

# The Castle Medical Group

## Quality Report

Clitheroe Health Centre

Clitheroe

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Castle Medical Group	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Castle medical Group on 21 January 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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 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.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example it had reviewed its appointment system following patient feedback to offer more pre-bookable appointments. The practice engaged in ongoing monitoring of its appointment availability to ensure patients were able to access services in a timely way.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from its staff, which it acted upon.
- 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

# Summary of findings

- The practice had a clear vision which had quality improvement and patient care as its top priorities. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. Governance in place to ensure the delivery of this vision and strategy was well organised.

We saw one area of outstanding practice:

- The practice worked closely with the other GP practice and the other healthcare professionals

located within the building to develop local clinical pathways. A clinical pathway for guidance and management of atrial fibrillation had been agreed and was being implemented. This ensured patients living in the locality received consistent, evidence based care and treatment for atrial fibrillation.

**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 well managed.
- Medicines were managed safely by the dispensary.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff worked closely with the Integrated Neighbourhood Team to ensure the needs of patients with more complex health needs were met.

### Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. The practice achieved particularly strong results around patient's involvement in care and treatment decisions, for example; 96.3% said the last GP they saw was good at

# Summary of findings

explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%. 92.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.9%, national average 81.4%).

- We observed a strong patient-centred culture. Each GP ran a personal patient list. This enabled GPs to develop long term relationships with patients and promoted continuity of care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders, such as the community healthcare professionals told us that the practice staff responded quickly to any concerns they raised about patients they saw in the community or in living in care homes.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.
- There were innovative approaches to providing integrated person-centred care. The GPs delivered surgeries twice per week at a local independent boarding school to cater for the health needs of pupils resident there. The GPs had also taken on the responsibility of appraising and offering clinical supervision for the school's in-house nursing team.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Concerns from patients around access were being addressed and we saw that the practice engaged in ongoing and frequent monitoring of appointment availability with clinical staff.
- All patients had a named GP.

**Outstanding**



# Summary of findings

- Patients could be admitted directly to the local community hospital should they need to be.
- Patients could access appointments and services in a way and at a time that suited them. Telephone appointments were available, and the practice liaised closely with community nursing teams who visited patients in residential homes and their own homes as appropriate. Extended hours appointments were available on a Monday evening and Tuesday and Wednesday mornings.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality improvement and excellent patient care as its top priorities.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a clear leadership structure and staff felt supported by management.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

**Outstanding**



# 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example one health care assistant was specifically employed to carry out reviews of patients over the age of 75 years. Close working relationships were established with the Community matron for people over the age of 75 with complex healthcare needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly palliative care meeting were held and community health care professionals attended these. Patients had a care plan in place.
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.
- The practice worked closely with the locality advanced nurse practitioner who visited older people resident in care homes.

Outstanding



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Two practice nurses were trained to deliver an education programme to patients on diabetes and also delivered training to residential and nursing home staff.
- The nurses were trained to offer insulin initiation for diabetic patients. Three practice nurses were also trained in anticoagulant management and held clinics to monitor patients blood to determine the correct dose of anti-coagulant medicine. This prevented the need for patients to make frequent hospital visits.
- Performance for diabetes related indicators was either better than or in line with the national average.
- Longer appointments and home visits were available when needed.

Outstanding



# Summary of findings

- 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 outstanding for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of 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.
- The practice's uptake for the cervical screening programme was 80.7%, which was higher than the CCG average of 74.2% and the national average of 74.3%.
- 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.
- A confidential sexual health clinic was offered for young people each week by one of the practice nurses.
- Two surgeries a week were offered by the GPs at a local independent boarding school to cater for the health needs of the pupils resident there, and the GPs had taken on the responsibility of appraising the school's nursing staff so that they could maintain clinical competence.

Outstanding



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Outstanding





# Summary of findings

- Extended hours appointments were offered on a Monday evening as well as a Tuesday and Wednesday morning. Telephone consultations were also available.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding 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 and those with caring responsibility.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- There was a shared care agreement with a substance misuse support agency, and GPs liaised closely with them to support patients that had been referred to them and accessed appointments with a drug misuse support worker on the practice premises.
- 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.

Outstanding



## People experiencing poor mental health (including people with dementia)

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

- 78.69% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance for mental health related indicators was either above or broadly in line with the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95.05% compared to the national average of 88.47%.

Outstanding



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The integrated Neighbourhood Team had an attached mental health worker.
- The practice offered an enhanced service to facilitate timely diagnosis of dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- One of the GPs took responsibility for the health needs of a number of patients at a local community rehabilitation centre for people recovering from mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing above local and national averages. A total of 273 survey forms were distributed and 122 were returned. This was a response rate of 44.7% and represented 0.9% of the practice's patient list.

