

Duddon Valley Medical Practice

Quality Report

Duddon Valley Medical Practice
Kirkby Surgery
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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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7
Outstanding practice	7

Detailed findings from this inspection

Our inspection team	8
Background to Duddon Valley Medical Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a planned comprehensive inspection of Duddon Valley Medical Practice on 25 November 2014.

Overall, we rated the practice as good. Our key findings were as follows:

- The practice covered a large geographical and rural area; services had been designed to meet the needs of the local population.
- We saw that the practice had made improvements which addressed the concerns we raised, at our inspection in May 2014, about supporting staff.
- Feedback from patients was positive; they told us staff treated them with respect and kindness.
- Staff reported feeling supported and able to voice any concerns or make suggestions for improvement.
- The practice was visibly clean and tidy.
- The practice learned from incidents and took action to prevent any recurrence.

We saw the following areas of outstanding practice:

The practice demonstrated effective leadership, outstanding teamwork and organisational resilience, for example the practice had improved itself despite going through a period of turbulence.

We saw that there was a high level of commitment to the practice by all the staff working there to care for their patients and each other. For example the practice was undergoing a full review of their policies and procedures. All staff were involved with this process, for instance, clinical staff had been asked to review their job descriptions to ensure they reflect the skills required to deliver the services provided from this small rural practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Care and treatment was being delivered in line with current published best practice. Patients' needs were being met and referrals to other services were made in a timely manner. The practice regularly undertook clinical audits. The practice was currently reviewing their processes and had recently completed all staff appraisals.

Staff had received training appropriate to their roles and arrangements had been made to support clinicians with their continuing professional development. The practice worked with other healthcare professionals to share information.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. We saw that lessons were learnt from complaints and shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice was rated as good for well-led. The practice had a clear vision and strategy which had quality and safety as its top priority. The strategy to deliver this vision was being reviewed with the full involvement of all staff.

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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group (PPG) was active. Staff had received inductions, performance reviews and attended staff meetings and events. We found there was a high level of staff engagement and staff satisfaction.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. The practice was responsive to the needs of older people, including offering home visits and to those living in local care homes.

Good



People with long term conditions

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

The practice had systems to ensure care was tailored to patients' individual needs and circumstances. We spoke with GPs and nurses who told us regular patient care reviews, for example for patients with chronic obstructive pulmonary disease (COPD - severe shortness of breath caused by chronic bronchitis, emphysema, or both) or asthmatic conditions, took place. These appointments included a review of the effectiveness of patients' medicines, as well as their general health and wellbeing. The practice ensured timely follow-up of patients with long-term conditions by adding them to the practice registers. Patients were then recalled as appropriate, in line with agreed recall intervals.

Good



Families, children and young people

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

The Community Midwife held antenatal clinics at the Kirkby Surgery. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect.

The practice undertook child immunisations. They also offered health checks every three years for patients over the age of 16 years which included discussing diet, smoking and exercise.

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.

Good



Summary of findings

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students, had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was aware that some patients found it difficult to attend appointments during the normal working day. To address this issue the practice had extended its opening hours on Tuesdays, offering appointments commencing at 7:30am from both Broughton and Kirkby Surgery sites.

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.

Systems were in place to identify patients, families and children who were at risk or vulnerable. These patients were offered regular reviews. The practice worked in collaboration with other agencies, for example, health visitors and district nurses, to ensure vulnerable families and children and other patients were safe. Multidisciplinary meetings were also held regularly to monitor the care provided. The practice worked with patients being treated for addictions and provided personalised support.

The practice sign-posted vulnerable patients to various support groups and other relevant organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities to ensure they were safeguarded.

Good



People experiencing poor mental health (including people with dementia)

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

Patients experiencing poor mental health had received an annual physical health check. The practice worked closely with multidisciplinary teams such as the Crisis Team in the case management of people experiencing poor mental health. For patients with dementia their care had been reviewed in a face-to-face appointment in the preceding 12 months.

For patients with certain long-term conditions the practice had systems in place that automatically alerted staff to screen for depression.

Good



Summary of findings

What people who use the service say

We spoke with four patients during our inspection.

They told us the staff who worked there were welcoming, friendly and accommodating, and there were no problems getting appointments. They also told us they found the premises to be clean and tidy.

We reviewed 20 CQC comment cards which had been completed by patients prior to our inspection. All were complimentary about the practice, staff who worked there and the quality of service and care provided.

The latest National GP Patient Survey completed in 2014 showed the large majority of patients were satisfied with the services the practice offered. There were 247 surveys sent out and 131 were returned.

