Fellview Healthcare Ltd

Quality Report

Flatt Walks Health Centre,
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fellview Healthcare Limited on 12 November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- 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 understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- 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 proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.
- Staff had received training appropriate to their roles.

We saw several areas of outstanding practice including:

- A chronic disease 'template' (guidance for staff) had been developed within the practice to support nurses to carry out more effective and efficient checks for patients. The template had proved successful and other practices in the Whitehaven area had adopted the system. The practice IT manager also provided technical support to the other practices in the area.
- A new service for patients had been introduced in May 2015. The practice had employed two

Summary of findings

community nurse practitioners (CNPs) to carry out home visits to patients in 12 local care homes. The CNPs visited patients in the care homes, which reduced the workload for GPs but provided continuity of care for the patients. A survey of those who used the service had been carried out. A total of 15 responses were received. The results were overwhelmingly positive, for example, 100% of respondents felt the service was of benefit to them and 80% felt communication between clinicians and patients had improved.

- The practice was an early implementer of the patient access service (the facility was available well before the required implementation date of April 2016). The service enabled patients to access parts of their own medical records, including medication and allergy information.
- An influential and active patient participation group (PPG) had been established. The PPG had influenced the practice's social media campaign and the chair of the group had recently been invited to deliver a presentation to managers on the key internal and external issues the practice faced.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure daily checks of the fridge temperatures are carried out across all four sites.
- Complete appraisals for all members of the nursing team.

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.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There were procedures in place for monitoring and managing risks to patient and staff safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

Good infection control arrangements were in place and the practice sites were clean and hygienic. There was evidence of good medicines management. However, daily checks on fridge temperatures (to ensure vaccines were stored at the appropriate temperatures) had not always been carried out at the Cleator Moor and Griffin Close sites. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 96.6% of the points available. This was in line with the local average of 96.8% and above the national average 93.5%.

Patients' needs were assessed and care was planned and delivered in line with current legislation. A chronic disease 'template' (guidance for staff to follow during a consultation) had been developed within the practice to support nurses to carry out more effective and efficient checks for patients. The template had proved successful and other practices in the Whitehaven area had adopted the system.

Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. All staff, except the nursing team had had an appraisal within the last 12 months. A nurse manager had recently been appointed and they had arranged for all nursing staff to have their appraisals within the following two months. There were

Summary of findings

systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality

However, the National GP Patient Survey published in July 2015 showed mixed results for some aspects of care. Results showed that 93% of respondents had confidence and trust in their GP, compared to 92% nationally. Over 74% of respondents said the last GP they saw was good at explaining tests and treatments, compared to the national average of 82%; 61% said the nurse was good at involving them in decisions about their care compared to the national average of 65%.

Managers were aware of the results from the Survey and had already begun to take action. A further practice based survey was planned for January 2016 to measure the impact of the action taken.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. A new service for patients was introduced in May 2015. The practice had employed two community nurse practitioners (CNPs) to carry out home visits to patients in 12 local care homes. The CNPs visited patients in the care homes, which reduced the workload for GPs and provided continuity of care for the patients.

The practice scored poorly in relation to access in the National GP Patient Survey. The most recent results (July 2015) showed 63% (compared to 73% nationally and 78% locally) of respondents were able to get an appointment or speak to someone when necessary. However, 72% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 78% respectively). The practice also scored poorly on the ease of getting through on the telephone to make an appointment (47% of patients said this was easy or very easy, compared to the national average of 71% and a CCG average of 77%).

Summary of findings

In response to the results of the survey, the practice had commissioned an external organisation to carry out an audit of patient access. The audit had taken place earlier in the year and the results had recently been provided to the practice. This showed that the number of appointments available was above average. Managers were in the process of reviewing the results and considering what action to take to improve patient perception and experience.

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.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Several staff had lead roles throughout the Cumbria area and provided support to other practices. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

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 they acted on.

There was an influential and active patient participation group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the management team. For example, the group had influenced the practice's social media campaign and promoted the use of Twitter.

Members of the group had contacted an organisation which was planning to build a large nuclear facility in the area. They were seeking a meeting to help understand the impact on the practice in relation to patient numbers.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems.

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

Outstanding ☆

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was slightly above local clinical commissioning group (CCG) average (99.6%) and 2.1 points above the England average.

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

A new service for patients had been introduced in May 2015. The practice had employed two community nurse practitioners (CNPs) to carry out home visits to patients in 12 local care homes. The CNPs visited patients in the care homes, which reduced the workload for GPs but provided continuity of care for the patients. A survey of those who used the service had been carried out. A total of 15 responses were received. The results were overwhelmingly positive, for example, 100% of respondents felt the service was of benefit to them and 80% felt communication between clinicians and patients had improved.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good ●

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

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. A chronic disease 'template' (guidance for staff to follow during a consultation) had been developed within the practice to support nurses to carry out more effective and efficient checks for patients. The template contained all documents in one place so the nurses could easily access relevant information for each patient.

