

Haverthwaite Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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 Haverthwaite Surgery on 26 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were highly satisfied with their care. For example, 97% said the last GP they spoke to was good at treating them with care and concern (CCG average

89%, national average 85%). 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 found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. 100% of patients who responded to the National GP Patient Survey said the last appointment they got was convenient, compared to the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results for the National GP Patient Survey were well above local and national averages. For example, 95% of patients described the overall experience of their GP surgery as fairly good or very good (local average 88%, national average 85%).

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The practice was highly responsive to the needs of their patient group and the rural community in which they were based. People's individual needs and preferences were central to the planning and delivery of tailored services. For example, given the lack of access to public transport the practice offered services to reduce the need for patients to travel to hospital.

Staff had also set up initiatives to improve the physical and mental health and wellbeing of their patients, such as a weekly Health Fitness Club and a book swap scheme operated by patients.

The areas where the provider should make improvement are:

- Consider a review of written procedures within the main dispensary to ensure these describe the activities required to provide the remote dispensing service at the branch surgery and that there is a clear process for determining and reviewing which medicines should be prepared and taken to the branch surgery.
- Provide all staff with regular appraisals.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes had improved significantly in the past 12 months.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for some staff, though some were overdue.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- There were innovative approaches to providing integrated person-centred care. For example, there was a weekly exercise group and a book swap scheme to improve the physical and mental health and wellbeing of local residents.
- People's individual needs and preferences were central to the planning and delivery of tailored services. For example, given the lack of access to public transport the practice offered services to reduce the need for patients to travel to hospital, such as an INR (International Normalisation Ratio) clinic and minor injuries services. The nearest hospital to the practice was one and a quarter hours away by public transport, and the practice had some of the lowest rates of emergency hospital attendances in the locality.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. For example, 97% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had hired a room at Greenodd Community Centre in order to provide appointments to patients in the village after the GP there retired and the practice building was deemed unsuitable for use. Public transport between Greenodd and the main surgery at Backbarrow was not good enough for patients who lived in Greenodd to be able to access appointments there.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which they acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice cared for all the patients in a local nursing home, including those not on their patient list.
- The practice hired a room at Greenodd Community Centre in order to provide appointments to patients in the village after the GP there retired and the practice building was deemed unsuitable for use. Public transport between Greenodd and the main surgery at Backbarrow was not good enough for patients who lived in Greenodd to be able to access appointments there.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had achieved 82.4 of the 86 quality and outcomes framework (QOF) points available for diabetes in 2015/16, compared to 62.9 points the previous year.
- Longer appointments and home visits were available when needed.
- The practice had below average rates of unplanned emergency admissions.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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's uptake for the cervical screening programme was 79.3%, which was above the local average of 77.8% and the national average of 74.3%.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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 had achieved all the points available for patients with dementia and for mental health indicators on the Quality and Outcomes Framework in 2015/16.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice worked with a partnership of local businesses and organisations, including dementia charities to develop a leaflet and questionnaire to help patients with dementia and their family and carers to access support.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages. 228 survey forms were distributed and 116 were returned. This represented a 50.9% response rate, and approximately 4% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 81% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients said they felt staff were professional and caring and had time to listen to their concerns. Other comments noted that the surgery was always clean and tidy and that it was easy to make appointments.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The most recent results from the practices Friends and Family Test showed that from 40 responses 100% of patients said they were highly likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider a review of written procedures within the main dispensary to ensure these describe the activities required to provide the remote dispensing

service at the branch surgery and that there is a clear process for determining and reviewing which medicines should be prepared and taken to the branch surgery.

- Provide all staff with regular appraisals.

Outstanding practice

- The practice was highly responsive to the needs of their patient group and the rural community in which they were based. People's individual needs and preferences were central to the planning and delivery of tailored services. For example, given the lack of access to public transport the practice offered services

to reduce the need for patients to travel to hospital. Staff had also set up initiatives to improve the physical and mental health and wellbeing of their patients, such as a weekly Health Fitness Club and a book swap scheme operated by patients.

