The Croft Surgery

Quality Report

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Date of inspection visit: 24 November 2015
Date of publication: 14/01/2016

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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Croft Surgery on 24 November 2015. Overall the practice is rated as good with the domain of caring rated as outstanding.

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 in place for reporting and recording significant events. The practice had clear evidence of the learning opportunities taken as a result of the monitoring of significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were encouraged to keep up to date and to take training opportunities whenever they came along.
- Patients said they found it easy to get through to the practice on the telephone, and felt they were treated with compassion, dignity and respect by all staff.
- There was a clear leadership structure and staff felt well supported by the management team and GP's.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The whole practice team worked together to provide a responsive service that put caring and patient safety at its heart.
- The practice had a multi-skilled workforce with all staff being able to support each other in different roles as and when needed.
- People were truly respected and valued as individuals and were empowered as partners in their care.

We saw areas of outstanding practice:

- A practice Patient Participation Group (PPG) had been in place since 2006 and had managed to attract a wide age range of members including working age and a teenage member. It was seen as a vital part of the way the practice worked with the PPG secretary / lead

Summary of findings

acting as a representative on the Allerdale Locality CCG. The PPG had attended the local school to talk about access to the service for the teenagers at the practice.

- The practice had achieved consistently high rates of patient satisfaction through the GP patient survey, the friends and family test and the CQC comment card uptake.
- The practice ran its winter flu vaccination sessions at three different venues across the practice boundaries. The PPG put on a coffee morning at these sessions to encourage the uptake of flu vaccinations. The local carers association had also attended to help identify and support carers and as a result of this were now providing monthly support sessions within the practice.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events with regular learning shared and embedded into practice
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. All staff were aware of the process and had been trained in relation to alerting safeguarding risks for both children and adults.
- All staff were multi skilled and able to provide cover across different areas in the event of staff shortages.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement but there was as yet no formal audit programme in place although this was planned.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all members of staff.
- Staff enjoyed good relationships and worked extremely well with the multidisciplinary team in order to ensure that they were able to meet the range and complexity of people's needs.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- People were truly respected and valued as individuals and were empowered as partners in their care
- Data showed patients consistently rated the practice higher than others for all the questions relating to caring on the GP patient survey, on the CQC comment cards and on interview.
- 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.

Summary of findings

- Staff were highly motivated and inspeired to offer care that was kind and which promoted people's dignity.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff went out of their way to help and support patients with their health and social wellbeing seeing their emotional and social needs as being as important as their physical needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with emergency appointments available the same day. Patients were extremely happy with the open access clinic each morning.
- The practice had easily accessible facilities and was well equipped to treat patients and meet their needs.
- Patients knew how to complain and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had thought through its succession planning to maintain the service it provided.
- There was a clear leadership structure with lead roles shared between GP's and the management team.
- Staff felt listened to and well supported by the management team.
- The provider was aware of and had an effective policy in place in relation to the Duty of Candour. The GP's encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice's patient participation group was very well established and worked with the practice to promote the practice activities and challenge where necessary.
- 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

Good

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Birthday cards were sent to those over the age of 80 inviting them to an appointment or a home visit if they had not recently attended the practice.
- Outreach clinics at different community venues for flu, shingles vaccination and pnemovax were available to reach a wider number of older people.
- Home delivery of medication and arrangement of blister packs through the community pharmacy was available.
- Active searching for people at risk of admission to hospital was in place.
- Home visits for care and medication reviews were carried out as necessary.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Three different Year of Care Plans; diabetes, COPD and “at risk of Diabetes” were available.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice completed a continuous review of appointments to ensure they were providing enough, with access to an open surgery each day.
- During a review of appointments the practice appointed a a Health Care Assistant to provide more nursing support to patients .

