, and sharing meetings information.

Following the inspection in March 2016 the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 16 November 2016 we found the provider had made the necessary improvements in delivering safe, effective, responsive and well led services.

This report covers our findings in relation to the requirements and should be read in conjunction with the comprehensive inspection report published in May 2016. This can be done by selecting the 'all reports' link for Clinton Road Surgery on our website at www.cqc.org.uk

Following our inspection of Clinton Road Surgery on 16 November 2016, the overall rating for the practice is good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system had been implemented for reporting and recording significant events and verbal complaints. This ensured that learning was shared and practise changed to promote continuous improvement. Audits had been carried out to ensure changes made were embedded.
- Risks to patients were assessed and well managed.
- The practice had significantly improved its approach to safety with systems that ensured there was oversight of potential risks and monitoring in place to mitigate these. Systems demonstrated that prescriptions were audited and secure, fire checks

Summary of findings

were being completed, there was proactive management of staff training and infection control practice. Disclosure and Barring (DBS) checks had been carried out and only named staff with a DBS and training were undertaking chaperone duties. All staff had completed basic life support and Mental Capacity Act training since the last inspection.

- Data published since our last inspection showed that the practice had better oversight of quality outcomes for patients and had improved this by achieving 100% for the year 2015/16. GPs were able to demonstrate increased level of clinical audit, which was positively influencing improved health outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had reviewed its approach to carers in several ways: New patient registration information asked patients to identify if they were a carer or being cared for. Priority appointments for any patient who was a carer were available. Increased knowledge of and signposting to other services was evident. A member of the PPG had been identified as the carers champion and was working closely with a named member of staff to promote support for carers.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- All 113 patients providing feedback at the inspection, through comment cards and discussions, said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Additional reasonable adjustments had been put in place to assist patients with limited mobility and visual impairments. For example, braille signage had been put in place throughout the building.
- The leadership structure had been reviewed so that lines of accountability for all clinical and management areas were clearer. Governance arrangements had been strengthened since we last inspected and the practice was able to demonstrate through many examples that this was working effectively. Staff felt supported by management.
- In six months, the practice had set up systems to proactively obtain feedback from staff and patients, which it acted on. The practice had engaged with a group of patients who had joined the newly formed patient participation group (PPG) and a fundraising group had been set up. Eleven patients from the PPG told us they saw their role as a 'critical friend' and had been meeting every three weeks to monitor the practice's recovery plan to improve the service.
- The provider was aware of and complied with the requirements of the duty of candour.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our inspection in March 2016, the practice was rated inadequate for providing safe services. We found that the provider needed to make improvements. For example;

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, although the practice carried out investigations when there were safety incidents they were not thorough enough, lessons learned were not communicated widely enough and so safety was not improved.
- Patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe. Not all staff had received appropriate training in safeguarding vulnerable people.
- The management of medicines at the practice was well organised and in line with requirements; however, prescription forms were not monitored or stored safely.
- The practice was clean and tidy. Staff were familiar with infection control policy and infection a control lead had been identified; however, infection control audits had not been implemented.

The practice had improved its approach to safety with systems that ensured there was oversight of potential risks and monitoring in place to mitigate these. The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. GPs were proactively using this to target audits to ensure that there was a continuous cycle of improvement and reduction of any potential risks for patients.
- The practice had significantly improved its approach to safety with systems that ensured there was oversight of potential risks and monitoring in place to mitigate these. Systems demonstrated that prescriptions were audited and secure, fire checks were being completed, there was proactive management of staff training and infection control practise with audits being completed regularly and actions taken where appropriate. Disclosure and Barring (DBS) checks had been

Good



Summary of findings

carried out and only named staff with a DBS and training were undertaking chaperone duties. All staff had completed basic life support and Mental Capacity Act training since the last inspection.

- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, all staff had completed safeguarding training.
- Risks to patients were assessed and well managed.

Are services effective?

At our inspection in March 2016 the practice was rated as requires improvement for providing effective services. We found that the provider needed to make improvements. For example;

- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were below average for the locality and compared to the national average for some areas and above average in others.
- Not all staff had received appropriate training in key areas such as safeguarding vulnerable people, infection control, Mental Capacity and information governance.