- 77.8% found it easy to get through to this surgery by phone compared to a CCG average of 71.1% and a national average of 73.3%.
- 92.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.2%, national average 85.2%).
- 89.1% described the overall experience of their GP surgery as good (CCG average 84.5%, national average 84.8%).
- 87.7% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all very positive about the standard of care received, with many identifying staff by name to praise the service and care they had delivered. As well as making positive comments about the service, three did also make reference to the length of time before routine appointments were available with a chosen GP, and the fact that appointments did not always run to time.

We spoke with 16 patients during the inspection as well as one member of the patient participation group (PPG). All of these patients said they were extremely happy with the care they received and thought staff were approachable, committed and caring. Patients told us that treatment options were discussed and choices given, and care was administered in a timely manner.

## Outstanding practice

We saw one area of outstanding practice:

- The practice worked closely with the other GP practice and the other healthcare professionals located within the building to develop local clinical pathways. A clinical pathway for guidance and

management of atrial fibrillation had been agreed and was being implemented. This ensured patients living in the locality received consistent, evidence based care and treatment for atrial fibrillation.

# The Castle Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology). The team was accompanied by a member of the NHS England Sustainable Improvement Team who was observing the inspection. A pharmacy specialist advisor also inspected Castle Medical Group's use of the dispensary when the neighbouring practice was inspected.

### Background to The Castle Medical Group

The Castle Medical Group is housed in Clitheroe Health Centre, a purpose built building. This accommodation is shared with a neighbouring GP practice. It is a dispensing practice, meaning that it is a practice authorised to dispense drugs, and the dispensary in the health centre is run jointly by the two practices. The practice dispenses medicine to approximately a third of its patient list.

Another GP practice (Pendleside Medical Practice), a Treatment Room provided and staffed by East Lancashire Hospital Trust as well as other healthcare services such as podiatry and community nursing teams are also located within the same building.

The building is accessible to people with disabilities.

The practice is part of the NHS East Lancashire Clinical Commissioning Group (CCG) and provides services to a

patient list of 14,316 people under a General Medical Services contract with NHS England. The average life expectancy of the practice population is in line with the national average and above that of the CCG for both males and females. The practice population contains a higher proportion (21.6%) of people over the age of 65 than the national average of 16.7%. The percentage of the practice's patients resident in nursing homes is 0.9%, which is higher than the national average of 0.5%. The practice also has a higher percentage of patients suffering with a long standing health condition; 57.1% compared to the national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by eight GP partners (four female and four male) and four salaried GPs (three female and one male). The GPs are supported by five practice nurses, an assistant practitioner and two healthcare assistants (HCAs). Clinical staff are supported by a managing partner, a practice manager and an admin manager. The practice employs 22 admin and reception staff, as well as eight staff who work in the dispensary.

Castle Medical Group is a training practice and four of the GP partners are qualified as trainers. Placements are offered at the practice for both foundation year doctors and specialist trainees.

The practice is open Monday to Friday between the hours of 8am and 6:30pm. Appointments are offered from 8:30am onwards. In addition, the practice offers extended hours appointments between 6:30 and 8pm on a Monday evening and 7:15 until 8am on Tuesday and Wednesday morning. Outside normal surgery hours, patients are advised to contact the Out of hours service, offered locally by the provider East Lancashire Medical Services.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new 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 21 January 2016. The dispensary was inspected on 27 January 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurses, assistant practitioner, practice management staff, reception and admin 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, we saw minutes from a recent clinical meeting where significant events had been discussed. One of these related to an incident whereby locum GPs who had been using a generic log-on to the electronic patient records system had not been recording their name against the consultation record. Learning outcomes documented following this discussion included locums being given their own log in details in future to ensure a robust audit trail in patient records was maintained in future. In addition searches were performed on the electronic records system to ensure any entries without the locum's name recorded were completed retrospectively. Discussions with staff confirmed that these actions had been carried out. Staff were also able to describe numerous other examples of changes to practice that had been implemented as a result of significant events being analysed.

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 level 3.

- A notice in the waiting room advised patients that chaperones were available if required. The practice had a commissioning agreement with the local hospital NHS Trust that nursing staff provided by them for the treatment room situated in the health centre would provide chaperone duties when required. As such, the practice did not hold records to verify that they had received appropriate training for this role or that they had undergone 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 manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed a range of 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 checks through the Disclosure and Barring Service.
- 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.