This is a 53% completion rate. The results were:

- The proportion of patients who would recommend their GP surgery – 83%, compared to the national average of 79%;

- GP Patient Survey score for satisfaction with the opening hours. Percentage of patients rating their practice as 'fairly satisfied' or 'very satisfied' – 75%, compared to the national average of 77%;
- Percentage of patients rating their ability to get through on the phone as 'easy' or 'very easy' – 91%, compared to the national average of 73%;
- Percentage of patients rating their experience of making an appointment as 'fairly good' or 'very good' – 81%, compared to the national average of 75%;
- Percentage of patients rating their practice as 'fairly good' or 'very good' – 89%, compared to the national average of 86%.

We saw that the practice had an active patient participation group (PPG) which held its inauguration meeting in May 2014.

Outstanding practice

The practice demonstrated effective leadership, outstanding teamwork and organisational resilience, for example the practice had improved itself despite going through a period of turbulence

We saw that there was a high level of commitment to the practice by all the staff working there to care for its

patients and each other. For example the practice was undergoing a full review of its policies and procedures. All staff were involved with this process, for instance, clinical staff had been asked to review their job descriptions to ensure they reflect the skills required to deliver the services provided from this small rural practice.

Duddon Valley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP and an expert by experience in nursing and practice management.

Background to Duddon Valley Medical Practice

Duddon Valley Medical Practice provides services to around 3,344 patients, from two locations, Kirkby Surgery, Askew Gate Kirkby-in- Furness, Cumbria LA17 7TE and Broughton Surgery, Foxfield Road, Broughton-in- Furness, Cumbria LA20 6EZ. The practice has a NHS General Medical Services contract. We visited both addresses as part of the inspection.

The practice has two GPs (a partner and a locum), three practice nurses, three dispensers, an administration manager, plus finance and administrative support team, six reception staff and a practice support and training consultant.

Opening times at Kirkby Surgery: 8.00am Monday, Wednesday, Thursday and Friday, plus early opening 7.30am Tuesday. Kirkby Surgery remains open every day up until 6.00pm apart from Thursday afternoon when it is closed between 1.00pm and 5.00pm, opening again up until 6.00pm

Opening times at Broughton Surgery: 9.00am Monday, Wednesday, Thursday and Friday, plus early opening 7.30am Tuesday. Broughton remains open every day up until 5.00pm apart from Wednesday afternoon when it is closed from 12.30pm.

Evening appointments are available at the Kirkby Surgery up until 5.30pm.

The practice has opted out of providing urgent medical attention out of hours to their own patients and this is provided by Cumbria Health On Call (CHOC) and the NHS 111 service.

The practice's population includes fewer patients aged under 18 years, and slightly more patients aged over 65 years of age, than the averages for England.

The CQC intelligent monitoring placed the practice in band five. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice, this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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 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.

When we previously inspected the practice in May 2014 we told the provider that they were not compliant with the following regulation:

- Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Supporting workers.

We said, “The registered person did not have arrangements in place to ensure that persons employed for the purpose of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely, including through an appropriate system of supervisions and appraisals.”

The provider told us they would take steps to ensure that appropriate arrangements were implemented to support workers, including a system of supervisions and appraisals. During this inspection we checked and found that improvements had been made.

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 the time.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

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

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. The system draws on national data systems such as QOF and the GP Patient Survey and identifies indicator scores that are significantly worse than the expected values to prompt questions for the inspection team. This highlighted one area of significant risk across the five key question areas. 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).

We carried out an announced visit on 25 November 2014. We spoke with four patients, the GP partner and a locum GP, a nurse, the senior administrator, two members of the administration team, the practice support and training consultant, one dispenser and a receptionist. We also spoke with a member of the patient participation group (PPG). We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 20 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.

Are services safe?

Our findings

Safe track record

The practice had a good track record for maintaining patient safety.

Patients we spoke with said they felt safe when they came into the practice to attend their appointments. Comments from patients who completed CQC comment cards were very complementary about the service they had received and raised no concerns about their safety.

We saw that the practice used the Information from the Quality and Outcomes Framework (QOF) to monitor their patients. For 2014 the practice achieved an overall score of 75.4% which was below the England average when compared with other practices. However, for individual conditions such as heart failure and palliative care they scored higher than the England average. (The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions, e.g. diabetes and implementing preventative measures. The results are published annually.)

We saw that the practice had a significant event audit policy (SEA) and procedures that staff followed. SEAs enable the practice to learn from patient safety incidents and 'near misses', and to highlight and learn from both strengths and weaknesses in the care they provide. The senior administrator was the lead for SEAs. We reviewed a safety incident that took place in June 2014 to see how it was addressed. We found that it had been dealt with appropriately to avoid any recurrences and had been discussed with relevant staff.