At this inspection, new systems ensured there was effective oversight of patient outcomes leading to proactive audit and further improvements. The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Data published since our last inspection showed that the practice had better oversight of quality outcomes for patients and had improved this by achieving 100% for the year 2015/16. GPs were able to demonstrate increased level of clinical audit, which was positively influencing improved health outcomes for patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. In six months, 10 clinical audits had been carried out, of which three

Good



Summary of findings

were completed audits. These completed audits ensured that national guidelines were being followed for safe prescribing for patients with blood clotting disorders, use of antibiotics and improved services for patients diagnosed with diabetes.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Systems had been implemented so that any gaps in training were picked up quickly. Since the last inspection all staff had completed appropriate training in key areas such as safeguarding vulnerable people, infection control, Mental Capacity and information governance.
- There was evidence of appraisals and personal development plans for all staff. For example, the GP partnership had agreed to fund the advancement of a practice nurse who was due to start a diploma in diabetes management in the Spring of 2017.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- One hundred and thirteen patients provided written and verbal feedback at the inspection. All of the comments received were strongly positive, highlighting that Clinton Road Surgery was a caring practice and they valued it and the staff delivering care to them. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

When we inspected in March 2016, we rated the practice as requires improvement for providing responsive services. We found that the provider needed to make improvements. For example;

- Patients could get information about how to complain. However, there was no evidence that learning from complaints had been shared with staff.

Good



Summary of findings

In November 2016, we found the practice had improved the way it responded to all forms of feedback including complaints. Learning from this feedback was shared widely across the team and changes made to improve services for patients. The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, 113 patients provided feedback at the inspection. These comments were positive about the flexibility, choice and access of services at the practice. The number of patients had increased by 500 in the six months since we last inspected as a result of the closure of a walk in centre in the town.
- All 113 patients commented, through comment cards and discussions, that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Eleven of these patients were members of the newly formed patient participation group (PPG) and told us that the GP partners had ensured that the impact of the increased number of patients on services had limited effect on them. However, the PPG and GP partners told us they were in talks about development of the service to ensure that limited impact of increased patient list was sustained.
- The practice had good facilities and was well equipped to treat patients and meet their needs. PPG members skills were being utilised to help improve the facilities for patients. Additional reasonable adjustments had been put in place to assist patients with limited mobility and visual impairments. For example, braille signage had been put in place throughout the building.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Systems for sharing learning from complaints with staff and other stakeholders had been put in place. These included capturing all forms of feedback such as verbal complaints, analysis and identification of any recurring themes to facilitate improvement of services.

Are services well-led?

At our inspection in March 2016 the practice was rated as inadequate for being well-led. We found that the provider needed to make improvements. For example;

Good



Summary of findings

- There was a lack of clear leadership structure however; staff said they felt supported by management.
- The practice had a number of policies and procedures to govern activity but some had been provided by other practices and had not been made practice specific.
- Meetings were held but discussions and decision making processes were not recorded or information shared.
- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality, ensure an effective training programme was maintained and identify risk.
- The practice had not proactively sought feedback from staff or patients and did not have an active patient participation group.

Improvements were seen in governance and patient engagement at the practice. The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Patients told us that the practice was popular and a further 500 new patients had registered there in the six months. This was viewed positively during a challenging period for the practice after being placed in special measures.
- Significant improvements had been implemented so that there was a clearer accountability from the leadership structure and staff felt supported by management. The practice had introduced a raft of policies and procedures with a clear review framework to govern activity and had been holding regular governance meetings in the six months since we last inspected.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. In six months, the practice had set up systems to proactively obtain feedback from staff and patients, which it acted on. The practice had engaged with a group of patients who had joined the newly formed patient

Summary of findings

participation group (PPG) and a fundraising group had been set up. Eleven patients from the PPG told us they saw their role as a 'critical friend' and had been meeting every three weeks to monitor the practice recovery plan to improve the service.