Summary of findings

Families, children and young people

Good

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

- New patient registration for children followed safeguarding guidelines – GPs understood the family structure and informed health visitors of new family registrations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Following a PPG attendance at the local secondary school the practice had more awareness of the problems school children have in obtaining an appointment at the practice in school hours; particularly around sensitive issues. The surgery had capacity to fit patients in as needed.
- We received excellent feedback on collaborative working with midwives, health visitors and district school nurses.
- Cervical screening, mammogram and vaccination programmes all had good uptakes; for example the practice's uptake for the cervical screening programme was 85.06%, which was higher than the national average of 81.88%. Childhood immunisation rates were comparable or higher than CCG averages.
- Staff had received training in recognising and acting upon domestic violence and genital mutilation.
- There was good collaborative working between the midwives and GPs, with midwives running clinics from the surgery and GPs on hand to advise or prescribe as necessary.
- All GPs arrange suitable follow up for emergency contraception, termination of pregnancy and sexually transmitted diseases.

Working age people (including those recently retired and students)

Good

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.
- The practice website was accessible and very detailed.
- Nurses provided a full travel vaccine service (excluding yellow fever).
- GPs managed their own choose and book referrals so patients could usually leave the surgery with a booked appointment for a consultant without having to attend again to make a booking.

Summary of findings

- GPs mostly did their own bloods and electrocardiograms (ECG's) within an appointment time so that a quick assessment could be made, reducing the number of attendances necessary to get a diagnosis.

People whose circumstances may make them vulnerable

Good

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

- Longer appointments were offered for people with a learning disability, and learning disability health checks were able to be done in surgery or at home depending on the patients choice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice provided an extremely supportive and appropriate service for people with gender identity issues.
- Carers were actively identified and the local carers association held monthly clinics at the practice to give advice and support.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice liaised with counselling services local mental health team and the crisis team.
- Longer appointments were available when someone was in need of extra support.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Two hundred and fifty survey forms were distributed and 119 were returned. This is a response rate of 47.6%, representing 3.5% of the practice patient list. The majority of results were all above the clinical commissioning group (CCG) and national averages. .

- 97.7% found it easy to get through to this surgery by phone compared to a CCG average of 80.3% and a national average of 73.3%.
- 98.4% found the receptionists at this surgery helpful (CCG average 89.9%, national average 89.9%).
- 94.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.8%, national average 85.2%).
- 98.5% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).
- 89.2% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 66.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards of which 41 were positive about the standard of care received. The one negative comment focused on an isolated incident which we were unable to follow up as the card was anonymous. They showed that all staff from the receptionists to the GPs were consistently compassionate and understanding of changing circumstances, whether health related or socially. Patients felt they were treated with dignity and respect and were never rushed or made to feel they were a nuisance.

The friends and family test which asks how likely are you to recommend your GP practice to your family and friends if they needed similar care or treatment showed 96% of patients would recommend the practice to their family and friends.

We spoke with eight patients during the inspection. All eight patients commented that they were satisfied with the GP's, nurses, staff and services. Patients stated they felt respected by staff and liked the local friendliness of all there.

Outstanding practice

- A practice Patient Participation Group (PPG) had been in place since 2006 and had managed to attract a wide age range of members including working age and a teenage member. It was seen as a vital part of the way the practice worked with the PPG secretary / lead acting as a representative on the Allerdale Locality CCG. The PPG had attended the local school to talk about access to the service for the teenagers at the practice.
- The practice had achieved consistently high rates of patient satisfaction through the GP patient survey, the friends and family test and the CQC comment card uptake.
- The practice ran its winter flu vaccination sessions at three different venues across the practice boundaries. The PPG put on a coffee morning at these sessions to encourage the uptake of flu vaccinations. The local carers association had also attended to help identify and support carers and as a result of this were now providing monthly support sessions within the practice.

The Croft 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 advisor, a second CQC inspector, a pharmacy inspector and an Expert by Experience.