Nationally reported 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

Summary of findings

had obtained 97.7% of the points available to them for providing recommended care and treatment for patients with diabetes. This was 4.1 percentage points above the local CCG average and 8.5 points above the national average.

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.1% to 100% and for five year olds from 77.7% to 100%. The practice's uptake for the cervical screening programme was 81.6%, which was comparable with the national average of 81.8%, but slightly below the clinical commissioning group (CCG) average of 82.5%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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 and flexible. The Cleator Moor site was open until 8pm Monday to Friday and on Saturday mornings for working patients who could not attend during normal opening hours.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line. Appointments could also be booked via a mobile device 'App'.

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Additional services were provided such as health checks for the over 45s and travel vaccinations.

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.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

The practice had effective working relationships 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 and out of hours.

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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 worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Nationally reported QOF data (2014/15) showed the practice had not achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 84.6% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health. This was 10.8 percentage points below the local CCG average and 8.2 points below the England average. Performance for dementia related indicators was below the national average (88.5% compared to 94.5% nationally). A review of the data had been carried out to determine the cause; it was found that this related to some patients who had not attended annual reviews. A study was carried out to determine

the most appropriate way to encourage the patients to attend and a protocol was set up for staff to follow. This had recently been implemented and the lead GP said the impact of the work would be reviewed over the following months.	

Summary of findings

What people who use the service say

We spoke with 11 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 118 CQC comment cards which had been completed by patients prior to our inspection.

Most patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. However, many patients felt they waited too long for an appointment, over 25% of the completed CQC comment cards made reference to this issue.

The National GP Patient Survey results published in July 2015 showed the practice was performing below local and national averages in many areas. There were 111 responses (from 315 sent out); a response rate of 35%.

- 80% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.
- 47% found it easy to get through to the surgery by phone compared with a CCG average of 77% and a national average of 71%.
- 83% found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 63% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 78% and a national average of 73%.
- 86% said the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 60% described their experience of making an appointment as good compared with a CCG average of 78% and a national average of 74%.
- 46% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG and national average of 65%.
- 43% felt they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

Areas for improvement

Action the service SHOULD take to improve

Ensure daily checks of the fridge temperatures are carried out across all four sites.

Complete appraisals for all members of the nursing team.

Outstanding practice

A chronic disease 'template' (guidance for staff) had been developed within the practice to support nurses to carry out more effective and efficient checks for patients. The template had proved successful and other practices in the Whitehaven area had adopted the system. The practice IT manager also provided technical support to the other practices in the area.

A new service for patients had been introduced in May 2015. The practice had employed two community nurse practitioners (CNPs) to carry out home visits to patients in 12 local care homes. The CNPs visited patients in the care homes, which reduced the workload for GPs but provided continuity of care for the patients. A survey of those who used the service had been carried out. A total of 15 responses were received. The results were overwhelmingly positive, for example, 100% of respondents felt the service was of benefit to them and 80% felt communication between clinicians and patients had improved.

Summary of findings

The practice was an early implementer of the patient access service (the facility was available well before the required implementation date of April 2016). The service enabled patients to access parts of their own medical records, including medication and allergy information.

An influential and active patient participation group (PPG) had been established. The PPG had influenced the practice's social media campaign and the chair of the group had recently been invited to deliver a presentation to managers on the key internal and external issues the practice faced.

Fellview Healthcare Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse and a specialist advisor with experience of GP practice management.

Background to Fellview Healthcare Ltd

Fellview Healthcare Limited is registered with the Care Quality Commission to provide primary care services. The service is located in and around the Whitehaven area of Cumbria. Fellview Healthcare Limited is a limited company, formed by 10 of the GPs from the practice.

The practice provides services to around 22,310 patients from four locations:

- Flatt Walks Health Centre, 3 Castle Meadows, Whitehaven, Cumbria, CA28 7QE;
- Beech House, St Bridget's Lane, Egremont, Cumbria, CA22 2BD;
- Cleator Moor Health Centre, Birks Road, Cleator Moor, Cumbria, CA25 5HP;
- Griffin Close, Frizington, Cumbria, CA26 3SH.

We visited all of these addresses as part of the inspection.

The practice has 11 GPs (eight male and three female), three nurse practitioners, two community nurse practitioners, 11 practice nurses (all female), three healthcare assistants, two practice managers, and 64 staff who carry out reception, administrative and cleaning duties.