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, providing flu vaccinations for those visiting the practice and those unable to travel to the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Every patient at the practice including older patients aged over 75 years had a named GP for continuity of care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data from the Quality and Outcomes Framework for 2015/16 showed that the practice had increased the percentage of patients being reviewed in all areas. For example, patients diagnosed with chronic obstructive pulmonary disease (COPD) who had received an annual health check review within the past 12 months had increased from 79.7% (2014/15) to 90.5% (2015/16) compared with the national average of 89.3%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Over the course of two years the practice had increased the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years compared to the national average. For example, in 2014/15 77% of women had been screened increasing to 80.3% in 2015/16, which was comparable to national average of 81.4%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 100% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months compared to the national average of 75.53%.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, travel vaccinations, extended hours appointments and telephone consultations.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and prioritised appointments for patients who were carers or being cared for.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%. Some of these patients lived in adult social care homes in the area.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty eight survey forms were distributed and 114 were returned. This represented 2.5% of the practice's patient list. Results from the survey showed;

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 101 comment cards which were all positive about the standard of care received.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Since the last inspection, the practice had formed a patient participation group and fundraising group. It was actively encouraging patients to fill in surveys for the Friends and Family test but it was too early to be able to report upon the results from this. Completed surveys received prior to the last inspection had been revisited to ensure that any necessary actions were taken to improve patient experience.

Clinton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Clinton Road Surgery

The Clinton Road Surgery provides general medical services to people living within Redruth, Camborne and the local area, from Portreath to Lanner, Cusgarne and outlying communities. The practice population area is in the fourth decile for deprivation; the lower the decile the more deprived an area is. The practice population ethnic profile is predominantly White British and amongst the least affluent. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matched the National average of 79 years; female life expectancy is 83 years which also matched the National average of 83 years.

Prior to the last inspection in March 2016, the practice had been through a period of change which had impacted the staff team. Changes included GPs and the staff support team resulting in a loss of governance knowledge and skills. At this inspection in November 2016, we found that the workforce was now on a more stable footing.

At the time of our inspection there were 4,619 patients registered at the practice. There are three GP partners, one male and two female, the whole time equivalent was 2.2.

There are also two sessional GPs who regularly worked 0.25 whole time equivalent hours at the practice. The GPs are supported by a nurse, a healthcare assistant, practice manager and five additional administrative staff.

Patients using the practice also have access to community staff including district nurses, health visitors, midwives, physiotherapists and counsellors.

The practice is open from Monday to Friday, between the hours of 8am and 6.30pm. Appointments are available between 8:30am to 6pm with extended hours run on rotation on Wednesday or Thursdays between 6:30pm to 8pm. GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to talk to an Out of Hours service delivered by another provider.

The practice has a General Medical Services (GMS) contract.

The following regulated activities are carried out at the practice Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

This was the second comprehensive inspection of the practice in 2016. In March 2016, we found significant concerns at the practice leading to it being rated inadequate overall. We placed the practice in special measures. The report of our findings is available on the CQC website at: www.cqc.org.uk.

Practices placed in special measures are inspected again within six months. At this inspection, we found that the practice had implemented significant improvements highlighted throughout this report.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 November 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service. This included 12 patients, 11 were members of the patient participation group (PPG)
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed anonymised samples of the personal care or treatment records of patients.
- Reviewed 101 comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed eight comments from patients received prior to the inspection via Healthwatch.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our inspection in March 2016, the practice was rated inadequate for providing safe services. We found that the provider needed to make improvements. For example;

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, although the practice carried out investigations when there were safety incidents they were not thorough enough, lessons learned were not communicated widely enough and so safety was not improved.
- Patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe. Not all staff had received appropriate training in safeguarding vulnerable people.
- The management of medicines at the practice was well organised and in line with requirements; however, prescription forms were not monitored or stored safely.
- The practice was clean and tidy. Staff were familiar with infection control policy and infection a control lead had been identified; however, infection control audits had not been implemented.

At this inspection, we found that the practice had improved its approach to safety with systems that ensured there was oversight of potential risks and monitoring in place to mitigate these.

Safe track record and learning

The practice had totally overhauled its safety systems since the last inspection. There was an effective system in place for reporting and recording significant events.