Learning and improvement from safety incidents

The practice was open and transparent when there were 'near misses' or when things went wrong. There was a system in place for reporting, recording and monitoring significant events. We spoke with the senior administrator and the practice support and training consultant about the arrangements in place. They told us that all staff had responsibility for reporting significant or critical events. Records of those incidents had been kept on the practice computer and were made available to us. We saw the incident report register for 2014. It had 10 entries covering the period January to September 2014. Staff told us that

incidents were reviewed at regular practice meetings and changes were made as necessary. For example, the process for handling the supply of medicines had been changed following an incident.

We discussed the process for dealing with safety alerts with a GP. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. They told us alerts came into the practice from a number of sources, including the General Medical Council (GMC) and the clinical commissioning group (CCG.) All alerts went to the GP partner to action.

Reliable safety systems and processes including safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults which were based on the local CCG guidelines. The safeguarding policy for adults had been reviewed in October 2014. This provided staff with information about safeguarding legislation and how to identify, report and deal with suspected abuse. It also included a contact list of other agencies that may need to be informed when concerns arise such as the local police and Social Services.

The GP partner had lead responsibilities for overseeing safeguarding within the practice. This role included reviewing the procedures used in the practice and ensuring staff were up-to-date and well informed about protecting patients from potential abuse. The senior administrator and practice support and training consultant ensured that all staff were up-to-date with their safeguarding training. We saw staff training records that confirmed this. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

The practice had a process to highlight vulnerable patients on their computerised records system. This information would be flagged up on patient records when they attended any appointments so that staff were aware of any issues.

The practice had a chaperone policy which had been reviewed in September 2014. There were notices on display in the waiting area and surgeries to inform patients of the availability of chaperones. Staff told us that the chaperones were trained. The staff we spoke with were clear about the requirements of their roles as chaperones. They also told us that if there were no trained chaperones on duty they

Are services safe?

would defer the examination until one was available. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All the chaperones had been checked by the Disclosure and Barring Service (DBS). The DBS checks to 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.

Medicines management

Duddon Valley Medical Practice was a dispensing practice and offered this service, from both of their sites, to those patients who lived more than 1.5 km from a pharmacy. The dispensers had undergone appropriate training.

Medicines for use in the GP practice and for dispensing were kept in a secure store to which only clinical and dispensary staff had access. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of the potential for misuse. The dispensary staff we spoke with told us how they undertook daily stock control checks by two members of staff which ensured that all the medicines were accounted for and those used at the practice or dispensed were within their expiry dates.

The records showed the controlled drugs were recorded, stored, checked, used, and dispensed in accordance with the current regulations.

The dispensers told us that they had safety systems in place to reduce the likelihood of dispensing errors arising. For example, they checked each other's prescriptions the following day before dispensing. For any medicines needed on-the-day the dispenser would self-check together with a receptionist who had been trained to NVQ Level 2 in dispensing.

We checked vaccines stored in the medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. Maximum and minimum temperatures of the vaccine refrigerators, in the nurses' rooms were monitored daily by the nurses. The temperatures of the medicine refrigerators in the dispensary were also monitored daily by the dispensers. The nurses and dispensary staff monitored each other's refrigerators when necessary. Vaccines were administered by nurses using patient group directions (PGDs) and patient specific directions (PSDs). PGDs and PSDs are

specific guidance on the administration of medicines authorising nurses and health care assistants to administer them. We saw up-to-date copies of directions that the nurses signed and kept for reference.

We saw that prescriptions were kept in a locked cupboard and records of their identification numbers were entered and monitored on the practice computer system.

Dispensing staff told us that qualified dispensing staff undertook patient medication reviews (Dispensing Reviews of the Use of Medicines - DRUMs) with patients that had been identified by a GP for review. DRUMs are a practical look at how the patient manages their medicines. They are face to face reviews, looking at patients' compliance and concordance, and an opportunity to ensure that the patient is using their medicines safely and correctly.

Staff told us that they undertook monthly checks of the medicines in the emergency bags to ensure that they were within their expiry dates. We saw records to support this.

Cleanliness and infection control

The practice was clean, tidy and well maintained. Some of the comments from patients who completed CQC comment cards reflected this.

