

Aspatria Medical Group

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 an announced comprehensive inspection at Aspatia Medical Group on 10 November 2015. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Significant events were recorded, investigated and learned from.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw an area of outstanding practice:

- The practice had carried out an audit on medication which is used to treat anxiety and insomnia. The audit significantly reduced the number of patients prescribed this medication by 79%. The audit was used as the methodology for the clinical commissioning group (CCG) area to reduce the number of patients taking this medication. Following its success the pilot was rolled out nationally and a quote from a patient at the practice was used for a national information leaflet giving advice about inappropriate medication.

Summary of findings

The areas where the provider should make improvements are:

- Consider revisiting the actions from significant events to ensure change had happened or been sustained.
- Carry out regular infection control and hand hygiene audits.
- Follow up actions identified in the legionella risk assessment with the landlord of the building.
- Implement a comprehensive checking schedule of single use items which are part of the equipment used in an emergency.

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?

The practice is rated as good for providing safe services. We found significant events were recorded, investigated and learned from. Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones. There were infection control arrangements in place and the practice was clean and hygienic. However, the practice had not carried out full regular infection control audits. There were systems and processes in place for the safe management of medicines. There was enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received comprehensive training and any further training needs had been identified. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to others for several aspects of care. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. They had a clear vision for the future and staff were clear about their responsibilities in relation to these. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. This included staff and patient surveys. The practice had an active patient liaison group (PLG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice was responsive to the needs of older people, including offering home visits. Patients over the age of 75 had a named GP and were offered annual health checks. Prescriptions could be sent to any local pharmacy electronically. Age UK held advice sessions at the practice.

The practice had a close relationship with the local care home where some of its patients resided. One of the GP partners was the lead for this care home. There was a dedicated telephone line to the practice for them and this was also used by the ambulance service in emergency situations.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

The practice had recently introduced integrated chronic disease management clinics. The practice were also involved in the diabetes year of care project in providing personalised care to patients to provide shared goals and action plans for patients to enable them to self-manage their condition.

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained 100% of

Good



Summary of findings

the points available to them for providing recommended care and treatment for patients with asthma. This was 1.5 percentage points above the local clinical commissioning group (CCG) average and 2.6 points above the national average.

Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 accident and emergency attendances. Immunisation rates were mostly higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% and five year olds from 77.8% to 100%. The practice's uptake for the cervical screening programme was 84.7%, which was above the CCG and national averages of 79.8% and 76.9%. Appointments were available outside of school hours and the premises were suitable for children and babies.

There were six week checks and post-natal reviews with the GPs. There was a baby clinic every other Tuesday afternoon and maternity care clinics with the midwife every Monday and Tuesday afternoon.

Good



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 which included appointment booking, test results and ordering repeat prescriptions. Text reminders for appointments were available to patients. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available as well as extended opening hours on a Monday evening. Minor surgery clinics were available every Tuesday morning.

Family planning and sexual health clinics were run on a Monday evening. The practice provided intrauterine device (IUD) coil fitting and contraceptive implant service.

Good



Summary of findings

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 those with a learning disability. They carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told 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.

Good



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). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. They carried out advanced care planning for patients with dementia. 92.7% of patients identified as living with dementia had received an annual review in 2013/14 (national average 83.8%) and had agreed care plans in place. The practice also worked together with their carers to assess their needs.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke with seven patients on the day of our inspection, which included two members of the practice's patient liaison group (PLG).

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good, caring and happy. They told us staff were friendly and helpful and they received a good service. Patients said they did not have difficulty obtaining an appointment to see a GP. Three patients mentioned that they felt they did have a wait sometimes from their appointment time to the time they got in to see the doctor.

We reviewed three CQC comment cards completed by patients prior to the inspection. The cards completed were all positive. Two patients who completed cards described the care as excellent.

The latest GP Patient Survey published in July 2015 showed that scores from patients were mostly in line with national and local averages. Patients who described their overall experience as good was 87%, which was in line with the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 80% (local CCG average 80%, national average 78%).
- 90% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 87% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.

