

Court Thorn Surgery

Quality Report

Low Hesket

Carlisle

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.

Summary of findings

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Summary of findings

Overall summary

Court Thorn Surgery is located in Court Thorn, Low Hesketh, Carlisle. The practice is registered to provide: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury. It is also a dispensing practice and provides primary care to approximately 2922 patients.

We chose to inspect the service as part of our new inspection programme to test our approach going forward.

We received positive feedback from patients. The results of a recent patient survey carried out by the Patient Participation Group (PPG) showed the majority of patients rated the practice as excellent; this included staff listening and explaining things during consultation. Safety was a priority and staff take an active role in delivering and promoting safety, learning and improvement.

We were told no one visited the practice whose first language was not English. However, should this change, they had access to interpretation services and would provide information in a format to meet their needs.

Care and treatment consistently achieves positive outcomes for patients in line with expected outcomes. The provider used data and information to understand and improve the quality of the services provided.

Concerns /complaints were managed swiftly, openly and constructively as part of a coordinated patient feedback system. Patients considered the provider to be open and transparent and responded in a timely way.

The provider worked well with other agencies and had a positive and effective working relationship with the nurse from the acute trust who specialised in heart failure.

Staff were positive about the management team and felt supported in their roles. They said they were approachable and listened to suggestions to improve the service provided.

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 service was safe. Patients were supported by staff who ensured they received appropriate treatment and support. The practice were proactive in monitoring safety and responded appropriately to risks. Incidents were investigated, learning communicated and action taken to improve. Medicines were stored and administered properly. The practice was visibly clean and had effective infection and control policies and procedures. The provider could take action to improve procedures in relation to the recruitment of staff.

Are services effective?

The service was effective. Patients received care and treatment in line with recognised best practice guidelines. The practice monitored people's care and treatment to ensure it consistently improved and achieved positive outcomes for people. There were joint working arrangements, information sharing and decision making with other health professionals; referrals were made in a timely way. Staff were appropriately qualified and competent to carry out their role. The practice together with the PPG was proactive in health promotion and prevention.

Are services caring?

The service was caring. Feedback from patients was positive about the way staff treated them. They felt supported, well cared for and told us they were treated with compassion, dignity and respect. They said staff involved them in their care and decision making and offered support when needed. Although the practice did not have any patients whose first language was not English, they had access to interpretation services.

Are services responsive to people's needs?

The service was responsive. Patients waited as short a time as possible for services, treatment or care. There was an effective and proactive approach to managing referrals and appointments. Patients were supported to provide feedback or make a complaint about their care. The practice acted upon feedback from surveys and concerns and they were open and honest about the learning and action they had taken.

Summary of findings

Are services well-led?

The service was well-led. Staff felt respected, valued and supported and there was a culture of openness, honesty and transparency. A proactive approach was taken to involve and seek feedback from patients and staff. Patients and staff concerns were listened to and acted upon.

Summary of findings

What people who use the service say

Patients we spoke with were complimentary about the practice and the service they received. They told us the staff were all courteous, respectful and professional in their roles.

We reviewed 28 CQC comment cards completed by patients as part of the inspection process. All of the feedback was complimentary about the practice, the staff who worked there and the quality of service and care provided.

We saw the results of the patient survey carried out by the PPG on behalf of the practice in January 2014. The majority of patients rated the practice as 'excellent' when asked if the doctors and nurses listened and explain things during their consultation.

Feedback from one person who completed a survey conducted by the Cumbria Commissioning Group (CCG) about the practice stated, "The doctors and nurses have been absolutely brilliant. Spotted a condition that is extremely rare so very quickly and got me the care and treatment I needed there and then."

Areas for improvement

Action the service **COULD** take to improve

GP's were required when they registered with CQC to provide evidence they were registered with the General Medical Council (GMC) and they continue to be on the performers list. A copy of this information was not held on their personnel file.

Good practice

The practice strategy document for 2014 showed a clear vision in areas such as: obtaining people's experiences, delivery of holistic services, engagement, collaboration and partnership working, continuous improvement, people and business development, and meeting patient's future needs.

As a result of an audit to identify avoidable attendances to accident and emergency (A & E), the practice sent out letters to patients where attendance could have been avoided. People were reminded daily appointments were available with the doctors or a nurse and this included appointments for patients who were ill and needed to be seen urgently. Additionally the surgery offered assistance if the patient was unsure if they needed an appointment and a call back from a doctor could be arranged.

