Waterloo Surgery

Quality Report

Millom Hospital
Millom
Cumbria
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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?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Waterloo Surgery on 29th September 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- In response to the threat of closure due to staff loses and insecure premises, the practice helped to establish the Millom Alliance. This was a partnership between the practice, other health providers in the area, and patients (represented by the Millom Action Group) which aimed to provide more care services

Summary of findings

within Millom and to reduce the need for hospital admissions or for patients to have to travel elsewhere to receive care. The practice played a key role in the foundation and operation of the alliance, and worked closely with other services in the area to achieve improvements. Data from the local acute hospital showed that following the formation of the alliance there had been a 16% reduction in ambulance attendances from Millom, non-elective admissions to the hospital from the population were down 8% and outpatient referrals had dropped by 11%.

- In collaboration with the alliance, the practice helped to produce a "GPs for Millom" promotional video which led to the recruitment of three new GPs, and allowed the continuation of the practice. This video won the Local Community Initiative Award at the UK Public Sector Communication Awards.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- 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 things went wrong patients received reasonable support, truthful information, and a 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.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Staff, teams and services were committed to working collaboratively. People who had complex needs were supported to received coordinated care and there were innovative and efficient ways to deliver more joined-up care to people who use services.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, and had improved greatly from the previous year.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. This was best demonstrated in the work the practice had done as part of the Millom Alliance, which was a collaboration between healthcare providers and the local community to ensure access to healthcare was maintained in Millom.
- The involvement of other organisations and the local community was integral to how services were planned, and there were innovative approaches to providing integrated person-centred pathways of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had suitable 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. This was best evidenced by the work the practice did with the Millom Alliance. This was a partnership between the practice, other health providers in the area, and patients (represented by the Millom Action Group) which aimed to provide more care services within Millom and to reduce the need for hospital admissions or for patients to have to travel elsewhere to receive care.

Summary of findings

- Since beginning the alliance, three GPs had been recruited to the practice. Data showed that ambulance attendances to the local acute hospital from Millom were reduced by 16%, non-elective admissions from the population were down 8% and outpatient referrals had dropped by 11%.
- The practice and the alliance shared learning from their model nationally.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. As well as a patient participation group, the practice worked closely with the Millom Action Group, who represented the population of Millom in developing and holding to account health services.
- Through the Millom Alliance the leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated, and there was a clear, proactive approach to seeking out and embedding new ways of providing care, many of which had been recognised with national awards.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A full-time care co-ordinator was employed by the practice. They worked with other members of the practice team and the Millom Alliance (such as the mental health nurse practitioner and advanced community paramedic) to put care plans in place for patients on the "frail elderly" pathway. They also acted as a point of contact for these patients at the practice, and were able to signpost them to other services.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma related indicators was 100% of the points available (CCG average, 98.8%, national average 97.4%).
- Longer appointments and home visits were available when needed.
- 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

Outstanding ☆

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A "School Week" was organised by the alliance, during which GPs from the practice went into schools in Millom to give health advice on managing minor ailments.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Outstanding ☆

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

- 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.
- There was extended opening twice a week from 7am for patients who could not make appointments during working hours.
- Flu vaccination clinics were held on Saturday mornings during the vaccination programme.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable, as the practice was rated as outstanding overall.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- The practice were able to offer mental health clinics with a nurse practitioner who was a specialist in the field. They could undertake physical and mental health assessments. Patients also had access to video consultations with a consultant psychiatrist, which had reduced referrals to the community mental health team by 80%. The mental health nurse practitioner had an “honorary contract” with the practice to offer this service through the Millom Alliance.
- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was the same as the national average.
- Performance for mental health related indicators was better than average at 97.6% of the points available (CCG average, 95.1%, national average 92.8%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice staff had completed “dementia friendly” in order to make the practice

Summary of findings

more accessible to patients with dementia. A member of staff from the practice was delivering training to the local population in a bid to make Millom a “dementia friendly” town. The practice had also purchased software which aided communication between patients with dementia and their relatives and carers.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above local and national averages. 231 survey forms were distributed and 109 were returned. This represented a 47% response rate and approximately 1.3% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Commonly used words included 'considerate', 'kind', helpful', 'caring' and 'excellent'.