- Staff told us they had received training since the last inspection so were clearer about what should be reported. They said they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident,

received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- Since the last inspection, the practice had strengthened its governance of complaints and significant events and had identified a GP partner and the practice manager with responsibility for managing the complaints and significant events processes. The new systems ensured that the practice carried out a thorough analysis of the significant events. The practice had identified emerging trends from this, including patient hostility, gaps in some administrative processes and patient safety issues. We saw evidence of actions taken to address these issues; for example, the triggering of an audit about prescribing warfarin (blood thinning medicine) that led to improved patient safety.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice investigated an incident where a patient's blood sample had been mislabelled leading to an inaccurate result for that person. Records showed that this had been discovered quickly, through improved safety systems, and led to changes in the appointment system. Longer appointments were offered to patients needing to have blood taken for testing for whom this could be difficult. Staff awareness had been raised to label patient samples immediately at the point of being taken. Records showed that an apology had been sent to the patient explaining what had happened and how learning from this led to changes in the way appointments were organised.

Overview of safety systems and processes

The practice had completely reviewed its safety systems and had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies had been updated and reflected current guidelines and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who had

Are services safe?

oversight of a list of patients on the vulnerable patient register. Since the last inspection, the practice had set up a system on patient records to flag where a vulnerable adult or child may be at risk. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role since the last inspection. GPs were trained to child protection or child safeguarding level three. The practice nurse had completed child safeguarding level two training.

- A notice in the waiting room advised patients that chaperones were available if required. The practice had reviewed their chaperone policy since the last inspection. This stated that only named staff who had received chaperone training and had a Disclosure and Barring Service (DBS) check were authorised to chaperone. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Discussions with staff verified that the new policy was being followed and we saw records demonstrated that DBS checks had been obtained.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Systems to manage infection control had been put in place since the last inspection providing opportunities for early identification of potential risks so that action could be taken to mitigate these improving patient safety. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, which had been reviewed and followed current national guidelines. Since the last inspection all staff had received up to date training. An annual infection control audit had been completed and we saw evidence of monthly hand hygiene competency assessments being completed. Records demonstrated that action was taken to address any improvements identified as a result of audit, including further training or replacement

of equipment. For example, the practice had an action plan to replace all fabric covered chairs to ones which could be more easily cleaned to reduce the risk of cross infection for patients and staff.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Since the last inspection the practice had set up a system to monitor the use of blank prescription forms and pads so was able to track these. The security of blank prescription forms had been improved through the fitting of locks onto all printers and key code locks fitted to every door leading into a consultation room. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and we saw examples of these recorded on patient records.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files for staff recruited since March 2016 and found obtaining and retaining evidence of identity, professional registration status including status on the performers list held by NHS England, DBS checks and insurance indemnity for all clinical staff, including locum GPs. Files for two new locum GPs verified that the practice had followed this process since the last inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had several safety net systems in place for managing the clinical risks for patients. This was illustrated by close monitoring of patients prescribed with high risk medicines such as lithium, which can cause toxicity and can be life threatening if overused.

Are services safe?

Plans had been put in place and actions taken to manage the care of a patient prescribed with lithium who had not been attending for blood monitoring checks.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Since the last inspection, the GP partners had commissioned services from various experts and had contracts in place for ongoing monitoring of all aspects of health and safety. For example, risk assessments had been completed for legionella, health and safety including fire safety. Written documents demonstrated that an external contractor carried out an electrical system and equipment inspection on 26 October 2016 and there was a contract in place to repeat electrical equipment testing annually.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were no expressions of concern about staffing in the feedback cards and verbal feedback received from patients at the inspection. The administrative and reception duties had been evaluated and redesigned so that staff worked on a rolling rota and were being trained to cover all workstreams aligned

with these roles. Clearly set out protocols had been implemented so that staff were now following standardised procedures and were able to cover each other in the event of an emergency or absence.

Arrangements to deal with emergencies and major incidents

Since the last inspection, the practice had reviewed arrangements to respond to emergencies and major incidents which were found to be adequate.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training since the last inspection and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had reviewed its policies and procedures and had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Minutes and discussion with staff at the inspection verified that they were all aware of the content and procedures to follow in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in March 2016 the practice was rated as requires improvement for providing effective services. We found that the provider needed to make improvements. For example;

- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were below average for the locality and compared to the national average for some areas and above average in others.
- Not all staff had received appropriate training in key areas such as safeguarding vulnerable people, infection control, Mental Capacity and information governance.