The GP's and clinical staff had regular meeting where they discussed incidents; staff involvement and leaning taken place. As part of the open culture of the practice, the

minutes of those meeting were reviewed and shared with the PPG quarterly. The review of the minutes also ensured where appropriate; changes had been made as a result of learning taking place.

The PPG were proactive in their role and were supported by the practice to have a 'voice' in the monitoring of service provision and improvements.

The PPG held seminars and events to promote health and wellbeing. These included: a 'Heart Start' course working with Community First Responders, a dementia awareness seminar and a 'Putting your affairs in order' seminar. The events were well attended and gave patients an opportunity to meet new doctors.

In meeting the needs of patients who lived in the local rural communities, the PPG provided a volunteer led prescription delivery service which spanned Carleton to Penrith and Renwick to Ivegill

Court Thorn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, two further CQC inspectors, a GP and a practice management specialist advisor. The team spent four hours inspecting the service and spoke with eight staff, four patients visiting the service and three representatives from the practice 'Patient Participation Group' (PPG).

Background to Court Thorn Surgery

Court Thorn Surgery is located in Court Thorn, Low Hesket. It is a dispensing practice and provides primary care to approximately 2922 patients.

The practice has three general practitioners (GP's); one female and two males, a business manager, a nurse prescriber, a nurse, dispensing staff, and administration/reception staff.

Surgery times were Monday to Friday, 8.30am – 11.00am and 03.30pm – 06.00pm. When the practice was not open, out of hours cover was provided by Cumbria Health on Call.

Why we carried out this inspection

We chose to inspect Court Thorn Surgery as part of our new inspection programme to test our approach going forward.

How we carried out this inspection

Before the inspection, we reviewed a range of information we hold about the service and this included information we obtained from key stakeholder organisations. We carried out an announced visit on 07 May 2014. The inspection team spent four hours inspecting the service and spoke with eight staff. This included GP's, the business manager, a nurse prescriber, dispensing staff, administration/reception staff, and a cleaner.

We spoke with four patients visiting the service and three representatives from the practice PPG. A PPG is made up of a group of volunteer patients who meet regularly to discuss the services provided by the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We observed how staff spoke to patients on the telephone and received patients as they arrived for their appointment. We also looked at records the provider maintained in relation to the provision of services.

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

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

Are services safe?

Summary of findings

The service was safe. Patients were supported by staff who ensured they received appropriate treatment and support. The practice were proactive in monitoring safety and responded appropriately to risks. Incidents were investigated, learning communicated and action taken to improve. Medicines were stored and administered properly. The practice was visibly clean and had effective infection and control policies and procedures. The provider could take action to improve procedures in relation to the recruitment of staff.

Our findings

Safe patient care

Feedback from patient surveys, comment cards and people we spoke with on the day of the inspection were positive about the care they received. They did not raise any concerns about their safety.

We were told by the business manager, when the practice received 'Patient Safety Alerts' they were passed to the staff which included GP's, practice nurses and dispensing staff. We saw evidence alerts were signed by staff to show they had read them. We also saw minutes of meetings and evidence of what was discussed together with any actions they would take to ensure safe patient care.

Within the dispensary, we saw the practice used an electronic system (Dispens-IT) to check the right medication was dispensed to patients. We saw staff scan the barcode into the computer to check the medication. If the wrong medication had been selected a warning notice would be displayed so staff knew to re-check the medication prior to dispensing.

Learning from incidents

We saw complaints and significant events were recorded electronically and reviewed quarterly by the practice team. Following a review of how staff were made aware of this information, the practice had decided to discuss issues with staff on a monthly basis. We saw this had been communicated to staff in the weekly staff update. This ensured staff received information in a timely way. Staff we spoke with were able to tell us the process and confirmed they were kept up to date with incidents and learning from the events. We saw information on complaints and significant event reviews since June 2013. These included brief information about the complaint or significant event and any learning and changes made in the practice as a result. Examples included:

- Changes to appointment protocols for doctors and nurses had been amended to ensure there was always a chaperone available for appointments.
- As a result of one patient not receiving the results of their blood test as they were unable to attend the practice during working hours, test results were made available on line.

Are services safe?

- On one occasion a blood sample was left in the refrigerator when the courier came to collect samples. As a result reception staff now phoned the clinical staff for them to check all samples were collected by the courier.