Background to The Croft Surgery

The Croft Surgery is situated in Cumbria close to the centre of Kirkbride. It sits within the locality district of Allerdale. Due to the rural nature of the practice boundary the practice provides a dispensing service to its patient population.

The practice provides services to 3,343 patients and to a diverse rural population. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is below the England average for males at 79 years and 82 years for females (England average 79 and 83 respectively).

There is a very small percentage of the practice population whose first language is not English.

There are four partner GPs two male and two female. There are two practice nurses, a health care assistant, a practice business manager, an administrative manager, three receptionists a Clinical Interface Manager, two dispensers, a cleaner and a prescription delivery driver. The practice also has a placement for medical students to gain experience of general practice. Other healthcare professionals such as district nurses, health visitors, palliative care nurses and midwives are in regular contact with the practice, with the midwife undertaking an antenatal session once a week in the practice.

The practice is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am until 5.40pm daily, although patients are often seen after the last appointment time.

Out of hours provision is provided by the 111 service and Cumbria Health On Call (CHOC).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. The practice had been inspected in May 2014 as part of our piloting of the new methodology. No concerns were identified at that 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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our visit we:

- Spoke with a range of staff including some of the partner GPs, the practice manager, practice nurses, the health care assistant, medical student, dispensing and administration staff and spoke with eight patients who used the service. We spoke on the telephone with other professionals who liaise with the practice such as district nurses, health visitors and midwives. We also spoke with a local care home where the GP's provide care and treatment to some of the residents.
- Observed in the reception area how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 are provided for specific groups of people and what good care looks 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents and there was also a recording form available for everyone to use. The practice had an open and honest approach to significant events and they were relished as a learning opportunity.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice had historical evidence of significant event analysis going back to 2007, and we saw that 20 of these had been collected in the last year. Lessons were shared across the practice to make sure action was taken to improve safety in the practice. For example, a message had been left on a patient's answerphone that clearly identified the patient's diagnosis. The patient was unhappy that this had been left in that way as anyone in the family may have picked this message up. This incident was discussed with staff at a protected learning session and learning points were documented that included when to leave an answerphone message, a letter being more effective and including the partner involved in the patients care.

The practice had in place an understanding and an effective policy on their responsibility with regards to the Duty of Candour.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. A safeguarding noticeboard was accessible to all staff and was kept up to date with relevant information and contact details. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. The practice was able to explain and show us how vulnerable families were highlighted on the practice IT system. Staff demonstrated they understood their responsibilities and all had received training both on line and in house from the lead GP. The lead GP for safeguarding was trained to Safeguarding level 3 as well as one of the other GP partners. There was a system in place to flag safeguarding concerns on the patient record system.
- Patients were aware they could ask for a chaperone if needed and information on asking for one was available to patients. All staff who acted as chaperones were trained for the role by the GPs and all staff whether chaperones or not had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When a chaperone was used the GP and the chaperone recorded this in the patient record.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners and a practice nurse took responsibility as the leads for infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we were given information where action had been taken to address issues following the audits. Enough protective clothing was available when needed and all instruments used were disposable.
- A process was in place to ensure prescriptions were signed before medicines were handed out to patients. We saw records showing all members of staff involved in the dispensing process had received appropriate training all being trained to NVQ level 2 of the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients from their dispensary. Staff informed us that they had opportunities to have continued learning by attending training courses and we saw staff had annual appraisals. A barcode scanning system was in use for dispensing providing additional dispensing accuracy assurances. There was also a system in place for the management of high risk medicines to improve safety. The practice held

stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and balance checks had been carried out regularly. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. Vaccines and medicines fridges were maintained appropriately and temperature measurements were taken regularly to ensure the cold chain was maintained (this ensures the efficacy of the vaccines being administered). Staff told us about procedures for monitoring prescriptions that had not been collected. Blank prescription forms were handled in accordance with national guidance and the practice kept them securely. A procedure was in place to track prescription forms through the surgery to prevent misuse.