- 90% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 91% said they found it easy to get through to this surgery by phone (local CCG average 80%, national average 73%).
- Percentage of patients who were able to see or get to speak to their usual GP - 55% (local CCG average 62%, national average 60%).
- Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen- 56% (local CCG average 65%, national average 65%).
- Percentage of patients who find the receptionists at this surgery helpful - 89% (local CCG average 90%, national average 87%).

These results were based on 123 surveys that were returned from a total of 278 sent out; a response rate of 44%.

The practice carried out its own survey in 2014. An example of the results are;

- Patients were asked would they recommend the surgery to someone who has just moved to their local area, 98.1% answered yes definitely or yes probably.
- Patients were asked how the surgery helped them understand their health problems, 92.2% answered very well.
- 92% of patients said the GP was good or very good at listening to them.
- 74.3% of patients said the automated check-in had reduced congestion at the reception desk.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Consider revisiting the actions from significant events to ensure change had happened or been sustained.
- Carry out regular infection control and hand hygiene audits.
- Follow up actions identified in the legionella risk assessment with the landlord of the building.
- Implement a comprehensive checking schedule of single use items which are part of the equipment used in an emergency.

Outstanding practice

- The practice had carried out an audit on medication which is used to treat anxiety and insomnia. The audit significantly reduced the number of patients prescribed this medication by 79%. The audit was used as the methodology for the clinical commissioning group (CCG) area to reduce the number of patients taking this medication. Following its success the pilot was rolled out nationally and a quote from a patient at the practice was used for a national information leaflet giving advice about inappropriate medication.

Aspatria Medical Group

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 and a specialist advisor with experience of GP practice management.

Background to Aspatria Medical Group

Aspatria Medical Group provides Primary Medical Services to the town of Aspatria and surrounding villages. The practice provides services from one location, West Street Health Centre, Aspatria, Wigton, Cumbria, CA7 3HH.

West Street Health Centre is a purpose built building. Patient facilities are on the ground and first floor which can be accessed by a lift. There is step free access at the front of the building and a disabled toilet on the ground floor and baby change facilities on the first floor. There is dedicated parking for patients at the rear of the surgery including marked disabled parking bays.

The practice has three GP partners and two salaried GPs, three female and two male. The practice is a teaching and training practice and teaches medical students and also foundation year doctors.

There are two nurse practitioners, four practice nurses, a medicines manager, all who work part time and a health care assistant. There are administration and secretarial staff which include an IT and premises manager and an office manager.

The practice provides services to approximately 6,700 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

Data from Public Health England shows that the practice has higher than average levels of patients aged between 40 and 80 years old and lower levels of patients below the age of 39.

The practice is open between 8:00am - 6:30pm Mondays to Friday with extended opening hours on a Monday evening until 8.00pm.

Consulting times are Monday to Friday 8.30am to 12.30pm, 2.30pm to 6.00pm every afternoon other than a Monday when consulting times are until 8pm.

The service for patients requiring urgent medical attention out of hours is through the NHS 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.

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. This inspection was planned to check whether the registered 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

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

We carried out an announced visit on 10 November 2015. During our visit we spoke with a range of staff. This included two GP partners, a foundation year doctor, the IT and premises manager, nurse practitioner, practice nurse and reception and administrative staff. We also spoke with seven patients. We reviewed three CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us if there were any issues they would be reported to the IT and premises manager who was responsible for their collation. The practice carried out an annual analysis of significant events and this also formed part of the GPs' individual revalidation process. There had been nine reported since April 2015.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, a thermometer loaned to a patient was not recording accurate temperatures. The patient was found to have a high temperature which had not been picked up by the thermometer. Extra checks of loaned out equipment were put in place to reduce the risk of this happening again. However, the inspection team thought that the significant event process could be made tighter with more evidence in place for revisiting the actions from these events to ensure change had happened or been sustained.

The IT and premises manager managed the dissemination of national patient safety alerts. They decided along with the medicines manager who needed to see them and there was a system in place to ensure that the appropriate members of staff had read the alert and taken any necessary action.

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 (NPSA and 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 could demonstrate its safe track record through having systems in place for safeguarding, health and safety including infection control, and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies 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. The GP attended safeguarding meetings

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had all received training relevant to their role.