The practice is part of Cumbria clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population is made up of a slightly higher than average proportion of patients over the age 65 (19.3% compared to the national average of 16.7%). The proportion of patients with a long-standing health condition is well above average (71.5% compared to the national average of 54%).

The four surgeries are located in purpose built buildings. All patient facilities at each site are on the ground floor. There is on-site parking, disabled parking, a disabled WC (except at the Griffin Close site), wheelchair and step-free access.

Opening hours at Flatt Walks, Beech House and Griffin Close are between 8.00am and 6.30pm Monday to Friday. The surgery at Cleator Moor is open between 8.00am and 8.00pm Monday to Friday and from 8.00am until 1.00pm on Saturdays. Patients can book appointments in person, on-line, by telephone or by using an 'App' on their mobile device. Appointments were available at the following times during the week of the inspection:

- Monday – 9am to 12pm; then from 3pm to 6pm
- Tuesday – 9am to 12pm; then from 3pm to 6pm
- Wednesday – 9am to 12pm; then from 3pm to 6pm
- Thursday – 8.30am to 12pm; then from 2pm to 4.30pm
- Friday – 9am to 11.50pm; then from 3pm to 6pm
- Saturday (Cleator Moor) – 9am to 12pm

A duty doctor is available at the Cleator Moor site each evening until 8.00pm, although if patients telephone after 6.30pm they are directed to the out of hours service.

The practice provides services to patients of all ages based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

Detailed findings

The service for patients requiring urgent medical attention out of hours is provided by 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.

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 12 November 2015. We spoke with 11 patients and 15 members of staff from the practice. We spoke with and interviewed three GPs, two practice nurses, the two practice managers, the IT manager and seven staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 118 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

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 one of the practice managers of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

Each of the four sites had a designated clinical and non-clinical lead for significant events. Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, during a fire alarm test not all staff evacuated the building when instructed to do so. An investigation was carried out and the relevant staff received further training and support so they were aware of the action to take in any future evacuations.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Arrangements had been made which ensured national drug alerts were disseminated by the medicines manager to the GPs. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

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

- 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices were displayed in the waiting rooms, advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The senior nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Most of the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply of administration of medicines to groups of patients who may not be individually identified before presentation for treatment). However, on some single days checks on fridge temperatures (to ensure vaccines were stored at the appropriate temperatures) had not always been carried out at the Cleator Moor and Griffin Close sites. The nurse manager told us they would ensure staff were trained and made aware of the need to consistently carry out the checks.

Good

Are services safe?

- Recruitment checks were carried out and the three files we reviewed 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 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 with a poster in the reception offices. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was 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.
- Effective arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Managers regularly reviewed the practice population and the patient:staff ratios. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with 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 available at each site.
- The practice had defibrillators available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available at each site.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

A chronic disease 'template' (guidance for staff to follow during a consultation) had been developed within the practice to support nurses to carry out more effective and efficient checks for patients. The template was linked to NICE guidelines and contained all documents in one place so the nurses could easily access relevant information for each patient. The template had proved successful and other practices in the Whitehaven area had adopted the system. The practice IT manager also provided technical support to the other practices in the area.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The Quality and Outcomes Framework 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 96.6% of the total number of points available, with a clinical exception reporting rate of 16.9%. The QOF score achieved by the practice in 2013/14 was 3.1% above the England average. The clinical exception rate was 7.7% above the England average. A review of the exception rate had been carried out to determine the cause; it was found that this related to some patients with mental health illnesses who had not attended annual reviews. A study was carried out to determine the most appropriate way to encourage the patients to attend and a protocol was set up for staff to follow. This had recently been implemented and lead GP said the impact of the work be reviewed over the following months.

The data showed:

- Performance for diabetes related indicators was better than the national average (97.7% compared to 89.2% nationally).
- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for dementia related indicators was below the national average (88.5% compared to 94.5% nationally).
- Performance for mental health related indicators was below the national average (84.6% compared to 92.8% 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 a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit on whether patients with Irritable Bowel Syndrome (IBS) had been screened to exclude the possibility that they had Coelaic's disease. An initial audit was carried out which showed 183 patients had not received this check. Action was taken and patients were invited in to be checked. A further audit cycle was carried out and this showed an improvement, in that 74 of the patients had received the check, in line with national (NICE) guidelines. Further invites were sent to the remaining patients and another audit was planned within six months.