The GP's we spoke with told us they had weekly meetings with their clinical staff and practice meetings every two weeks. They said at these meetings they openly discussed incidents and any personal involvement and learning. We saw minutes had been recorded and were told they were anonymised to protect patient's identity. They were also shared with the PPG and reviewed quarterly at the practice meetings to ensure where appropriate; changes had been made as a result of the learning taking place.

Safeguarding

We saw there was a notice in the reception area informing people they should report any safeguarding concerns to a named GP who was the safeguarding lead for the practice.

All staff we spoke with were familiar with the practice's safeguarding policies and procedures, for both adults and children. We saw there were policies and procedures relating to adults and children and a flow chart of the procedure to follow, on the wall of the staff office. Staff also told us they had all recently attended safeguarding training and they would speak with the safeguarding GP for the practice should they have concerns. We found for the weeks commencing 21 and 28 April 2014, the staff update advised them of updates to the safeguarding policies and where they were located.

We saw a proactive approach to safeguarding was followed by the GP safeguarding lead, and referrals were made to the appropriate safeguarding agencies. They gave examples of how they had worked with other professionals and families to ensure safe, positive outcomes for people, when allegations of abuse had been made.

The nurse prescriber explained the system in place to monitor people who were vulnerable, and staff were aware and responsive to the needs of these patients. The health visitor visited the practice each month and attended their clinical meetings, where concerns relating to vulnerable people were shared. Meetings were recorded so there was a clear audit of the areas of concern and the actions taken by the staff.

Monitoring safety and responding to risk

We interviewed three members of the PPG by telephone. They told us they looked at and discussed all aspects of the practice and improvements that could be made. They recently recognised that the designated fire meeting point following an evacuation was close to where oxygen cylinders were kept in the practice. As a result, the fire point had been moved to a safe and accessible area within the staff car park.

We saw there was a gently sloping path from the car park to the main entrance of the practice. The practice had responded to this and provided a call bell at the top of the slope to enable patients with mobility problems to ring for assistance. Staff told us patients were aware of the bell, and it could be used if a patient needed help with the door, assistance coming down the slope (there were handrails) or the use of a wheelchair to assist people transferring from the car park to the surgery. We saw there was a wheelchair in the surgery for this use. All consulting and practice rooms were on the ground floor and fully accessible. There were spaces among chairs in the waiting areas for use by patients with a wheelchair. There were signs in the surgery stating an induction loop was available for people who had difficulty hearing.

The practice had procedures for responding to emergencies and this included emergency evacuation procedures. We also saw staff had been reminded of these in their weekly update.

Medicines management

We found one of the GP's at the practice was responsible for the management of medicines. There was a medicines management meeting where dispensing staff met with the responsible GP every two weeks. The minutes of those meetings showed incidents or near misses were discussed and any action taken. Additionally the dispensing team leader attended clinical meetings at the practice as part of their role, where they shared relevant updates in information.

Medicines for use in the practice were kept in a secure store to which only clinical and dispensing staff had access. There were medicine and equipment bags ready for doctors to take on home visits. We saw evidence the bags were regularly checked to ensure the contents were intact and in date. However we saw the doctor's bag was stored in

Are services safe?

an unlocked store room in the waiting room out of sight of the main reception area. The business manager told us they had already discussed this and would make arrangements to re locate them following the inspection.

Records showed that the controlled drugs were stored, recorded and checked safely.

Repeat medications were ordered by patients and dispensed within 48 hours. All repeat medications were signed by the doctor before they were dispensed by the staff in the dispensary. This ensured the GP's were aware of the medication their patients continued to take.

Some medications including insulin and vaccinations are required to be stored in a fridge between the temperatures of 2°C and 8°C to ensure they remain safe and effective to use. We saw daily checks of the vaccination fridges were carried out; temperatures were within the desired range and appropriate records were kept.

There were a range of standard operating procedures (SOP's) for using certain drugs and equipment for example controlled drugs, general stock ordering and repeat prescriptions and obtaining repeat prescriptions. We looked at the SOP for the use of Lithium. The SOP was in date and was clearly marked to ensure staff knew it was the current version. We also saw staff had signed to say they had read and understood the SOP.

Continuing development for dispensing staff were discussed in their annual appraisals. Each dispensing staff member completed a competency checklist which was signed by the GP responsible for medicine management.

Cleanliness and infection control

During our visit we inspected all areas of the practice, including doctors' consultation rooms, nurse's treatment rooms, the reception, waiting areas and toilets. All areas were visibly clean.