The GP partner was the lead for infection control. At the time of this inspection the practice was in the process of updating their infection control policy and detailed guidance for staff about specific issues. All of the staff we spoke with about infection control said they knew how to access the practice's procedures for infection control. We saw record that showed all clinical staff had undertaken infection control training in September 2014.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single-use, and personal protective equipment (PPE), such as aprons and gloves, were available for staff to use. Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels.

Staff we spoke with told us that they always cleaned the patient couches between patients and used the paper roll sheets.

The practice used an outside contract cleaner. We saw that there was a cleaning rota for them to follow. We saw records that showed the cleaning scheduled was checked

Are services safe?

twice weekly to ensure that any tasks listed for action had been completed. Staff told us that there was also a system of daily checks they followed to ensure the premises were clean.

We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We looked at some of the practice's clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had the appropriately coloured bin liners in place and all of the sharps bins had been signed and dated as required.

Equipment

The practice had processes in place to make sure that equipment was regularly checked to ensure that it was safe and effective to meet patients' needs. The fire extinguishers were checked in July 2014. We were told that all the medical equipment had been checked or calibrated by March 2014. We saw that a portable appliance test (PAT) had been undertaken in March 2014. (Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

Staffing and recruitment

The senior administrator and the practice support and training consultant told us that they had a recruitment policy which had been reviewed in August 2014 and an induction process for all new staff. The practice always took up references before confirming an employee's appointment. Staff we spoke with confirmed this. We saw a copy of the practice's recruitment policy which included instructions to take up references and apply for DBS checks for relevant staff.

We saw that the practice had appraisal and supervision policies. We also saw records that showed that the annual appraisal cycle started in June 2014. We were told that all staff had had an appraisal recently. Staff we spoke with confirmed this and told us action plans were completed to address relevant issues.

We looked at the training records for the practice and saw that it offered staff comprehensive training that covered safeguarding, complaints, fire safety and infection control among other courses appropriate to their work.

All clinical staff that were in contact with patients had been subject to DBS checks, in line with the practice's recruitment policy. This demonstrated that the practice had taken reasonable steps to ensure that the staff they employed were suitable to work with vulnerable patients.

The practice employed sufficient numbers of suitably qualified, skilled and experienced staff. The practice had a procedure for managing staff absences.

Appropriate staffing levels and skill-mix were provided by the practice during the hours the service was open. Staff we spoke with were flexible in the tasks they carried out and they also told us that they worked well as a team and covered for each other when necessary to ensure their patients received good care. Staff worked at both sites to ensure appropriate staffing levels and skill-mix was maintained.

Monitoring safety and responding to risk

The practice had a well-established system in place to manage and monitor health and safety. Their health and safety policy reminded staff of their individual responsibility for the health and safety of other people who may be affected by the practice's activities. The practice had nominated fire wardens at both sites. We saw records showing that the fire alarms and smoke detectors were regularly tested and a practice fire evacuation took place earlier in the year. The practice had a fire risk assessment in place and records showed fire training had been undertaken.

Arrangements to deal with emergencies and major incidents

The practice had detailed plans in place to ensure business continuity in the event of any foreseeable emergency, for example, a fire or flood. The senior administrator told us that they had a secure system in place that enabled staff to access patients' records from both locations if either of the premises were inaccessible or unavailable for any reason. They also had arrangements with a local GP practice to use their facilities if necessary.

Each of the doctors had their own 'on-call' bag which contained appropriate equipment / medications for use when undertaking home visits.

The practice had resuscitation equipment and medication available for emergencies. Arrangements were in place to check emergency medicines were within their expiry date and suitable for use. All of the staff we spoke with told us

Are services safe?

they had either attended CPR (resuscitation) training or refresher training had been arranged. We looked at records which confirmed this. Staff had sufficient support and knew what to do in emergency situations.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines.

GPs and nurses demonstrated an up-to-date knowledge of clinical guidelines for caring for patients. There was a strong emphasis on keeping up-to-date with clinical guidelines, including guidance published by professional and expert bodies such as the National Institute for Health and Care Excellence (NICE) and from local health commissioners (Cumbria Clinical Commissioning Group (CCG)). We saw that the nurses had reviewed and updated patient group directions (PGDs) and patient specific directions (PSDs) in October 2014. PGDs and PSDs are specific guidance on the administration of medicines including authorisation for nurses and health care assistants to administer them.

The practice had processes in place to ensure current guidance was being followed. They used the data from the Quality Outcomes Framework (QOF) to assess how the practice was performing and following the current guidance.