At this inspection, new systems ensured there was effective oversight of patient outcomes leading to proactive audit and further improvements.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, a review of patients prescribed diuretic medicines had been undertaken to ensure they had had a recent blood test for renal function before a repeat prescription was issued. The practice wanted to ensure that NICE guidelines about managing the care of patients with chronic kidney disease were being followed and had also been triggered by significant events about new diagnoses for example patients experiencing a stroke. The audit identified that some patients with risk factors, some of whom had been taking diuretics, were not attending for regular bloods testing and reviews. The importance of renal function monitoring was also seen as a marker for medical reviews, including blood pressure and blood lipids monitoring. Screening for diabetes and heart conditions such as atrial fibrillation were also highlighted as important markers. The audit

provided assurance that there was an effective system of monitoring renal function in patients on diuretics (water medicines). Patient recall systems were working well and information given to patients about their medicines was effective.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had improved on its performance from 2014/15 which was 90.5%. The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators had improved since the last inspection. Data showed that over three completed years the diabetic outcomes had improved year on year. For example in 2013/14 it was 61% and in 2014/15 it was 75%. Data provided for the year 2015/16 showed further improvement and was 100%. Staff told us that they had focussed on improving services for patients by working with the diabetes specialist nurse to improve access to appointments and provide patient education about self-management of diabetes. Examples included: the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification achieved was 92.6% for 2015/16.
- Performance for mental health related indicators was 98% which was better than the national average of 94%

In March 2016, we reported that there were areas where exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) were higher than average for example:

- The exception rate for heart failure related indicators was 23% which was higher than the Clinical Commissioning Group (CCG) of 12% and the national average of 9%; and

Are services effective?

(for example, treatment is effective)

- The exception rate for contraception was 18% which was higher than the CCG average of 1.8% and the national average of 3%.

Since March 2016, GPs had carried out audits to look at this and were able to demonstrate improvement to these figures as part of their business plan and governance processes. For example, the practice had audited patients who had a recorded diagnosis of heart failure because data was showing a higher percentage of exception reporting for these patients (Practice 22.6% versus CCG 9.4 % versus national 8.4%). The practice found that there were very low exception reporting rates and specifically reviewed six patient records to establish whether these patients had been included in the statistics. The audit found that all six records showed that the patients had been reviewed. The practice had highlighted this issue to the IT supplier and this was being looked into.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last six months, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, data showed that the practice had been the lowest prescriber of antibiotics in the locality for the last three years since 2013. Widely published evidence has highlighted the risks associated with antibiotic resistance that is impacting upon the successful treatment of infections. There was a worldwide drive and a national plan in the United Kingdom to reduce the overuse of antibiotics to increase their effectiveness when needed. Findings were used by the practice to improve services.
- Information about patients' outcomes was used to make improvements such as:

Clinton road surgery is located in Redruth, Cornwall, an area which has high levels of deprivation. The prevalence (percentage of patients on the practice list) for diabetes at the practice was 6.9 % which was higher than the CCG average of 6.2%. Diabetes UK had highlighted that Redruth was as an area where diabetes care could be improved, and also highlighted a higher than average diabetic amputation rate in Cornwall as a whole. The practice had

considered its QOF results which showed a low attainment for diabetes care, with some areas showing particularly poorly. The practice had signed up to the locality Diabetes project, which involved a series of shared learning sessions and being part of a trial of integrated care using consultant virtual clinics with remote access to patient records. The aim was to improve care through education as well as closer working with the diabetes team, nurses, podiatrists and consultant. The consultant would be able to access patients notes to advise on treatment changes without having to have a face to face consultation; the aim was to target consultant expertise and reduce waiting times for patients.