- There were notices displayed in consultation rooms, advising patients that they could request a chaperone, if required. Practice nurses usually carried out this role. However, there were other staff who were trained as chaperones who could also carry out this role. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The practice had fire risk assessments in place. There were four trained fire wardens in the practice; staff had received fire awareness training including training from an external contractor on handling fire extinguishers. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. Staff had received infection control training. However, there was no regular infection control or hand hygiene audits in place. This was something the practice nurse had intended to do but shortages of practice nurses had prevented this being carried out. Following the inspection the practice sent us an infection control audit of the treatment room where minor surgery was carried out. They also advised that an infection control audit had been carried out following the inspection. There was a formal legionella risk assessment. However, there were some actions identified in the risk assessment which the practice had raised with the landlord in June 2014 which needed following up.
- We saw that prescription pads were securely stored and blank prescription forms were handled in accordance with national guidance. We looked at the emergency equipment and saw that some of the single use items and medication were out of date. This included

Are services safe?

medicines used to manage an asthma attack, which expired in May 2015, dressings which expired in February 2015 and needles which had a use by date of 2012 and a date earlier in 2015. We spoke with a GP partner who told us that the member of staff who was meant to check this equipment did not realise that this was included in their checks. This issue was immediately addressed by the practice. We saw that all other arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- Recruitment checks were carried out and the files we sampled showed 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 DBS checks.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were policies in place regarding the numbers of staff required to be on duty. The reception manager organised the administration staff cover.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 97.5% of the total number of points available to them, with a clinical exception reporting rate of 10.7%. The QOF score achieved by the practice in 2014/15 was 4% above the England average; the clinical exception rate was 1.5% above the England average but in line with the local clinical commissioning group (CCG) average.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was better than the national average (98.8% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (96.2% compared to 92.8% nationally).
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment and people's outcomes. We saw examples of two cycle and other clinical audits which had recently been carried out. The practice had carried out an audit on medication which is used to treat anxiety and insomnia. In recent years this medication was found nationally to have been inappropriately prescribed and the aim of the audit was to ensure it was being prescribed appropriately. Clinics were set up by a GP at the practice to discuss, agree and monitor withdrawal from the medication. The initial audit identified 305 patients registered at the practice (4.2% of the total patient population) who were prescribed this medication. The further re-audit showed a reduction in the number of patients who take this medication to 65 which is a 79% reduction with only 19 patients using the medication inappropriately. This audit was used as the methodology for the clinical commissioning group (CCG) area to reduce the number of patients taking this medication. Following its success the pilot was rolled out nationally and a quote from a patient at the practice was used for a national information leaflet giving advice about inappropriate medication.

Effective staffing

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

- The practice had an induction and mentoring programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role.
- The learning needs of staff were identified through a system of appraisals, personal development plans, meetings and reviews of practice development needs. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff told us they felt well supported in carrying out their duties.
- Staff received comprehensive training that included: safeguarding vulnerable adults and children, fire procedures, health and safety, basic life support, dementia friends and information governance awareness. Clinicians and practice nurses had completed training relevant to their role which included

Are services effective?

(for example, treatment is effective)

domestic violence and mental capacity act training. Staff were given opportunities for additional training, for example, the IT and premises manager had recently completed an Institute of Leadership and Management (ILM) level 5 in Management.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and 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 saw evidence that formal multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in

line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from the clinical team at the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.7%, which was above the CCG and national averages of 79.8% and 76.9% respectively. 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 mostly higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% and five year olds from 77.8% to 100%. The flu vaccination rates for the over 65s was 76.5% (compared to 73.2% nationally), and for at risk groups was 65.7% (compared to 52.3% nationally).

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

We reviewed three CQC comment cards completed by patients prior to the inspection. The cards completed were all positive. Two patients who completed cards described the care as excellent.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good, caring and happy. They told us staff were friendly and helpful and they provided a good service. We also spoke with 2 members of the patient participation group. They told us that in their opinion the practice did a magnificent job in meeting the needs of its patients.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with or just below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 92% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.