Haverthwaite Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Haverthwaite Surgery

Haverthwaite Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 2700 patients from two locations:

- Haverthwaite Surgery, Backbarrow, Ulverston, Cumbria LA12 8QF.
- Greenodd Village Hall, Main Street, Greenodd, Ulverston, Cumbria, LA13 7QZ.

These are the locations we visited on the day of our inspection.

The main surgery is based in a purpose-built, two-storey building which is rented by the GP. There is level access to the building and a car park available for patients. All services for use by patients are on the ground floor. The practice hires a room at Greenodd Village Hall to provide a surgery to patients in the village every day except Wednesdays and weekends.

There is a dispensary at the practice offering pharmaceutical services to patients on the practice list who live more than one mile from their nearest pharmacy

premises. The practice is signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.

The practice is a single-handed GP practice (male GP) with two long-term locum GPs (one male, one female) and 11 permanent members of staff, comprising two practice nurses (both female), one healthcare assistant (female), two dispensing staff, a practice manager, and five administrative and reception staff.

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 seventh most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The main surgery is open from 8am until 6.30pm every weekday except Wednesday, when the practice closes at 12pm. Patients are seen by the out-of-hours service or a neighbouring practice on Wednesday afternoons. Extended hours are no longer offered due to lack of patient demand. Instead, the practice offers Friday afternoon appointments at the branch surgery, as requested by patients. The practice is closed at weekends. The telephone lines operate at all times during opening hours. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call (CHoC).

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice population has a higher-than-average percentage of patients in all age

Detailed findings

brackets from 40-44 upwards, and particularly the 65-69 age bracket. The percentage of patients in all age brackets under 40 are below average, with the percentage of patients aged 20-24 particularly low.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff (including doctors, nurses and administration staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts 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, following a significant event GPs began to carry out consultations with patients when medications were added or removed from their prescriptions, for example, following a discharge from hospital.

When there were unintended or unexpected safety incidents, patients 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.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. GPs were trained to Safeguarding children level three.
- A notice in the waiting room advised 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

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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a named GP responsible for the dispensary and all members of staff involved in the dispensing process had received appropriate training. Dispensary staff followed written procedures within the main dispensary. However, these did not completely describe the activities carried out to provide the remote dispensing service at the branch surgery. There was no clear process for determining and reviewing which medicines should be prepared and taken to the branch surgery. Processes were in place to ensure repeat prescriptions were signed before medicines were handed out to patients and for monitoring prescriptions that had not been collected. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Medicines incidents or 'near misses' were recorded for learning. However, we saw on the day of inspection that dispensary meetings were held annually or less. This meant that dispensary staff had fewer opportunities to discuss dispensary matters or concerns with the GP Lead or practice manager. Since the inspection the practice sent us evidence that a dispensary meeting had been held and told us that these will be held monthly from now on.
- Dispensary staff made regular checks of medicines expiry dates and these were routinely recorded. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how these were managed. There were also appropriate arrangements in place for the destruction of controlled drugs. The

Are services safe?

dispensary fridge temperature was monitored to ensure that medicines needing refrigeration were stored at the correct temperature. Emergency medicines were stored appropriately and regularly checked to ensure they would be suitable for use, if needed.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 office which identified local health and safety representatives. The practice had an up to date fire risk assessments and carried out annual fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- One of the long-term locum GPs who worked at the practice was a mentor and an editor for a medical journal. Due to these roles they were aware of proposed changes to guidance before these were published. These changes were discussed with other clinicians at the practice to ensure staff were aware of these. Staff we spoke to on the day of inspection spoke knowledgeably about current guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, for the 12 months from April 2014 to March 2015, showed the practice achieved 88.4% of the total number of points available (clinical commissioning group (CCG) average 96.8%, national average 94.7%). The practice had a clinical exception reporting rate of 7.1%, which was below the CCG average of 10.1%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes related indicators was below the CCG and national average. For example, 69% of patients with diabetes, on the register, had a last

measured total cholesterol (measured within the preceding 12 months from April 2014 to March 2015) of 5 mmol/l or less. The national average for the same period was 81%.

- 75% of patients with hypertension had a last blood pressure reading measured in the preceding 12 months (April 2014 to March 2015) of 150/90mmHg or less, compared to the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 99.6% of the total points available for mental health indicators, compared to the CCG average of 95.4% and the national average of 92.8%.