- At our last inspection we raised the issue of there needing to be a more effective recruitment procedure that addressed all the issues required in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This had been addressed by the practice and a new policy for pre appointment checks had been put in place alongside a new employee induction checklist. We reviewed the personnel files of two newer members of staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out monthly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 that enough staff were on duty. We were told staff seldom went off sick but if this should happen or when certain areas were busy such as in the run up to Christmas then a number of staff were multi skilled and had been trained to assist safely and effectively in other departments.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room. All medicines and equipment was checked regularly.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had other designated premises that could be used if needed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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 peoples' needs. Safety alerts and other clinical updates were received by the practice business manager who distributed those that were relevant to the appropriate clinician for action. Regular clinical and staff meetings were used as an opportunity to discuss new guidance that had been received.

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 most recently published results (2014-2015) showed the practice had achieved 512 of the total number of points (599) available, with a 5.5% clinical exception reporting rate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was 12.2 % points below the clinical commissioning group (CCG) average and 7.8 % points below the national average.
- Performance for mental health related indicators was 6.9% points lower than the CCG average and 4.3% points below the national average.
- Performance for secondary prevention of coronary heart disease was 4.9% points below the CCG average and 3.3% points below the national average.
- Performance for the asthma related indicators was 1.5% points above the CCG and 2.6% points above the national average.
- 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 was above the CCG and national averages.

Where some points were lost this may well be attributed to under performance in achieving flu vaccination targets. The practice had a less deprived patient population with patients who were able to decide for themselves if they wanted to have a flu vaccination. Despite the practice targeting patients with flu vaccination outreach clinics and including coffee and biscuits (which had helped increase uptake) they still did not meet the CCG average. On further discussion with the GP's there may also be some inaccurate coding issues which with the recent employment of a new GP who has been used to leading on patient coding it was felt would improve next year. Some additional audit work that the practice was doing around atrial fibrillation may also help with the secondary prevention of coronary heart disease.

With the recent appointment of a new GP partner a programme of clinical audits was in the planning stage. The practice had undertaken a number of full cycle audits in minor operations, insertion of intrauterine contraceptive devices, contraceptive implants,near patient testing / INR testing (warfarin) and non valvular atrial fibrillation (AF); specificallywhether appropriate patients were being offered anti-coagulation to prevent strokes. The audit process showed good practice in AF care being followed and where patients were not anti-coagulated there was a clear rationale or explanation as to why. Improvements were identified around coding, and those patients identified who were prescribed warfarin but out of range more than 60% of the time would be followed up in January 2016 to see if they needed an alternate medication.

The practice had also commenced first stage clinical audits around Domperidone, Cephalosporin and Quinolone use.

The practice was able to show how it monitored its performance relevant to others for example with local benchmarking from the CCG. We saw examples of good results against the Quality Innovation Productivity and Prevention (QUIPP) indicators for the last two sets of prescribing indicators which reflected good prescribing. The CCG average score was 27 with the practice scoring 43 (a number above the CCG average is better). As an example the practice averaged a spend per patient in August 2015 of £33.71 compared to the average CCG spend of £41.52 ensuring cost effective use of NHS resources.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The learning needs of staff were identified through a system of appraisals and training included e-learning and face to face training opportunities. Generally if a member of staff identified something that added value to the practice then they were supported to undertake the training. Protected learning time sessions were well supported by all staff. All staff had undertaken an appraisal within the last 12 months. There was facilitation and support for the revalidation of doctors.

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. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

GPs used choose and book to refer patients to secondary care (hospital trusts) but where necessary they rang individual consultants themselves for a discussion. Urgent cancer appointments (2 week rules) were faxed, acknowledgments were obtained once the fax had arrived and a note made on the patient record showing it had been sent.

Staff worked very well with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We spoke with a local care home about their relationship with the practice who found the practice very supportive. Every service user had a named GP and the continuity of care was extremely good. Patient's medications were reviewed regularly by GPs who knew the service users.