We spoke with three patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- In response to the threat of closure due to staff loses and insecure premises, the practice helped to establish the Millom Alliance. This was a partnership between the practice, other health providers in the area, and patients (represented by the Millom Action Group) which aimed to provide more care services within Millom and to reduce the need for hospital admissions or for patients to have to travel elsewhere to receive care. The practice played a key role in the foundation and operation of the alliance, and worked closely with other services in the area to achieve improvements. Data from the local acute hospital showed that following the formation of the alliance there had been a 16% reduction in ambulance attendances from Millom, non-elective admissions to the hospital from the population were down 8% and outpatient referrals had dropped by 11%.
- In collaboration with the alliance, the practice helped to produce a "GPs for Millom" promotional video which led to the recruitment of three new GPs, and allowed the continuation of the practice. This video won the Local Community Initiative Award at the UK Public Sector Communication Awards.

Waterloo Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Waterloo Surgery

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

The practice provides services to approximately 8,500 patients from one location at Millom Hospital, Millom, Cumbria, LA18 4BY. We visited this location on this inspection.

The practice is based in part of a small community hospital managed by Cumbria Partnership NHS Foundation Trust. It has level access and patient services for the surgery are available on the ground floor. There is a designated parking area for patients, with disabled parking spaces available.

The practice has 29 members of staff, including three GP partners and two salaried GPs (three female, two male), one (female) nurse practitioner, four (female) practice nurses, two (female) healthcare assistants, a care coordinator, a practice manager, one medicines manager, 11 reception and administration staff, and three cleaners. There are other staff who have “honorary contracts” with the practice through the Millom Alliance, including a mental health nurse practitioner and an advanced community paramedic.

As well as the three GP partners, the local acute and community trusts are also partners in the practice as part of the Millom Alliance. This is a partnership between the practice, other health providers in the area, and patients (represented by the Millom Action Group) which aims to provide more care services within Millom and to reduce the need for hospital admissions or for patients to have to travel elsewhere to receive care.

The practice is part of Cumbria clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The life expectancy for both men and women was 78 and 82 years respectively, which reflected the local (79 years for men, 82 years for women) and national averages (78 years for men, 83 years for women). The practice had 54.3% of patients who reported living with a long-term condition (local average 56.3%, national average 54%). The practice population profile is relatively similar to the national average, with slightly more patients than average over the age of 50 and slightly fewer under the age of 45.

The surgery is open from 8am to 6.30pm, Monday to Friday and closed at weekends. For two days each week, the practice opens at 7am. Walk-in appointments are available from Monday to Friday between 9.30am and 11.30am. Telephones at the practice are answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

Detailed findings

Why we carried out this inspection

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 29 September 2016. During our visit we:

- Spoke with a range of 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, all staff had been given additional training on vaccine storage following a significant event in which the temperature of the refrigerators were not reset each time they were checked.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

Good

Are services safe?

- We reviewed two 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 stored securely.
- 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.

Outstanding ☆

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 at the time of inspection were 86.8% of the total number of points available. This was lower than the local (96.8%) and national (94.7%) averages. The exception reporting rate was 7.8%, which was also lower than the local (10.1%) and national (9.2%) averages. (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 worse than the national average. The practice achieved 80.4% of the points available in this domain (clinical commissioning group (CCG) average 93.6%, national average 89.2%). The exception reporting rate was in line with local and national averages (10.8% compared to CCG average 12.1% and national average 10.8%)
- Performance for mental health related indicators was better than the national average. They achieved 100% of the points available (CCG average, 95.4%, national average 92.8%). The exception reporting rate was lower than local and national averages (8% compared to CCG average 12.9% and national average 11.1%)
- Performance for asthma related indicators was better than the national average. They achieved 100% of the points available (CCG average, 98.5%, national average 97.4%). The exception reporting rate was much lower than local and national averages (1% compared to CCG average 9.2% and national average 6.8%)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was lower than the national average. They achieved 63.7% of the points available (CCG average, 97.6%, national average 96%). The exception reporting rate was lower than local and national averages (10.9% compared to CCG average 14% and national average 12.3%)