The practice operated a Doctor Dispensing Service for patients that did not live near a pharmacy. Blank prescription forms were handled in accordance with national guidance. These were tracked through the

## Are services safe?

practice and kept securely at all times. A process was in place to ensure prescriptions were signed before medicines were handed out to patients. Procedures were in place for monitoring prescriptions that had not been collected.

All members of staff involved in the dispensing process had received appropriate training. Dispensary staff had opportunities for continued learning and development through attending training courses. Some dispensary staff had not had an annual appraisal but this was being addressed and dates had been agreed. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to assess the quality of the dispensing process.

Processes were in place to check medicines were within their expiry dates and this was 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 arrangements for managing other medicines, including emergency drugs and vaccinations, in the practice also kept patients safe. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular 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 at any given time.

### 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 as well as panic alarms 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 three defibrillators available on the premises and oxygen with adult and children's masks. 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 external contractors. Staff told us how the plan had been successfully implemented in the past; a fire on site meant that some of the practice premises could not be used for two weeks while repairs were carried out. Implementation of the business continuity plan minimised disruption to the practice's delivery of services during that time.



# 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.
- The practice had drawn up detailed care pathways, for example for managing patients with hypertension (high blood pressure), to ensure that the care given is equitable and in line with evidence based guidelines. These care pathways are regularly reviewed in order to ensure they remain current and appropriate.

### 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 showed the practice achieved 98.9% of the total number of points available, with 7.9% exception reporting for clinical domains (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was either better than or in line with the national average. For example, the percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 85.86%, compared to the national average of 78.03%. The percentage of patients with diabetes on the register whose last measured total cholesterol

(measured in the preceding 12 months) was five mmol/l or less was 83.87% compared to the national average of 80.53%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 September to 31 March was 97.8% compared to the national average of 94.45%. The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 84.96% compared to the national average of 88.3%.

- Performance for mental health related indicators was either above or broadly in line with the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 95.05% compared to the national average of 88.47%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 99.02% compared to the national average of 89.55%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 78.69% compared to the national average of 84.01%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 88.76% compared to the national average of 83.65%.

Clinical audits demonstrated quality improvement. The practice had a clinical plan in place which detailed audit activity which was being undertaken and which was planned for the year ahead.

- We reviewed four clinical audits carried out in the last two years, all of which were completed audit cycles 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, following a recent audit of the care offered to diabetic patients the practice demonstrated that their encouragement for patients to attend reviews had resulted in a decrease in patients either not attending



# Are services effective?

## (for example, treatment is effective)

appointments or refusing treatment. The audit results indicated that changes to practice had resulted in HbA1c levels dropping in 48.4% of patients, suggesting their diabetes was being better managed.

Information about patients' outcomes was used to make improvements. For example practice staff told us that in the past year they had been more proactive in liaising with specialist nurses and staff at the memory clinic and had been able to identify more patients with dementia who required support. This had resulted in the practice's dementia register increasing in size from approximately 60 patients to over 120 patients meaning the practice were able to ensure they were receiving the right care, support and treatment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Recently appointed staff told us how they were allowed to shadow colleagues and that mentors had been identified to support them while they familiarised themselves with their roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, 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 and discussion at practice meetings. In addition three practice nurses were nurse prescribers. Four were trained in insulin initiation and three in monitoring anti-coagulation therapies and treating patients accordingly.
- The learning needs of staff were identified through a system of appraisals, meetings and thorough reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months, except the managing partner whose last appraisal was two years ago.

- 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 as well as in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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 and that care plans were routinely reviewed and updated.

The Integrated Neighbourhood Team (INT) were based in the health centre and INT staff told us that they found communication channels to be excellent between themselves and the GPs at the practice in terms of coordinating patient care. They told us that the GPs would always respond to concerns about patients.

### 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.

# Are services effective?

## (for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse 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, those with mental health problems and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A mental health support worker was available on the premises.

The practice's uptake for the cervical screening programme was 80.7%, which was higher than the CCG average of 74.2% 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

ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of the practice's female patients aged 50-70 who had been screened for breast cancer in the last 36 months was 71.8% which was higher than the CCG average of 68.2%, and the percentage of patients aged 60-69 who had been screened for bowel cancer in the last 30 months was 64.6%, which was higher than the CCG average of 57.7%.

Childhood immunisation rates for the vaccinations given were variable, but most were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 31.5% to 92.8% and five year olds from 75.5% to 97.8%.

Flu vaccination rates for the over 65s were 78.91%, and at risk groups 60.55%. These were also slightly above the national averages of 73.24% and 57.17% respectively.