The practice participated in applicable local clinical commissioning group (CCG) audits. Findings were used to improve services. For example, recent action taken following an audit of patients who frequently attended accident and emergency. If attendances were felt to be unnecessary then patients were contacted and advised of alternative services and how to access them. In other cases, the practice prepared care plans for those patients with specific medical needs so the accident and emergency and out of hours services were aware of their individual needs.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an in-depth induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Staff had the opportunity to shadow colleagues until felt confident to undertake tasks. However, there was no specific induction programme for new GPs, although there was a comprehensive locum 'pack' available for temporary clinical staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these 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, except the nursing team had had an appraisal within the last 12 months. A nurse manager had recently been appointed and they had arranged for all nursing staff to have their appraisals within the following two months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 multi-disciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated.

The practice's Information Technology (IT) assistant had designed and built a computerised internal communication system to suit the needs of the practice. The system included all supporting documents, for example, there was a directory of services, policies and procedures, staff rotas and significant events and allowed staff to access up to date guidelines. The system had been designed to notify staff when they logged in if there was any new guidance or general news that they needed to be aware of.

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 recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This 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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.6%, which was comparable with the national average of 81.8%, but slightly below the clinical commissioning group (CCG) average of 82.5%. There was a

Good

Are services effective?

(for example, treatment is effective)

policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.1% to 100% and for five year olds from 77.7% to 100%. The flu vaccination rate for the over 65s was 73.5%, and for at risk groups it was 58.5%. Both of these rates were above the national averages of 73.2% and 52.3% respectively.

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.

Good

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 and that people were treated with dignity and respect.

- 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 118 patient CQC comment cards we received were positive about the care experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with doctors, but some of the scores on consultations with nurses were below average. For example:

- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 92%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 82%.
- 84% said they definitely had confidence and trust in the last nurse they saw compared to the CCG average of 89% and the national average of 85%.
- 74% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 79%.
- 83% patients 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 we spoke with told us that health issues were discussed with them and 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.

However, results from the National GP Patient Survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment; many results were below local averages. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and the national average of 87%.
- 85% said the GP gave them enough time compared to the CCG average of 89% and the national average of 85%.
- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 82%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 74%.
- 76% said the last nurse they spoke to was good listening to them compared to the CCG average of 83% and the national average of 78%.
- 75% said the nurse gave them enough time compared to the CCG average of 83% and the national average of 79%
- 73% said the nurse was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 76%.
- 61% said the nurse was good at involving them in decisions about their care compared to the CCG average of 70% and the national average of 65%.

Managers were aware of the results from the survey and had already taken action. This included the introduction of a senior nurse to provide support and leadership for the nurses and the development of protocols for long-term

Good

Are services caring?

conditions for nurses to follow. The practice's patient participation group (PPG) supported the practice to carry out an in-house patient survey. A further survey was planned for January 2016 to measure the impact of the recent action taken.

Results from the NHS Friends and Family test in July and August 2015 showed that 79% of patients would be either likely or very likely to recommend the practice.

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. For example, there were leaflets with information about cancer and diabetes. Information was made available to patients about the forthcoming flu clinics.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; they were offered health checks and referred for further support where necessary. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, a new service for patients was introduced in May 2015. The practice had employed two community nurse practitioners (CNPs) to carry out home visits to patients in 12 local care homes. The CNPs visited patients in the care homes, which reduced the workload for GPs but provided continuity of care for the patients. At the start of the scheme there were 135 patients registered for this service, this further increased to 160. The practice was the only one in the area to offer this service and other practices had requested they take over their patients, if the patients wanted to, in the care homes too.

The practice had carried out a survey of those who used the service, including patients, their families and carers and the care home managers. A total of 15 responses were received. The results were overwhelmingly positive, for example, 100% of respondents felt the service was of benefit to them and 80% felt communication between clinicians and patients had improved.

Managers told us they were looking to increase the number of CNPs to provide the service to housebound patients, as well as those living in care homes.

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

- The Cleator Moor site was open until 8pm Monday to Friday and on Saturday mornings for working patients who could not attend during normal opening hours.
- The practice philosophy was to 'do today's work today' to prevent patients having to phone back the following day to make an appointment. If a patient requested an appointment but there were none left on the same day, a GP would triage the call and either arrange for them to attend one of the surgeries or offer a telephone consultation if that was more appropriate.
- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- All of the sites had level access, with facilities provided on the ground floor. The door to the Griffin Close site was not automatic and there was no doorbell or advice on how to summon support for those who may have required assistance to gain entry. The practice manager told us this would be rectified.
- Appointments with GPs could be booked online, in person, on the telephone or by using an 'App' on a mobile device.
- The practice had a Twitter account which had 153 'followers' and was regularly updated, for example, the flu campaign had recently been promoted.
- The practice was an early implementer of the patient access service (the facility was available well before the required implementation date of April 2016). The service enabled patients to access parts of their own medical records, including medication and allergy information.