The practice coded patient records which enabled them to easily identify patients with long-term conditions and those with complex needs. We found from our discussions with the GP and the nurse that staff completed, in accordance with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, the practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. The nurse showed us records they maintained to ensure patients that needed appointments were notified and any that failed to attend would be followed up. We spoke with staff about how the practice helped patients with long-term conditions to manage their health. They told us that there were regular clinics where patients were booked in for an initial appointment and then scheduled for recall appointments. This ensured patients had routine tests, such as blood or spirometry tests to monitor their condition. A spirometer measures the volume and speed of air that can be exhaled and is a method of assessing lung function.

For patients receiving anticoagulant medication such as warfarin their blood was regularly monitored.

Anticoagulant medicines work by interrupting part of the process involved in the formation of blood clots. Regular international normalisation ratio (INR) blood testing is required to ensure that patients receive correct doses of medication over time. This was done at the practice with the exception of warfarin which was undertaken in hospital. The results were followed up by the practice and they made any changes that were required.

We were told that all patients over 75 years of age had been allocated a named GP, which they could change if they wished, who was responsible for their care. In addition, patients on the practice 'At Risk' register also had a named GP wherever possible. This helped to ensure continuity of care.

The practice kept a register of patients with learning disabilities which enabled them to monitor their care effectively. They had 14 patients registered. For those patients with mental health issues we saw that the practice undertook annual health checks and medication reviews. We were shown an example of a health check that highlighted other clinical concerns which were addressed.

Discrimination was avoided when making care and treatment decisions.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles, which led to improvements in clinical care. The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at clinical meetings. The GP partner gave us the example of annual audits they undertook for patients prescribed benzodiazepine. We saw that they had been peer reviewed against local benchmarks which ensured that the audits were of a good standard, analysed and actions had been taken.

The practice used the information from QOF to monitor the practice's progress against their QOF targets to ensure that patients were invited for routine regular monitoring tests such as blood pressure checks.

We reviewed a range of data available to us prior to the inspection relating to health outcomes for patients. We saw that under the clinical heading the overall achievement for

Are services effective?

(for example, treatment is effective)

QOF 2013/14 was 75.4%, which was 18.1 percentage points below the England average. However, the records demonstrated that the practice was performing the same as, or better than average, when compared to other practices in England in certain areas. For example, the practice achieved 100% in the 'Palliative care' category, which was 3.3 percentage points above the England average. The practice also achieved 100% in the 'Cancer' category, which was 4.5 percentage points above the England average. In addition the practice achieved 99.4% in the 'Heart Failure' category, which was 2.3 percentage points above the England average.

Effective staffing

Practice staffing included administrative, clinical and managerial staff. We reviewed staff training records and some individual continuing professional development (CPD) records. Good medical practice requires doctors and nurses to keep their knowledge and skills up to date throughout their working life and to maintain and improve their performance. CPD is a key way for them to meet their professional standards.

We saw that the practice had a comprehensive list of courses for staff which included safeguarding for children and vulnerable adults, fire safety, complaints and infection control. All staff were either up-to-date with attending mandatory courses such as basic life support or were scheduled to undertake the training. The practice held monthly Protected Learning Time (PLT). This gave the staff an opportunity to undertake undisturbed formal and informal training. In addition to their general practice skills the GP partner also specialised in patients who had addictions, such as drugs and alcohol as well an interest in palliative care.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated, or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff had received an annual appraisal. During the appraisals, training needs were identified and personal development plans put into place. The senior administrator told us that the practice had an 'open door' policy whereby all staff were encouraged to freely raise any

issues or concerns in meetings or privately with her, colleagues or the GPs. All staff we spoke with confirmed this and told us they would have no problems in raising any issues and they felt supported by the practice.

The patients we spoke with were complimentary about the staff. The 20 CQC comment cards we reviewed included the following comments about the staff: 'efficient', 'very professional' and 'helpful'.

Working with colleagues and other services

The practice worked closely with other health and social care providers, to co-ordinate care and meet their patients' needs. For example, the community midwife held antenatal clinics at the Kirkby location on alternate Thursday mornings. The practice also worked with district nurses to provide care to patients in their own homes.

In support of their patients staff told us that they had used the local crisis team when necessary. Crisis teams can give urgent help to people who have a mental health problem.

Correspondence from external health care and service providers, such as letters from hospital including discharge summaries, blood tests, information from out-of-hours providers and the 111 service, were received both electronically and by post and reviewed by the GP partner for action.

Staff told us that they were a small team that was going from strength to strength. They were complimentary about their colleagues. Their comments included 'approachable' and 'supportive'. Multidisciplinary meetings were regularly held which included health visitors, nurses who specialised in heart failure and district nurses.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. These records generated alerts which included prompts to staff that a patient needed medical reviews such as blood tests.