We spoke with members of the multi-disciplinary team that included district nurses, health visitors and midwives who told us they had excellent relationships with the practice and that the practice was quick to respond to concerns and were very supportive. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Midwife led clinics were delivered on site and this provided easy exchange of information, advice and the ability to prescribe on the day.

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. We were given an excellent example of where a GP had spent time with a patient to establish which elements of care they were able to understand and consent to and which they could not.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, those at risk of developing diabetes and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service as needed.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85.06%, which was higher than the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to or higher than the CCG averages. For example, childhood immunisation rates for the

Good

Are services effective?

(for example, treatment is effective)

vaccinations given to 2 year olds ranged from 80% for infant Men C to 100% and five year olds from 66.7% for PCV booster to 100%. Flu vaccination rates for the over 65s were 67.3%, and at risk groups 47.56%. These were both below the CCG and national averages. The practice was aware of this and had looked at strategies to improve the uptake with flu clinics taking place on Saturdays at outreach clinics with coffee mornings. This had had some success. For example in 2012/13, 304 patients turned up to the flu sessions and in 2013/2014 this had increased to 448.

However the practice population was less deprived and was able to make an informed decision about whether it was worthwhile for them or their family to have a flu vaccination.

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

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that patients were truly respected and valued as individuals and were empowered as partners in their care. This was evidenced by the overwhelmingly positive comments from the GP patient survey, the CQC comment cards, patient participation group (PPG) surveys, patients' comments and the interaction between staff and patients that we saw on the day.

Forty one of forty two CQC comment cards were extremely positive about the service experienced. One comment card talked about a specific problem with a diagnosis which we were unable to follow up as it was anonymous. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients said they could always see a GP when required, they listened and gave them enough time. Care was compassionate, courteous and helpful down to the smallest of supporting gestures.

We spoke with three members of the practice's patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, and staff went the extra mile. Members of the PPG told us that the practice asked for their opinion on a range of subjects and that at the twice yearly meeting they received information about the local health economy and services being provided.

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 98% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

We found that 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 and that conversations taking place in these rooms could not be overheard. The reception area was very small but receptionists went out of their way to reduce the chance of personal information being overheard. If there were sensitive issues that needed to be discussed or patients appeared distressed receptionists offeredto find somewhere more private to discuss their needs.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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 local and national averages. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language and some of the staff were able to use Makaton (Makaton uses signs and symbols to help people communicate) . We saw notices in the reception areas informing patients that translation services were available.

Patient and carer support to cope emotionally with care and treatment

Outstanding ☆

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Many support leaflets and information was accessible on the website but not always available to see in the waiting area which meant patients without access to the internet may not be aware of them.

The practice's computer system alerted GPs if a patient was also a carer. Ninety one carers had been identified by the practice and the local carers association had attended flu clinics to better interact with the patients. From this the practice had been able to increase their list of carers, and the local carers association had monthly sessions in the surgery where patients could make appointments to find out more what was available locally, and hopefully feel more supported.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. For example the practice took part in three projects for long term care of medical problems with Cumbria CCG and was also committed to avoiding unplanned admissions.

- Home visits were available for older patients / patients who would benefit from these.
- GP's wrote letters to patients to explain test results.
- Patients were supported at all times with their health care for example where patients had made efforts to reduce weight letters of congratulations and support were sent by the practice.
- Open access clinics were held every week day.
- Telephone consultations were available.
- Longer appointments were available for particular procedures and where patients felt they required extra time.
- Patients with a learning disability were given longer appointment times.
- There were disabled facilities, and translation services available, with some staff being able to use Makaton.
- We saw specific examples where patients emotional and social needs were as important as their physical needs especially around homeless and trans gender issues.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 5.40pm every weekday. We however saw examples where the GPs had seen patients beyond the end of clinic times and where they had recently successfully treated two patients (one of whom was a child) who came in at the end of the day without an appointment. Open access clinics were available Monday to Friday mornings between 9am and 10am. The practice was constantly reviewing its appointment access and could evidence this over the last three years showing how it changed its access to meet the needs of patients. One hundred and twenty three patients had completed an open access surgery survey in March 2015 to look at why they had accessed the open surgery, whether the wait was acceptable, whether they minded seeing whichever GP was on duty for the open access clinic and when they would ideally have wanted to be seen if they could only access normal booked appointments. The survey showed that the open access surgery was extremely valuable and patients wanted to keep it.