However, while performance was lower than average, the practice were able to show that this had been due to challenges faced by the practice, such as the need to quickly relocate from the previous practice premises, and issues regarding changes to the partnership. They were able to demonstrate improvement, and as such, since the inspection data for 2015/16 has been published which shows that the practice achieved 91.8% of the total points available (CCG average 97.7%, national average 95.3%) while keeping their exception reporting rate below average at 9.3% (CCG average 10.2%, national average 9.8%). Improvements had been made in the areas where the practice was performing below average, whilst areas which had been better than average remained so. For example:

- Performance for diabetes related indicators increased to 85.7% of the points available in this domain (clinical commissioning group (CCG) average 95.2%, national average 89.8%).
- Performance for mental health related indicators was still better than average at 97.6% of the points available (CCG average, 95.1%, national average 92.8%).
- Performance for asthma related indicators remained at 100% of the points available (CCG average, 98.8%, national average 97.4%).
- Performance for chronic obstructive pulmonary disease (COPD) related indicators improved to 96.8% of the points available (CCG average, 98.7%, national average 95.9%).

Outstanding ☆

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been two two-cycle clinical audits completed in the last two years where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing inappropriate prescriptions.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Third party services, such as counselling, were available on the premises and smoking cessation advice was available from a local support group.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.4% to 98.7% (CCG average 94.9% to 97.3%) and five year olds from 90.6% to 94.3% (CCG average 92.6% to 97%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Staff, teams and services were committed to working collaboratively. People who had complex needs were supported to received coordinated care and there were innovative and efficient ways to deliver more joined-up care to people who use services. As part of the alliance, the practice had "honorary contracts" with practitioners who performed non-traditional roles, and which had a positive impact on patients' health. The practice were able to offer mental health clinics with a nurse practitioner who was a specialist in the field. They could undertake physical and mental health assessments. Patients also had access to video consultations with a consultant psychiatrist. This had resulted in an 80% reduction in referrals to the community mental health team. Also, an advanced emergency paramedic was based at the practice and offered minor ailment clinics to patients, in a bid to free up GP appointments. They also worked with the care co-ordinator to plan care for patients by monitoring hospital admissions and ambulance call outs. They also helped to develop care plans which would be present useful information to paramedics more quickly in the event of a patient calling an ambulance. Data from the local acute hospital which served the community showed that since this had begun, in the first quarter of 2015 ambulance attendances from Millom had reduced by 16%, and non-elective admissions to the hospital from the population were down 8%. Whilst these figures are for Millom as a whole, the practice was the only GP surgery in the town, and therefore the majority of the patients affected by these improvements were likely to be patients at the practice. This effective collaborative working was supported by strong leadership from the practice and the alliance as a whole.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG) and the Millom Health Action group, who had input into the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

A full-time care co-ordinator was employed by the practice. They worked with other members of the practice team and the Millom Alliance (such as the mental health nurse practitioner and advanced community paramedic) to put care plans in place for patients on the "frail elderly" pathway. They also acted as a point of contact for these patients at the practice, and were able to signpost them to other services. Alongside the advanced community paramedic, they helped to develop care plans which would be present useful information to paramedics more quickly in the event of a patient calling an ambulance.

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers (approximately 1.1% of the practice list). The practice had a carers identification protocol to help them identify people who may be a carer. There was a care coordinator employed by the practice, as well as a healthcare assistant who acted as the carers lead. They acted as a point of contact for patients and carers and was able to direct them to the local carers' organisation, who offered support and advice. Written information was also 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 or sent them a sympathy card. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had been instrumental in the foundation of the Millom Alliance. This was a partnership between the practice, other health providers in the area, and patients (represented by the Millom Action Group) which aimed to provide more care services within Millom and to reduce the need for hospital admissions or for patients to have to travel elsewhere to receive care.

- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- An "urgent surgery" was operated from 9.30am to 11.30am Monday to Friday. Patients could attend without an appointment and wait to be seen by a doctor. This service was well-received by patients we spoke to and those who left comment cards.
- Extended opening hours were offered from 7am two days a week.
- 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 were able to offer mental health clinics with a nurse practitioner who was a specialist in the field. They could undertake physical and mental health assessments. Patients also had access to video consultations with a consultant psychiatrist. The mental health nurse practitioner had an "honorary contract" with the practice to offer this service through the Millom Alliance. This had resulted in an 80% reduction in referrals to the community mental health team.
- An advanced emergency paramedic was based at the practice and offered minor ailment clinics to patients, in a bid to free up GP appointments. They also worked with the care co-ordinator to plan care for patients by monitoring hospital admissions and ambulance call outs. They also helped to develop care plans which would be present useful information to paramedics more quickly in the event of a patient calling an ambulance.
- The practice staff had completed "dementia friendly" in order to make the practice more accessible to patients with dementia. A member of staff from the practice was delivering training to the local population in a bid to make Millom a "dementia friendly" town. The practice had also purchased software which aided communication between patients with dementia and their relatives and carers.
- The surgery offered an International Normalised Ratio (INR) clinic for patients on warfarin. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose.) By being able to go to the clinic, patients no longer had to travel to hospital for the test.
- The practice worked closely with charities and third-party organisations in the area. These organisations used rooms at the practice to see patients.
- Flu vaccination clinics were held on Saturday mornings during the vaccination programme.
- A "Health Week" was organised by the alliance, during which GPs from the practice went into schools in Millom to give health advice on managing minor ailments.
- The practice worked with the alliance to develop health promotion materials, such as posters on spotting cancer early and promoting self triage and self help. These were then distributed through the alliance magazine to 5500 homes in the area. They were also given advertising space in local shop windows for health promotion material.
- A full-time care co-ordinator was employed by the practice. They worked with other members of the practice team and the Millom Alliance (such as the mental health nurse practitioner and advanced community paramedic) to put care plans in place for patients on the "frail elderly" pathway. They also acted as a point of contact for these patients at the practice, and were able to signpost them to other services.

Access to the service

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The surgery was open from 8am to 6.30pm, Monday to Friday and closed at weekends. For two days each week, the practice opened at 7am. Walk-in appointments were available from Monday to Friday between 9.30am and 11.30am. Telephones at the practice were answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate. 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 above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, such as posters displayed in the practice, a summary leaflet, and information on the website.

We looked at the six complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, longer appointments with a nurse were offered to all patients having blood tests as a result of a complaint.

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 leadership, governance and culture of the practice were used to drive and improve the delivery of high-quality person-centred care. The practice had a vision and a strategy to achieve this is in conjunction with partners in the community.

The leaders had a vision to ensure that the local population could continue to access health services in their own town, and as such had played a key role in the establishment of the Millom Alliance. This was a partnership between the practice, the local acute and community trusts (who each became partners in the practice), and patients (represented by the Millom Action Group). This began in 2014 when the practice faced closure due to difficulties recruiting GPs to the area, and the leadership team in the practice approached the trusts with the idea of forming an alliance. The alliance believe this model to currently be unique, and as such the practice have presented widely, as well as publishing in peer-reviewed journals, to make other practices aware of the model, and suggest it as a solution to recruitment problems in other parts of the country. Their learning has also been shared with the area's MP and with the Secretary of State for Health.

In collaboration with the alliance, the practice helped to produce a "GPs for Millom" promotional video which led to the recruitment of three new GPs, and allowed the continuation of the practice. This video won the Local Community Initiative Award at the UK Public Sector Communication Awards.