The GP partner told us that they shared patient information with the out of hour's service which helped ensure that their patients received appropriate care.

Are services effective?

(for example, treatment is effective)

The practice made referrals to hospital services using the Choose and Book service (the Choose and Book system enables patients to choose which hospital they will be seen in and allows them to book their own outpatient appointments).

Regular meetings were held throughout the practice. These included staff, clinical and multidisciplinary team meetings. Information about risks and significant events were shared openly at meetings. Patient specific issues were also discussed with appropriate staff and other health care professionals to enable continuity of care.

Consent to care and treatment

We saw that the practice had a consent policy that was reviewed in October 2014. Staff we spoke with were able to give examples of how they obtained consent.

We found that staff were aware of the Mental Capacity Act (MCA) 2005 and their responsibility in respect of consent prior to giving care and treatment. They described the procedures they would follow where patients lacked capacity to make an informed decision about their treatment.

The clinicians we spoke with showed they were knowledgeable about how and when to carry out Gillick competency assessments of children and young people.

Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

A range of health promotion information was available to patients in the reception and waiting area of the practices. This included information about lifestyle management such as smoking cessation.

All new patients were offered new patient checks to discuss their medical histories, current care needs, assessing any risks and planned future care such as arranging routine blood tests.

The practice proactively identified patients who needed ongoing support. In particular, they identified carers and placed a flag on their records so that clinicians were made aware of this before these patients attended appointments. The practice undertook annual reviews for patients with long term conditions in addition to more frequent appointments when necessary. This included those receiving end of life care and those at risk of developing a long-term condition.

The practice identified patients who would benefit from treatment and regular monitoring, for example, they offered flu vaccinations and immunisations for children in line with current national guidance.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with four patients during our inspection. They told us that the practice was 'friendly' 'welcoming' and 'accommodating'. Comments left by patients on the 20 CQC comment cards we received also reflected this. Words used to describe the approach of staff included courteous, kind, considerate supportive, friendly and best care.

We looked at data from the National GP Patient Survey, published in July 2014. They issued 247 questionnaires and 131 were returned. This showed that patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, the practice in the category of overall good experience achieved 89% and the helpfulness of reception staff, achieved 83%. We saw that 96% of patients said they had confidence and trust in their GP and 82% said their GP was good at treating them with care and concern.

Staff we spoke with told us how they would protect patient's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

We saw the reception staff dealt with patients pleasantly and warmly. They ensured conversations were conducted in a confidential manner. For example, a radio was playing in the background to obscure their conversation and staff also spoke quietly so their conversations could not be overheard. Staff were aware of how to protect patients' confidential information.

Care planning and involvement in decisions about care and treatment

Patients told us they felt they had been involved in decisions about their care and treatment. They told us that the clinical staff took their time with them and always involved them in decisions. We reviewed the 20 completed CQC comment cards and found they echoed these comments. Some patients used the following phrases to describe their involvement in decisions about their care and treatment, always listened to, listened to, listened to by the doctor, nurses and reception.

The results of the National GP Patient Survey from July 2014 showed patients felt the GPs and nurses involved them in decisions about their care, both achieved 72% and for explaining the need for any tests or treatment they achieved 88% and 87% respectively. This demonstrated that most patients who responded were satisfied with the way they were treated.

We saw that access to interpreting services was available to patients, should they require it.

The practice had systems to ensure care was tailored to patients' individual needs and circumstances. The practice held registers of various patients, such as those with learning difficulties aged 18 and over, patients suffering from Chronic Obstructive Pulmonary Disease (COPD) – the name for a collection of lung diseases including chronic bronchitis, emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections and those experiencing certain mental health issues. These enabled the practice to monitor those patients and the care offered. We saw that the practice had registered 22 patients with mental health issues. Most of those with mental health issues that were eligible for care plans had care plans in place.

Patient/carer support to cope emotionally with care and treatment

Staff told us that in addition to pre-bookable appointments the practice offered emergency appointments on the same day and children were given urgent appointments the same day. These services gave patients assurance that their needs would be met on the day they contacted the practice. The practice also undertook home visits for those patients not well enough to attend the practice.

For patients receiving end of life care at home the practice offered them support. Staff told us that bereaved relatives and carers would be contacted by telephone or visited by a GP to offer them support.

We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and various support groups and services.

The practice held regular multidisciplinary team meetings where they planned care for patients, such as those experiencing mental health problems, who would benefit from coordinated support from other health care providers in conjunction with the care provided by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff told us that patients suffering from some long term conditions such as diabetes were given longer appointment times if necessary.