- 89% said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with or just below local and national averages. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 81%.
- 87% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

Due to the practice being in a rural location and staff all living locally with most having worked there for some years, staff knew their patients very well, which allowed for good continuity of care. The practice had begun to work towards all patients having a named GP. We observed staff during the inspection and saw positive interactions with patients.

The practice told us that as a result of feedback from a patient they had changed the way they contacted bereaved families. A GP contacted them or sent them a sympathy card. However, a bereavement booklet had also been devised to assist families with practical help such as how to register the death and other people who may need to be informed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. They had recently been involved in looking at the five year forward view for Cumbria. They were also part of a local federation, the largest in the county which were looking at how they could improve services locally, for example their GP being more involved with the provision of sexual health services across the federation.

The practice had a patient liaison group (PLG) with 12 members who met quarterly; one of the members chaired the meeting. We spoke with two members of the group. Both commented positively on how the practice was open to change. Examples of improvements the group had influenced included changes made to the privacy at the reception desk which was suggested by the PLG and implemented by the practice. Further funding to improve this had been applied for. The group had worked with the practice to update the practice information leaflet.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on Monday evenings until 8pm.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- The nurse practitioner offered routine appointments.
- There was a telephone consultation service available.
- A text reminder service operated.
- Phlebotomy was available in the practice every day, other than a Friday afternoon.
- There were alerts on the practice computer system for those patients needing extra support such as those who had hearing difficulties.
- Specialist Clinics were provided including minor surgery, sexual health and chronic disease management.

- The practice provided a minor injury service due to the distance which patients had to travel to the local accident and emergency department at the local hospital.
- The surgery offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to come to the clinic, patients no longer had to travel to hospital for the test.
- A blood pressure and height and weight machine was available for patients to use in the waiting area.

The practice had recognised that there was a gap in advice services locally provided for patients and had applied for charity funding to have Citizens Advice drop in clinics held at the practice.

Access to the service

The practice was open between 8:00am - 6:30pm Mondays to Friday with extended opening hours on a Monday evening until 8.00pm. Consulting times are Monday to Friday 8.30am to 12.30pm, 2.30pm to 6.00pm every afternoon other than a Monday when consulting times were until 8pm.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP. Three patients did mention that they felt they did have a wait sometimes from their appointment time to the time they got in to see the doctor.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see a GP were available to be booked the next day, as were appointments to see the practice nurse. There were urgent same-day appointments available for patients on the day of the inspection.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was in line with or higher than local and national averages. For example;

- 86% of patients were satisfied with the practice's opening hours compared to the local CCG average of 78% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the local CCG average of 80% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 78% patients described their experience of making an appointment as good compared to the local CCG average of 79% and national average of 73%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the local CCG average of 61% and national average of 58%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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. This included leaflets in the patient waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received eight formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at staff meetings. Formal reviews of complaints received by the practice were completed on a yearly basis.

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 deliver patient centred care and to promote good outcomes for patients.

The values were;

- To provide excellent patient care.
- To provide help in a friendly manner.
- To provide continuity of care.
- To have competent staff working as a team.

All staff knew and understood the values of the practice.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This had been re-designed in recent years to suit the needs of the practice.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that there was a full team meeting every six months. Clinicians had a monthly clinical breakfast meeting. All managers in the practice met together every month and there were regular partners meetings.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The practice knew their priorities they had plans in place for areas they needed to work on and knew in what areas they had improved.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through surveys and formal and informal complaints received and the practice liaison group (PLG).

The practice had also gathered feedback from staff. 360 degree feedback was carried out for all staff at the practice. There had been a regular staff survey in place since 2011. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were encouraged to identify opportunities for future improvements and how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Training was an area where the practice had considered what improvement was needed to deliver their services. For example, the IT and premises manager and one of the GP partners had attended an external health and safety course to learn more about these types of risks to the practice. On their return from the course they implemented learning from this training. The practice had provided training on carrying out appraisals for the management staff in 2013.

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Are services well-led?

Good 

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

The practice had its own social media page which was regularly updated with information such as the flu vaccine and times when the practice was closed.