Patients had access to appropriate health assessments and checks. These included health questionnaires for new patients and NHS health checks for people aged 40-74. In addition the practice offered annual health checks for people over the age of 75 years. 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.
- Confidentiality was managed well as reception. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced, with many praising practice staff by name and offering examples of support offered by the practice. 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 16 patients and one member of the patient participation group. The practice's patient participation group (PPG) was a joint PPG with the neighbouring GP practice. The PPG was named the Clitheroe Health Centre User Group. They said the quarterly PPG meetings were very useful. The GP practices updated them on the changing NHS and potential impact to services. They confirmed they were consulted and listened to about how to improve services. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us 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 above average for almost all of its satisfaction scores on consultations with GPs and nurses. For example:

- 93.5% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 92.8% said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 97.1% said they had confidence and trust in the last GP they saw (CCG average 94.5%, national average 95.2%).
- 92.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.7%, national average 85.1%).
- 91.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).
- 88% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%).

The practice produced a patient newsletter for patients. This was informative and covered areas such as staffing changes, information on services such as the Integrated Neighbourhood Team, and advice on topics such as dementia and antibiotics.

Other healthcare professionals we spoke with were overwhelmingly positive about the practice responsive in meeting patients' needs.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt very much 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 extremely positive and aligned with these views.

Each GP ran a personal patient list. This enabled GPs to develop long term relationships with patients and promoted continuity of care and treatment. The practice's quality improvement plan identified the commitment to ensure patients were able to see their chosen GP within five working days. We saw that weekly appointment availability audits were carried out to monitor waiting times so that the appointment system could be updated in order to achieve this aim.



## Are services caring?

Staff from the local integrated neighbourhood team we spoke to told us how the caring nature of the GPs made the practice an easy one to work with. We were told how the GPs actively sought out feedback from community healthcare staff and acted upon it in order to ensure patients received the care they needed.

Results from the national GP patient survey showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 96.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%.
- 92.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.9%, national average 81.4%).
- 88.2% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.9%, national average 84.8%)

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. Figures for 2014/15 indicated that the practice had identified 57 of its patients as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We spoke to one patient who told us that their GP had attended their relative's funeral to support the family.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We saw a number of meeting minutes from the Ribblesdale Locality Finance and Activity sub group, chaired by Castle Medical Group's managing partner, that demonstrated the changing needs of the practice population were monitored and actions implemented to improve services for patients; for example they liaised with the local Diabetes consultant and discussed assessing the need for a chiropody service being commissioned for patients with type one diabetes.

- The practice offered extended hours on a Monday evening until 8pm and Tuesday and Wednesday mornings from 7:15am for working patients who could not attend during normal opening hours.
- Patients were able to book appointments online, and the practice also offered telephone appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The GPs liaised with an advanced practitioner who had responsibility for visiting patients resident in care homes throughout the locality, as well as with the community matron who visited patients over the age of 75 in their homes.
- The practice employed a dedicated health care assistant to support patients over the age of 75 years. She offered all patients over the age of 75 years who did not have an existing long term condition the opportunity to have a comprehensive review of their health wellbeing and social care needs.
- 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 those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice's consultation rooms were split over two floors but there was a lift to allow ease of access to the upper floor facilities.

- All patients registered had a named GP who was accountable for their care. However, patients were still able to see other GPs in the practice.
- The GPs were able to admit patients directly from the community to the local community hospital.
- The practice was responsive to the needs of the higher than average proportion of patients suffering with a long term condition. For example they had recognised the importance of patients being able to take ownership of managing their condition. Two practice nurses had undergone specialist training to enable them to deliver a structured training programme to diabetic patients to facilitate them improving their self management of their condition. The nurses were also able to initiate a diabetic patient's insulin, which meant the patient did not have to attend hospital to do this.
- Three practice nurses were nurse prescribers and three were trained to undertake Anticoagulant Management. Clinics were held where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. Approximately 250 patients on the list accessed this service, meaning they did not need to attend a separate specialist anticoagulant clinic.
- The GPs visited a local independent boarding school to provide two surgeries per week for the resident children. The GPs also carry out supervision and appraisals for the nurses employed by the school to ensure their competence and continued professional development.
- The practice had a shared care agreement with a local substance misuse support agency. Patients were seen on site by the drug support worker and GPs were closely involved in coordinating their care.
- One of the practice's GPs provided medical services at a local community rehabilitation facility for patients recovering from mental health problems.
- There was an active patient participation group (PPG) shared with the neighbouring practice and made up of patients from both surgeries. We viewed minutes from meetings with the PPG that documented how the practice had altered its appointment system to free up more slots bookable in advance in response to patient feedback regarding difficulties accessing appointments. We spoke to a member of the PPG who was very positive and complimentary about how the practice engaged with its patients. We were told about how the practice was actively trying to bring the various PPGs together



# Are services responsive to people's needs?

## (for example, to feedback?)

from practices across the locality to discuss changes moving forward and how the practices can work together to best address them, for example the proposed shift to 8am to 8pm working for GPs.