Patients we spoke with told us they felt they had sufficient time during their appointment. Results of the National GP Patient Survey from 2014 confirmed this with 92% of patients stating the doctor gave them enough time and 93% stating they had sufficient time with the nurse. These results were well above the national averages (86% and 81% respectively).

The practice used electronic notes and alerts which were attached to medical records to advise staff that patients had additional needs such as, for example, a learning disability or that they were a carer.

The practice offered personalised care to meet the needs of the older patients in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was.

There was information available to patients in the waiting room and reception area about support groups, various clinics such as the flu clinics, and health and wellbeing advice.

The GP partner told us that they had a good relationship with the local CCG and they attended CCG meetings.

Tackling inequity and promoting equality

The practice had recognised the needs of the different groups in the planning of its services.

Nationally reported data showed the practice had achieved good outcomes in relation to meeting the needs of patients whose circumstances may make them vulnerable.

Registers were maintained, which identified which patients fell into these groups. The practice used this information to ensure patients received an annual healthcare review and access to other relevant checks and tests. The data showed that for patients experiencing certain mental health problems such as dementia their care had been reviewed in a face-to-face appointment in the preceding 12 months.

Staff told us that the practice offered extended appointments for patients who needed them.

The practice had access to local medicine and alcohol misuse support services for patients. In addition, the community psychiatric nurse also held sessions at the practice for those patients.

There was parking available in a car park directly outside both locations. The practice buildings had step free access for patients with mobility difficulties. The consulting and treatment rooms were accessible for all patients. There were also toilets that were accessible to disabled patients. There were waiting rooms at both locations with plenty of seating available.

The practice had arrangements in place to access interpretation services for patients whose first language was not English.

Access to the service

Most patients who commented were satisfied with the appointments system and accessibility to the services.

Opening times at the Kirkby Surgery were from 8:00am Monday, Wednesday, Thursday and Friday, plus early opening 7.30am Tuesday. Kirkby Surgery remained open every day up until 6.00pm apart from Thursday afternoon when it closed between 1.00pm and 5.00pm, opening again up until 6.00pm. The opening times at the Broughton Surgery were from 9.00am Monday, Wednesday, Thursday and Friday, plus early opening 7.30am Tuesday. Broughton Surgery remained open every day until 5.00pm apart from Wednesday afternoon when it is closed from 12.30pm. Early appointments were available at both surgeries on Tuesdays from 7:30am which was useful for those patients who could not attend the surgery during normal working hours. Evening appointments were regularly available at the Kirkby Surgery up until 5:30pm.

The Community Midwife held antenatal clinics at the Kirkby Surgery on alternate Thursday mornings, by appointment only. Same-day appointments were always available for children.

Patients were able to book appointments either by calling into the practice or on the telephone. Face-to-face and telephone consultations were available to suit individual needs and preferences. Home visits were also undertaken for those patients who physically could not attend the practice for an appointment. The practice was responsive to the needs of older patients, including offering home visits and to those living in local care homes.

Are services responsive to people's needs?

(for example, to feedback?)

All of the patients we spoke with, and some of those who filled out the CQC comment cards, commented on the appointments system. They said they were satisfied with the appointment systems operated by the practice. Some patients commented that it was easy to get an appointment. This was reflected in the results of the most recent National GP Patient Survey (2014). This showed 81% of respondents described their experience of making an appointment as 'very good' or 'fairly good' and 96% said that the last appointment they got was 'convenient for them.'

Staff told us that the practice would not turn any patient away if they needed same day care and treatment. Feedback from patients we spoke with, and those who completed CQC comment cards, did not raise any concerns about getting an appointment with a clinician on the day if their need was urgent.

The practice had an up-to-date practice leaflet which provided information about the services available, contact details and repeat prescriptions. The practice also had a clear, easy to navigate website which contained detailed information to support patients. Staff told us that they were in the process of developing a website for the practice which will include facilities to enable patients to make appointments and request prescriptions online.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

The complaints policy was outlined in the practice leaflet and a notice was also displayed in the waiting room outlining the process. In addition, the website had a facility where patients could rate the service.

None of the four patients we spoke with on the day of the inspection said they had felt the need to complain or raise concerns with the practice. In addition, none of the 20 CQC comment cards completed by patients indicated they had felt the need to make a complaint.

Staff we spoke with were aware of the complaints policy and the action they needed to take if they received a complaint. They told us they would inform the GP partner of any complaints made to them.

We saw that the practice had recorded in their complaints register that it had received three complaints in the period January to March 2014. A summary of the complaint, details of the steps taken, the outcome of the investigation, and details of any contact with the complainant, were recorded. We also saw that any learning from the complaints was recorded and shared with staff.