Late night appointments had been trialed with little uptake however the practice was open to trying this again if it was felt to be needed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently above the CCG and national averages. People told us on the day that they were able to get appointments when they needed them and everyone liked the choice of being able to book appointments in advance and use the open access clinics if needed. Of those who responded to the survey:

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 98% of patients said they could get through easily to the surgery by phone (CCG average 80% and national average 73%).
- 89% patients described their experience of making an appointment as good (CCG average 79% and national average 73%).
- 99% of patients said the last appointment they got was convenient (CCG average 94% and national average 92%).
- 76% patients felt they don't normally have to wait too long to be seen (CCG average 61%, national average 58%).

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. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system within the "A guide to our services booklet" and on the practice's website. Although the practice did not have a complaints poster in the waiting room patients spoken with told us they would

Good

Are services responsive to people's needs?

(for example, to feedback?)

have no problem if they needed to make a complaint and staff told us they would help patients resolve any issues in the first instance or pass the complaint through to the practice manager if they were unable to help. The practice made sure a complaints poster was placed on the waiting room noticeboard at the end of the inspection.

We looked at one complaint received in the last 12 months. This complaint involved other services as well as the practice. The practice was collating all responses to be able to respond and had resolved its own part in the complaint in a meeting with the patient concerned. We talked through the complaints process with the practice staff and saw that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. Its aim was to provide the kind of care that they themselves would like for their families and themselves.

The GP partners were able to show us how it had started to plan for the future of the practice with its work on succession planning. Despite national GP recruitment problems a recent advert for a new GP partner had found four potential candidates. The practice had taken on a new experienced GP as a partner and a newly qualified GP was joining the practice in April,

Governance arrangements

The practice had an overarching governance framework which supported 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 staff were aware of their own roles and responsibilities with clearly defined leads for the management team.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks.

Leadership, openness and transparency

The GP partners in the practice had experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management team had an open door policy, were always available, approachable and took the time to listen to all members of staff. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service using the protected learning times (PLT) as well as staff questionnaires to make improvements. A recent PLT event had been used to look at the challenges set by CQC and the fundamental standards especially around safety. The PLT was also used to share out responsibility for meeting the standards.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents, there was a clear leadership structure in place and staff felt supported by the management team. Staff told us that the practice held regular team meetings and we were able to review minutes from the meetings. Staff said they felt respected, valued and supported, particularly by the GP partners.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice's patient participation group (PPG) had been in place since 2006 and met every six months. The PPG was made up of a variety of patient ages including those of working age and a teenager. The PPG names were available to patients on the practice website, some of the practice newsletters and on the surgery noticeboards for patients to contact if they needed too. There was no information in the reception though that explained what the PPG did. The PPG helped with the flu outreach clinics and gathered feedback from patients through additional surveys. The PPG had put together a school survey and attended the local secondary school to talk to its Health and Social Care class about access to the service for school children. Following this the group was able to talk to the GPs about the problems teenagers had accessing appointments in school time especially with sensitive issues. The practice was looking at how it could improve its services for this group of patients.
- The practice was open to ideas from its staff and welcomed their opinion on the way the practice was running and changes that could be made. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team.

Continuous Improvement

Are services well-led?

Good

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

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning times and access to online training materials.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.
- The practice was proactive in its succession planning as evidenced by its recent GP recruitment.