Access to the service

Opening hours at Flatt Walks, Beech House and Griffin Close were between 8.00am and 6.30pm Monday to Friday. The surgery at Cleator Moor was open between 8.00am and 8.00pm Monday to Friday and from 8.00am until 1.00pm on Saturdays. Appointments were available at the following times:

- Monday – 9am to 12pm; then from 3pm to 6pm
- Tuesday – 9am to 12pm; then from 3pm to 6pm
- Wednesday – 9am to 12pm; then from 3pm to 6pm
- Thursday – 8.30am to 12pm; then from 2pm to 4.30pm
- Friday – 9am to 11.50pm; then from 3pm to 6pm
- Saturday (Cleator Moor only) – 9am to 12pm

Extended hours surgeries were offered at Cleator Moor every Saturday morning between 8.00am and 1.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. Many of the patients we spoke with and over 25% of completed CQC comment cards also raised concerns about being able to make appointments. For example:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 75%.
- 47% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and the national average of 71%.
- 60% patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 74%.
- 46% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

In response to the results of the survey, the practice had commissioned an external organisation to carry out an audit of patient access. The audit had taken place earlier in the year and the results had recently been provided to the practice. This showed that the number of appointments available was above average. Managers were in the process of reviewing the results and considering what action to take to improve patient perception and experience.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the patient waiting areas and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five of the complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, GPs had been advised to check patients' addresses before carrying out home visits after a patient complained the GP had went to the wrong address.

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 high quality care and promote good outcomes for patients.

- The practice had a mission statement which was 'to improve the health, well-being and lives of our patients through the practice of evidence based medicine'.
- Staff knew and understood the values of the practice.
- The practice had a strategy for future development which reflected the vision and values and this was regularly monitored.

Managers were aware of the problems recruiting GPs across the area as a whole and had implemented a 'recruitment crisis plan'. This set out how the practice aimed to ensure clinical staffing levels were maintained and included increasing the number of community nurse practitioners and supporting one of the GPs to become a GP trainer.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were regularly updated to reflect current arrangements.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GPs and managers 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. Managers were visible in the practice and staff told us that they were approachable and always took the time to listen. The practice encouraged a culture of openness and honesty. Several of the managers also had lead roles across Cumbria and local areas. For example, one of the GPs was the clinical commissioning group (CCG) medical director and the practice prescribing lead was the lead for the locality.

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us that regular team meetings were held. They 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. Staff from the practice also attended the monthly CCG protected learning time (PLT) initiative. This provided the team with dedicated time for learning and development.

The practice supported other local practices in various ways. For example, the IT department provided bespoke training and shared their systems with other practices. Managers offered to spend time and share their knowledge and experience with practices who had received poor ratings from CQC.

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

The practice encouraged and valued feedback from patients. Patients were engaged in the delivery of the service. Feedback from patients was gathered through the patient participation group (PPG) and from in-house surveys and complaints received.

There was an influential and active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the management team. For example, the group had influenced the practice's social media campaign and promoted the use of Twitter. There was a named member of the PPG for each of the four sites; their names and contact details were on display so patients could contact them if they would prefer to raise an issue with the group rather than going direct to the practice. The chair of the group had recently been invited to deliver a presentation to managers on the key internal and external issues the practice faced.

Are services well-led?

Good

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

The local CCG had recently approached the group to ask for some comments and suggestions on what would improve general practice in Cumbria. They held a focus group and prepared a detailed paper for the CCG.

Following a complaint from a patient about information not being received the PPG had proactively engaged with secondary care providers to encourage electronic movement of letters between the services. Members of the group had contacted an organisation which was planning to build a large nuclear facility in the area. They were seeking a meeting to help understand the impact on the practice in relation to patient numbers.

The practice had also gathered feedback from staff through staff away days and staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- A chronic disease 'template' (guidance for staff) had been developed within the practice to support nurses to carry out more effective and efficient checks for patients. The template was linked to NICE guidelines and contained all documents in one place so the nurses could easily access relevant information for each patient. The template had proved successful and other practices in the Whitehaven area had adopted the system. The practice IT manager also provided technical support to the other practices in the area.
- A new service for patients had been introduced in May 2015. The practice had employed two community nurse practitioners (CNPs) to carry out home visits to patients in 12 local care homes. The CNPs visited patients in the care homes, which reduced the workload for GPs but provided continuity of care for the patients. A survey of those who used the service had been carried out. The results were overwhelmingly positive, for example, 100% of respondents felt the service was of benefit to them and 80% felt communication between clinicians and patients had improved.