However, the practice were aware that performance for 2014/15 had been lower than average. They had taken steps to address this and were able to show us on the day of inspection that performance for 2015/16 had improved. For example, the practice had undertaken an audit of QOF performance in 2014/15, and based on the results had employed two new reception staff in order to move one of the existing receptionists to an administrative role to oversee QOF registers and recall. A new practice nurse had been employed and the number of nursing appointments was increased, while nurses were also given additional training on management of long-term conditions. Since implementing these measures the practice had achieved 99.3% of the total QOF points available. Performance in the areas highlighted above had also improved, for example:

- The practice had achieved 82.4 of the 86 points available for diabetes in 2015/16, compared to 62.9 points the previous year.
- Performance for patients with hypertension had improved. The practice achieved 100% of the points available in this area in 2015/16.
- Performance for mental health related indicators had remained high with the practice achieving all of the 26 points available. This was an improvement from 25.9 points the previous year.

As the data above has not yet been published nationally it was not possible to compare this to local and national averages.

This practice was an outlier for one QOF clinical target in 2014/15. This was because the practice had not held regular (at least three monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed. We discussed this with the GP and

Are services effective?

(for example, treatment is effective)

the practice manager, who told us they discussed patients on the palliative care register at the practice clinical meetings, but had not been able to co-ordinate a meeting with other services. They told us that they had invited other services to meetings, but these were not taking place on a regular basis. The practice was aware of this issue and investigating ways to improve.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included training nurses, healthcare assistants and dispensing staff to use INR Star, a machine that allows a simple blood test to be performed quickly without the need to take blood samples from a vein.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were some areas where the practice needed to improve.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, some staff had not had an appraisal in the past 12 months. For example, the practice manager had not had an appraisal since 2014. Despite this, staff told us that they felt supported and could approach management with any suggestions, concerns or requests for training.
- 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.
- Staff at the practice could demonstrate how they undertook role-specific training and updates, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an

assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss patients with long-term conditions and those at risk of hospital admissions, and that care plans were routinely reviewed and updated. However, the practice had not recently held a multi-disciplinary team meeting to discuss patients receiving palliative care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurses assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 79.3%, which was comparable to the CCG average of 77.8% and the national average of 74.3%. There was a

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 78.6% to 100% (CCG average 83.3% to 96.7%) and five year olds from 78.9% to 100% (CCG average 72.5% to 97.9%).

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was well above average for their satisfaction scores on consultations with GPs and nurses. For example, of those who responded:

- 97% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).

- 96% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were again well above local and national averages. For example, of those who responded:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89%.
- 95% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).
- 97% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of the practice list as carers (52 patients). A member of the reception team was designated as the practice's carers lead. They liaised with local carers groups to provide information to carers and direct them to the various avenues of support available to them. There was a

Are services caring?

dedicated carer's section on the practice website. This included information and links to support services for carers, as well as a link to form which allowed people to identify themselves as a carer to the practice.

Staff told us that if families had suffered bereavement the GP usually contacted them, 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. Families were also offered a bereavement pack which contained written advice and information about support services.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the CCG's Quality Improvement Scheme aimed at reducing health inequalities across the county by setting all the practices in the area certain quality targets.

The practice was involved with other organisations and the local community to improve the health and wellbeing of local people. For example:

- The practice worked with the Low Furness and Ulverston Area Partnership and Dementia Action Alliance, a partnership of businesses and organisations including dementia charities and supported by the local district council. The practice manager had been part of the team who had developed a leaflet and questionnaire, and arranged subsequent awareness seminars in Ulverston to help dementia sufferers and their families or carers access relevant support. This questionnaire had been requested by similar ventures in other areas to use in their own dementia friendly schemes.
- The practice had organised a joint coffee morning with a charity group at which they were able to offer flu vaccinations to people who attended, while raising money for charity.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. For example:

- The practice hired a room at Greenodd Community Centre in order to provide appointments to patients in the village after the GP there retired and the practice building was deemed unsuitable for use. Public transport between Greenodd and the main surgery at Backbarrow was not good enough for patients who lived in Greenodd to be able to access appointments there. Patients from Greenodd were well represented on the Patient Participation Group, and the practice had taken

further steps to ensure appointments there were accessible, such as offering appointments in the afternoons after patients requested this. Medicines were also dispensed to patients at Greenodd.