The vision and strategy of the practice within the alliance has led to other achievements, such as increasing access to healthcare for patients closer to home. Due to the remote location of the town, and the limited number of services available, the alliance estimated that the patient population makes a total 17600 journeys out of the town each year in order to access healthcare. Projects put in place since beginning collaboration with the alliance in 2014, including a number of health promotion initiatives, such as posters which promoted self help and self triage, helped to drive ambulance attendances from Millom down by 16%, non-elective admissions to hospital from the population were down 8% (non-elective admissions from care homes whose patients were cared for by the practice reduced by 10%) and outpatient referrals had dropped by 11% in the first three months of 2015. Whilst these figures are for Millom as a whole, the practice is the only GP surgery in the town, and therefore the majority of the patients affected by these improvements are patients at the practice.

The practice had a mission statement which was displayed in the waiting areas, and all staff we spoke to knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

Leaders had an inspiring shared purpose, strived to deliver and motivated staff and partners in the alliance to succed. This was best evidenced by the work the practice did with the Millom Alliance.

A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. Practice staff were highly driven to work with the alliance and the community on a number of health promotion initiatives. They developed posters on spotting cancer early and promoting self triage and self help which were then distributed through the alliance magazine to 5500 homes in the area.

Are services well-led?

Outstanding ☆

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

The practice manager was a finalist in the category of Leading systems transformation, NHS North West Leadership Academy, in recognition of their work helping to lead the practice through the creation of the alliance.

The practice worked with the alliance to share the successes they had achieved, and had presented at national events to share the learning from the model with other communities.

The practice applied for funding which could then be used for community projects, such as Familes and Parents disability Group which provided peer support and training to 66 local families with children who had been diagnosed with Autism. They also secured money to partly fund a town magazine, produced by members of the Millom Action Group, which regularly contained health promotion information supplied by the practice, as well as information about the practice itself. As well as funding, the practice has leant their support to the establishment of other community groups which aim to improve the health and social needs of the local community

On the day of inspection the partners and managers in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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. The practice had their own apprenticeship scheme, through which they had been able to recruit two additional members of staff.

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

The practice encouraged and valued feedback from patients, the public and staff. They 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the walk-in clinics were initiated following a suggestion by the PPG, as a preferred alternative to telephone appointments.
- Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. As well as the PPG, the Millom Action Group represented patients as part of the Millom Alliance. Members of the action group were on the PPG, and a member of staff at the practice was nominated as a link with the group. The group had a Facebook site and town magazine which was used to gather patient feedback as well as disseminate information about the practice and their services.
- The PPG held "Meet and Greet" sessions at public venues in Millom to attract new members, but also to gather feedback that they could share with the practice.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

Are services well-led?

Outstanding ☆

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Through the Millom Alliance the leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated, and there was a clear, proactive approach to seeking out and embedding new ways of providing care, many of which had been recognised with national awards.

- Data from the local acute hospital showed that following the formation of the alliance, in the first three months of 2015 there had been a 16% reduction in ambulance attendances from Millom, non-elective admissions to the hospital from the population were down 8% and outpatient referrals had dropped by 11%.
- The practice recognised where performance had dropped as a result of the challenges they had faced, and had been proactive in driving improvements. As a result, QOF performance in 2015/16 was much improved from the previous year. For example, performance for chronic obstructive pulmonary disease (COPD) related indicators improved from 63.7% in 2014/15 to 96.8% a year later.
- With the alliance the practice had used innovative roles and methods to meet the demands of healthcare in a remote area. These included clinics run by a mental health nurse practitioner and an advanced community paramedic; the latter was the first role of this kind in the county. The practice was a pilot site for telehealth, meaning patients could have video consultations with clinicians at other sites. This included consultant psychiatrists at other hospitals across the region. This had reduced the need for patients to travel out of area for care.
- The practice and the alliance as a whole worked closely with the local population to build a healthier community. This included working closely with local schools to promote health educations. As well as a "Health Week" where GPs went into schools to talk about management of minor ailments, the practice helped to produce posters to direct people to services and a play which was used to educated children about health. This also won a national award.