### Access to the service

The practice was open Monday to Friday between the hours of 8am and 6:30pm. Appointments were offered from 8:30am onwards. In addition, the practice offered extended hours appointments between 6:30 and 8pm on a Monday evening and 7:15 until 8am on Tuesday and Wednesday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 88.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.
- 77.8% of patients said they could get through easily to the surgery by phone (CCG average 71.1%, national average 73.3%).
- 72.6% of patients with a preferred GP said they usually got to see or speak to that GP (CCG average 59.4%, national average 60%).

Most people told us on the day of the inspection that they were able to get appointments when they needed them, although one did express concern that at times they could have to wait up to two weeks for a routine appointment with the GP.

We saw that the practice were engaged in ongoing work to monitor and improve patient access to appointments. A

weekly audit was carried out of each clinician's next available pre-bookable appointment to ensure appointment availability was equitable. Through this close monitoring of appointment availability the practice was able to identify trends and make adjustments to the appointment system in order to improve access for patients.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet available in reception as well as the complaints procedure being described on the practice's website.

We looked at nine complaints received in the last 12 months and found that these were dealt with in a satisfactory manner, with a timely response provided and apology offered as appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, patient concern around accessing appointments had prompted the practice to review and alter its appointment system to make more pre-bookable appointments available to patients.



# Are services well-led?

Outstanding



(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. It prioritised quality improvement and high standards of patient care. The staff we spoke with were aware of these values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

There was a commitment by all the practice staff to deliver a quality service. The practice had achieved the Royal College General Practice (RCGP) Quality Practice Award in 2015. This underpinned the practice's robust strategy and supporting business plans and reflected the vision and values.

The practice had recently, along with the neighbouring practice, purchased a local pharmacy business. They told us they were exploring ways that they could work closely with the pharmacy staff moving forward in order to improve services they offered to patients.

### Governance arrangements

The practice had an organised and 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 via weekly partnership meetings as well as regular team meetings for other staff groups
- The practice nurses held weekly meetings to discuss any clinical issues and the nurses met regularly with the lead GP responsible for the development of the nursing team.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. The practice worked closely with the

neighbouring practice and within the locality to develop clinical pathways of care and treatment to promote quality and consistency of care to patients living in the locality.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- GPs had lead clinical responsibilities and also for other areas such as staffing lead, business lead and commissioning lead.
- The practice engaged with the Clinical Commission Group (CCG) and attended meetings to contribute to wider service developments. One of the GPs was the mental health lead within the locality.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were 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. Partners' meetings, nurses meetings, reception meetings and administration team meetings were all held on a weekly basis to ensure information was disseminated to staff in an efficient manner. Further

# Are services well-led?

Outstanding



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

meetings such as clinical, management team and whole staff meetings were held on a monthly basis. The practice held business planning meetings on a quarterly basis.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or one to one meetings with their line manager and felt confident in doing so and felt supported if they did. We noted a team away day had been held six months previously to encourage staff engagement in service development and improvement.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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, patient feedback had prompted the practice to re-evaluate its appointment system to improve access for patients. We saw that the practice were engaged in ongoing monitoring of appointment availability to ensure patients were offered appointments in a timely manner.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion at regular one to one meetings between staff and their line managers.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nursing staff told us how before Christmas they had fed back to the GPs that they felt under pressure during baby immunisation appointments due to the increased size of vaccination programme. The practice responded to this feedback by auditing the time taken for such appointments and as a result extended the time allocated for them from eight minutes to ten minutes. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and actively involved in securing improvements to services for patients in the area. The practice had produced a detailed quality improvement plan in order to identify and monitor improvements to the service across a range of clinical areas.

The practice was a long standing teaching and training practice, four partners were trainers and two of the nurses were also trained as mentors for nursing students.

The practice taught and supported patients and care home staff on how to self manage diabetes.

There was close working productive relationships with the neighbouring GP practice and other healthcare professionals such as the Advanced Nurse Practitioner for Care Homes and the Community Matron for 75s for the benefit of patients living in the locality.

Practice management staff were aware the the area's population was due to expand by approximately 5000 people over the next two years due to the completion of a new housing development. In order to accommodate this increase the practice was in the process of formulating a bid for funding to build a new health centre with increased patient capacity.