- Two members of staff at the practice had set up and ran a weekly Health Fitness Club for patients to attend. The club included exercise sessions, such as Tai Chi, as well as health promotion talks. Staff and patients we spoke to on the day of inspection told us it was popular. We were told the group averaged between 10 and 15 members each week.
- A book swap service was offered in reception at the main surgery and the branch premises. Patients could exchange books or pay a small fee to buy one. All the money raised was used to buy new equipment for the practice. The practice asked patients to manage the service for them.
- The practice proactively responsive to patient's individual needs. We saw several examples of how patients had been supported to overcome mental health problems; in some cases patients had made significant progress and the number of appointments they needed with a GP subsequently reduced considerably.
- Minor injury care was offered by the practice, to avoid the need for patients to attend the local Accident and Emergency (A&E) department. Patients could call the practice, who would advise them if the injury could be dealt with at the surgery and ask them to attend. The practice was 15th lowest (out of 20) for emergency admissions in the locality and 16th lowest for accident and emergency attendances. This was of particular benefit to the practice's patients, given their rural location, saving them a journey of approximately 30 minutes by car or one hour and 15 minutes on public transport from Backbarrow.
- The practice provided medical care to tourists in the area as temporary residents.
- The practice offered medical care to all the patients in a local nursing home, including those who were not on their patient list.
- The surgery offered an International Normalised Ratio (INR) test for patients on warfarin. The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By



Are services responsive to people's needs?

(for example, to feedback?)

being able to have the test at the surgery or at home, patients no longer had to travel to hospital for the test. The practice also offered this test to patients in a local nursing home.

- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as most others which are only available privately. Patients were referred to other clinics for yellow fever vaccination.
- The practice responded to patients with hearing difficulties by purchasing a mobile phone with the sole purpose of communicating with patients with hearing difficulties by text message.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The surgery was open from 8am until 6.30pm every weekday except Wednesdays, when the practice was open from 8am to 12pm. Cover for appointments on Wednesday afternoons was provided by a local practice and the local out of hours provider.

Appointments with a GP were available as follows:

Monday, Tuesday, Thursday and Friday: 8.30am to 11.30am and 3pm to 6pm

Wednesday: 8.30am to 11.30pm.

The practice was closed at weekends. The telephone lines operated at all times during opening hours. 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. We checked the practice's appointment system in real time on the afternoon of our inspection and found that urgent and routine appointments with a GP could be booked the following day.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was much higher than local and national averages.

- 100% of patients say the last appointment they got was convenient, compared to the national average of 92%.
- 96% of patients said they could get through easily to the practice by telephone (national average 73%).
- 97% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).
- 95% of patients described their experience of making an appointment as good (national average 78%).
- 94% of patients were satisfied with the practice's opening hours (national average 78%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.
- Verbal complaints were documented and investigated in the same way as written ones.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting area, while information about the complaints procedure was also included on the patient leaflet and the practice website.

Only one complaint had been received in the last 12 months. We found this and complaints from previous years had been satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a process was introduced whereby patients attending for health reviews were given the date of their next review to ensure it would not be missed.

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 displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which were discussed at practice meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained.
- 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 and culture

The GP 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 lead GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. There was also a newsletter to keep staff informed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had added afternoon appointments at the branch surgery, as well as offering the INR Star tests from there too as a result of requests from the PPG. The PPG had also set up a separate committee of patients to oversee a fund which raised money for the practice to buy new equipment.

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

Continuous improvement

Are services well-led?

Good 

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

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

- The practice had improved their Quality and Outcomes Framework performance following below average

results in 2014/15. The practice had analysed the reasons for the results achieved and put steps in place which had led to an increase from 88.4% to 99.3% of the overall points achieved.

- Staff at the practice had set up a number of initiatives to improve the physical health and wellbeing of their patients, such as a weekly Health Fitness Club and a book swap scheme operated by patients.