One meeting included general diabetes care and medicines management, looking at new therapies and with a focus on deescalating treatment in the practices frail population with the aim of reducing ill health and admissions related to hypoglycaemia. Another focused on foot care with podiatry team members attending. Education covered what a diabetic should look out for, such as a hot painful foot and the importance of prompt care with the aim of reducing amputations. A patient attended this meeting, and gave a real insight into the way the system works as well as talking about how his life has been affected by his amputation. In a three year period between 2013 – 2016, data showed that the practice had improved outcomes for patients. For example, the percentage of patients with a record of a foot examination and risk classification within the preceding 12 months had increased from 83.3% in 2013/14 to 94.8% in 2015/16. Examples seen demonstrated that the practice had also focussed on frailty in the elderly, including proactive review of polypharmacy (medicines) to reduce the associated risks such as falls for these patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Since the last inspection in March 2016, the practice had improved staff access to training by signing up to an online training service. Information sent to us prior to this inspection demonstrated that previous gaps in training had been addressed and included:

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- A training matrix had been implemented so that the practice was able to monitor training requirements and completed training. This showed that staff had completed the fire safety, infection control, basic life support and chaperone modules since the last inspection in March 2016. We met eight staff at the inspection who all told us that the practice had signed up to an online training service and they had been completing the modules for fire safety, infection control, basic life support and chaperone.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had agreed to fund a specialist nursing course for the practice nurse. We saw written confirmation from the training provider that the practice nurse had been booked onto a diploma in diabetes management starting in the Spring 2017.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes; for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. A training matrix and associated records demonstrated that all clinical staff had completed Mental Capacity Act training since the last inspection and was verified by the staff themselves.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

Over the course of two years the practice had increased the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years compared to the national average. For example, in 2014/15 77% of eligible female patients had cervical screening. The practice's uptake for the cervical

Are services effective? (for example, treatment is effective)

screening programme in 2015/16 had increased to 80.3% which was comparable to the CCG average of 83.1% and the national average of 81.4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for females being

screened for breast cancer within the last 36 months of invitation was 80% which was higher than the CCG average of 77% and the national average of 73%. The patient uptake for bowel screening was 56.1% compared to the CCG average of 61.3% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 92% (CCG averages of 79% to 93%) and five year olds from 83% to 89%. (CCG averages of 89% to 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At the last inspection in March 2016, we rated the practice good for providing caring services. When we re-inspected in November 2016, we found that the practice had further built on this significantly extending the support provided for people who are carers or being cared for.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 101 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92.3% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.7% and national average of 88.6%.
- 91% of patients said the GP gave them enough time (CCG average 91.4%, national average 86.6%).

- 96.1% of patients said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%)
- 90.41% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85.1%).
- 95.2% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90.4%).
- 98.9% of patients said they found the receptionists at the practice helpful (CCG average 90.4%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with and above local and national averages. For example:

- 93.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average of 88% and the national average 82%)
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average of 93% and the national average 85%)

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format. Reasonable adjustments were put in place for patients such as being enabled to have a carer with them if they wished to. Some patients who were diagnosed with learning disabilities and had complex needs were supported by the learning disability nurse specialist and the practice worked closely with them to ensure patients health action plans were followed and they had access to appropriate national screening programmes.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

At the last inspection in March 2016, we highlighted that the practice should review systems to identify record and support patients who were also carers. We saw that the practice had significantly improved the support for carers and people with named carers. The practice's computer

system alerted GPs if a patient was also a carer and an additional code was being used to identify when a patient had a named carer. The practice had carried out an audit demonstrating that a further 46 patients with named carers and another 35 patients who were caring for relatives had been identified since March 2016. In total the practice had identified 96 patients as carers (2.3% of the practice list). A GP partner had been appointed as the lead for carers and cared for patients, and had worked closely with named staff and the Patient Participation Group to appoint a carers champion, who had recently taken up this role. Information was available in the waiting room, and the practice had held a coffee morning in conjunction with the Age Concern worker to support carers. The practice had identified a local carer's support group, and had been signposting patients to this group, as well as the carers UK website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected in March 2016, we rated the practice as requires improvement for providing responsive services. We found that the provider needed to make improvements. For example;

- Patients could get information about how to complain. However, there was no evidence that learning from complaints had been shared with staff.