Are services well-led?

(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 mission statement was to have “A team dedicated to deliver quality care”. We found details of the vision and practice values were part of the practice’s aims and objectives. The team slogan was “If we can, we will”.

We saw that the practice was in the process of undertaking a fundamental review of how it delivered its services. For example, they were reviewing all their governance arrangements such as contracts of employment, job descriptions and policies and procedures to ensure that they were fit for purpose. We saw a comprehensive spreadsheet that detailed the areas being reviewed and the anticipated date of completion. This demonstrated that the practice was actively enhancing their governance arrangements to help them achieve their vision.

We spoke with eight members of staff and they all knew and understood the vision and values and what their responsibilities were in relation to these. They told us they and the practice was patient focussed.

Staff told us that there had been a change over the last year in the practice culture. It now had an open culture where staff were encouraged to discuss issues with colleagues and GPs when the need arose. Staff we spoke with confirmed this and told us that the practice was now very supportive and they had no concerns about raising any matters with colleagues, GPs or the partners. Staff also told us that they had always experienced good team working; however, the new open transparent culture had improved their working environment.

Governance arrangements

We saw that this small practice had developed a clear leadership structure showing lines of accountability for all aspects of patient care and treatment which included details of nominated individuals who were responsible for various clinical and non-clinical areas.

The practice had employed a practice support and training consultant who, in collaboration with all relevant staff was in the process of reviewing and updating the practice policies and procedures. There were systems in place or were being revised or formulated, for monitoring all aspects of the service such as complaints, incidents,

safeguarding, clinical audit and infection control. The practice had a number of policies and procedures in place which governed their day-to-day activities. Staff were able to access these electronically. Staff told us that they worked in accordance with their policies and procedures, for example, they told us they followed patient group directions (PGDs) and patient specific directions (PSDs). These are specific guidance on the administration of medicines including authorisation for nurses and healthcare assistants to administer them. The policies and procedures that were in place, and feedback from staff, showed us that effective governance structures were in place.

Staff told us that they interacted with their colleagues throughout the day, supporting each other to provide their services to patients. We saw that the practice held various regular team meetings which were well attended. We saw the minutes of a meeting in October that had 13 attendees. A variety of topics were discussed which included access to appointments. Staff we spoke with were complimentary about their meetings.

Staff told us that over the last 12 months the culture at the practice had changed and they were now actively encouraged to be involved in shaping the service. We saw that staff had been consulted in areas such as the supervision and appraisals processes and the sickness and absences policy.

Staff also told us that they felt able to raise any concerns or offer any ideas to improve the service and said they felt they would be listened to.

Leadership, openness and transparency

The practice demonstrated effective leadership, outstanding teamwork and organisational resilience, for example the practice had improved itself despite going through a period of turbulence.

The practice had a clear corporate structure designed to support transparency and openness. There was a well-established management team with clear allocation of responsibilities. The GP partner held the overall lead role and was responsible for the practice. However, for practical purposes staff undertook lead roles in such areas as infection control and monitoring QOF data and practice performance. Management had a good understanding of, and were sensitive to, the issues which affected patients and staff.

Are services well-led?

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

Staff told us they worked in a small supportive team and there was an open culture in the practice and felt they could report any incidents or concerns they might have. This environment helps to promote honesty and transparency at all levels within the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice gathered feedback from staff through staff meetings, appraisals and informal discussions in their day-to-day activities. Staff we spoke with told us these meetings provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. They said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw the practice also used the meetings to share information about any changes or action they were taking to improve the service such as the cultural changes staff had recently experienced. Staff told us that the recent changes meant that they felt more involved and engaged in the practice to improve outcomes for both them and patients.

We saw that the practice had recently formed a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to

improve services and the quality of care. Their inaugural meeting was held in May 2014. We spoke with one of its members and they told us that amongst other topics the group discussed advertising the practice opening times in a local newsletter.

Management lead through learning and improvement

The practice had management systems in place which enabled learning and improved performance.

Staff told us that the practice was supportive of training. They said they had received the training they needed or it had been scheduled, both to carry out their roles and responsibilities and to maintain their clinical and professional development. We saw that all staff had an appraisal within the last few months.

The practice had an effective approach to incident reporting in that it encouraged reporting and the review of all incidents. Team meetings were held to discuss any significant incidents that had occurred. The practice had completed reviews of significant events and other incidents and shared these with staff. Staff meeting minutes showed these events, and any actions taken to reduce the risk of them happening again, were discussed.