In November 2016, we found the practice had improved the way it responded to all forms of feedback including complaints. Learning from this feedback was shared widely across the team and changes made to improve services for patients.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had responded positively when a walk in clinic had closed in the area and this had resulted in a further 500 new patients registering with the practice since the last inspection in March 2016.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a chairlift to improve access to rooms on the first floor but had a policy to offer a ground floor room for any patients who had limited mobility. There was an entrance to the rear of the building, providing ramped access from disabled parking spaces.
- Records showed that staff had completed online training about equality and diversity raising their awareness about the impact of age, disability, gender, gender reassignment, pregnancy and maternity status,

race, religion or belief and sexual orientation and people with complex needs, for example those living with dementia or those with a learning disability. Since the last inspection, the practice had identified that some of the patient participation group members had specific skills and was making good use of these to help remove barriers where patients might find it hard to use or access services. For example, a patient was able to produce braille leaflets and signage on behalf of the practice. All the door handles in the building had been fitted with braille so that patients with limited eyesight using braille could find their way around the building.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, providing flu vaccinations for those visiting the practice and those unable to travel to the practice.
- All patients with long term conditions were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this working age patients and other patient groups. For example, travel vaccinations, extended hours appointments and telephone consultations.

Access to the service

The practice was open from Monday to Friday, between the hours of 8am and 6.30pm. Appointments were available between 8:30am to 6pm with extended hours run on rotation on Wednesday or Thursdays between 6:30pm to 8pm. GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to talk to an Out of

Are services responsive to people's needs?

(for example, to feedback?)

Hours service delivered by another provider. In addition to pre-bookable appointments that could be booked three weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 79% and the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone (CCG average of 81% and the national average of 73%).
- 74% of patients said they always or almost always see or speak to the GP they prefer (CCG average 68% national average 59%).

Eleven patients who were members of the patient participation group (PPG) told us on the day of the inspection that they were able to get appointments when they needed them. They also said that GP partners had ensured that the impact of the increased number of patients on services had limited effect on them. However, the PPG and GP partners told us they were in talks about development of the service to ensure that limited impact of increased patient list was sustained.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system Posters were displayed and there was a summary leaflet available in the waiting room and corridor leading to consultation rooms.

In March 2016, the practice did not have a complaints policy; brief details on how to make a complaint were in the practice leaflet and on the practices website. At this inspection, we found that the practice had completely reviewed the way complaints were handled. Clear lines of accountability were in place, with a lead GP partner having oversight of this and worked closely with the practice manager to respond to any complaints. They told us that immediately after the last inspection, a number of historical complaints had been found in the building for which there was no record of acknowledgement, evidence of investigation or outcome letter sent to the patient. The significant event process was followed and potential risks had been assessed. The practice had written to all the patients affected and investigated all of these and provided outcome letters where appropriate.

We looked at three complaints received in the last six months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The joint chairperson for the PPG told us that an overview of complaints received, both written and verbal were discussed with the PPG at its meetings. They told us that the PPG acted as a 'critical friend' and there was now a system in place for all complaints handling to be monitored by patient representatives. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had investigated a clinical complaint which had highlighted gaps in the work flow task system to ensure that abnormal blood results were quickly acted upon. An apology and explanation of changes made to the systems was sent to the patient. We spoke with staff about the new system in place and saw that there were robust arrangements in place for all results. The administrative and reception team manager monitored these tasks at the end of each session twice a day and was able to track these according to the staffing rota/duties for every member of staff. We looked at the results correspondence for the morning session and saw that abnormal results had been marked urgent and had

Are services responsive to people's needs? (for example, to feedback?)

been dealt with immediately, with recorded tasks showing action having been taken. Later in the day, we checked again and found that all normal results marked routine had also been dealt with.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our inspection in March 2016 the practice was rated as inadequate for being well-led. We found that the provider needed to make improvements. For example;

- There was a lack of clear leadership structure however; staff said they felt supported by management.
- The practice had a number of policies and procedures to govern activity but some had been provided by other practices and had not been made practice specific.
- Meetings were held but discussions and decision making processes were not recorded or information shared.
- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality, ensure an effective training programme was maintained and identify risk.
- The practice had not proactively sought feedback from staff or patients and did not have an active patient participation group.

Improvements were seen at this inspection in governance and patient engagement at the practice.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Twelve patients told us that the practice was popular and responded well to the needs of the community. For example, a walk in centre had closed in Camborne and the practice had registered 500 new patients in the last six months, increasing the total number of registered to 4,619 patients at the practice

Governance arrangements

In March 2016, at the last comprehensive inspection we found that there was no overarching governance arrangements at the practice. There were particular areas where governance was less well managed and had led to gaps in:

- Recruitment and chaperone processes, Disclosure and Barring Service checks or risk assessments for some staff, prescription security and monitoring,
- governance arrangements to review and promote practice specific policies, training was not monitored effectively, continuous clinical and internal audit was not in place,
- recording and managing risks, arrangements to gather feedback from patients, and sharing meetings information.

Clinton Road Surgery sent us an action plan outlining that the whole clinical governance structure would be reviewed following the last inspection in May 2016. At this inspection, we found that the practice had a clinical governance lead GP working with GP partners in a collegiate manner. Staff told us that the entire team was encouraged and enabled to play their part in monitoring and improving services for patients.

We found evidence of improvement at the practice, which now had an overarching governance framework supporting the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had recognised that the read coding and recording of information needed to be improving, as did the recall systems. The practice raised awareness of screening patients with all clinical staff, and nursing and health care assistant staff were given additional training. The practice purchased a hand held (FEV1) machine to test the lung capacity of patients with Chronic Pulmonary Disease so that accurate monitoring of their condition could take place. Changes had been made to patient

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

recall system with having a delegated administrative staff member as the lead, with further monitoring of this list from the practice manager. Improvement was seen, illustrated by data for example the percentage of patients who have had a review, undertaken by a health care professional, including an assessment of breathlessness using the Medical Research Council (MRC) score in the preceding 12 months was 78.9% in 2014-2015 and had increased to 90.5% in 2015-2016.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There was significant improvement seen, with 10 audits having been completed since March 2016. GP partners told us that having the practice placed in special measures had facilitated reflection, instigated action and implemented changes that would be of benefit for patients and staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. Minutes for meetings held since March 2016, showed that there was a systematic approach to dealing with any issues raised that provided assurance of mitigation of risks and celebration of achievements.
- The management structure was reviewed and had been strengthened since the last inspection. Changes seen throughout the inspection demonstrated that these changes were working well and staff felt better supported.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice nurse had been enabled to write a protocol for all locum nursing staff to follow for any patient at risk of, or newly diagnosed with diabetes. They told us this would ensure that appropriate and timely onward referrals were made so that newly diagnosed patients were added to the diabetic retinopathy screening and local educational programmes.

Seeking and acting on feedback from patients, the public and staff

In six months, the practice had set up systems to proactively obtain feedback from staff and patients, which it acted on. The practice had engaged with a group of patients who had joined the newly formed patient participation group (PPG) and a fundraising group had been set up. Eleven patients from the PPG told us they saw their role as a 'critical friend' and had been meeting every three weeks to monitor the practice recovery plan to improve the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints, including verbal ones, received. The PPG was active in driving the practice

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

forward. For example, PPG members had helped patients fill in surveys over several days whilst they were waiting for their appointments to obtain their views about the practice.

- Eleven members of the newly formed PPG met with us and spoke passionately about their aspirations to continue working with the practice and were linking up with other successful PPGs and the wider local and national networks to do this.
- A fundraising group had been set up by patients with the aim of helping the practice to purchase equipment to develop and improve services available. Since June 2016, this group had raised over £450 with the most recent event being held the weekend before the inspection. Discussions were underway about using this money to replace chairs to easily wipeable ones.
- The practice had improved the way it gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they were proud to work at Clinton Road Surgery and felt valued. For example, one member of staff had suggested

changes that could be made to ensure that locum staff were properly recruited and inducted. These suggestions had been actioned. Staff told us they felt involved and engaged to improve how the practice was run. All staff were enabled to do this and given protected time during their working week. For example, the practice nurse was rostered each week to have two hours protected time for self and practice development.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the practice nurse's was working closely with the secondary diabetic services on a local pilot to improve the care of patients with complex diabetes.

The practice manager worked closely with other manager's through the locality network. This had proven to be very supportive during the period of instability and need for improvements to be made. We observed that the staff were driven to improving and maintaining services for patients. The team demonstrated they worked flexibly and were piloting new ways of delivering the services to patients.