We saw there was an infection control protocol for staff to follow. This included a schedule of tasks, the frequency they were to be carried out and the standard of cleaning required. The cleaner signed daily to confirm they had completed the required tasks. There was a checklist in place to confirm all areas of the practice had been covered each day.

Staff we spoke with and this included the cleaner, confirmed they had received infection control training and we saw certificates of the training in the staff files we

looked at. Policies were adhered to in relation to infection control; these included supplies of disposable gloves and aprons, staff washing their hands, use of liquid soap, paper towels, and hand gel.

We saw there was a 'clinical clean up' kit for staff to use when the cleaner was not on duty and staff we spoke with had knowledge of this.

We saw a comprehensive infection prevention and control audit had been completed for the minor surgery area on 18 March 2014. Where issues had been identified an action plan had been completed.

One patient we spoke with told us the "Surgery is always very clean, immaculate."

Staffing and recruitment

The provider had an up to date recruitment policy which detailed the checks taken when recruiting new staff. We found the policy did not include Disclosure and Barring Service (DBS) guidance in relation to which staff should have DBS check. However, we did see the safeguarding policy did include this information. There was evidence in the six recruitment files we inspected; the required checks had taken place in line with the policy and guidance. The staff we spoke with also confirmed this.

Checks were undertaken of GPs and nurses with their respective registration bodies General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). We spoke with the business manager who told us of the process which ensured clinical staff continued to be registered with the GMC and NMC.

The practice employed sufficient numbers of suitably qualified, skilled and experienced staff for the purposes of carrying on the regulated activities. We saw the 'GP Business Continuity and Staff Arrangements Plan' had been updated on 02 May 2014. This gave information about the procedure to follow if a GP or other staff member was incapacitated due to ill health.

Revalidation took place for all GP's at the practice. This showed they were up-to-date with their competencies and skills and remained fit to practise medicine. It also is an assurance to patients, employers and other professionals, and contributed to improving patient care and safety.

Are services safe?

Dealing with Emergencies

Equipment for dealing with medical emergencies was seen to be available within the practice, including emergency medicines. Staff we spoke with confirmed they had received training and knew how to deal with medical emergencies which included resuscitation.

We saw in the GP Business Continuity and Staff Arrangements Plan this set out the procedures to follow in the event of a wide range of emergencies or unforeseen events.

On the morning of our visit the practice reported a clock had fallen off the wall onto a sink tap which had resulted in a flood. We were made aware of the action taken by staff in response to the situation and they had ensured the practice opened in time for the morning surgery.

Equipment

We saw a monthly checklist for the checking and cleaning of equipment for 2014. Equipment such as the defibrillator, ECG machine, suction machine, blood pressure and nebulisers were checked to make sure they were functioning and ready for use. Up-to-date checks had been completed during the month prior to our inspection.

We also saw evidence the maintenance of equipment was carried out and this included service contracts and calibration testing to ensure it continued to be in working order and fit for purpose.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. Patients received care and treatment in line with recognised best practice guidelines. The practice monitored people's care and treatment to ensure it consistently improved and achieved positive outcomes for people. There were joint working arrangements, information sharing and decision making with other health professionals; referrals were made in a timely way. Staff were appropriately qualified and competent to carry out their role. The practice together with the PPG was proactive in health promotion and prevention.

Our findings

Promoting best practice

We found care and treatment was delivered in line with recognised practice standards and guidelines. For example, the nurse prescriber confirmed they used NICE guidelines and best practice for managing conditions such as diabetes.

The nurse prescriber told us they had delivered chaperone training for staff during January 2014. This was to ensure patients could be offered the service in line with current guidance. We were told only staff who were comfortable being a chaperone and had been trained could carry out the role. We saw notices in the reception area, consultation and practice rooms to inform patients a chaperone was available if they required one. The nurse prescriber also told us the chaperone was responsible for recording when they had been present and if there had been any concerns expressed by patient.

Management, monitoring and improving outcomes for people

An audit had been completed in relation to patients attending accident and emergency (A & E) and showed the practice monitored any avoidable attendances. Where information showed individuals attended A & E and the visit could have been avoidable, a letter was sent from the surgery business manager. People were reminded daily appointments were available with the doctors or a nurse and this included appointments for patients who were ill and needed to be seen urgently. In addition to this, the surgery offered assistance if the patient was unsure if they needed an appointment and a call back from a doctor could be arranged.

The audit showed, between 13 December 2013 and 21 March 2014, 12 patients called the surgery for an emergency appointment and eight A & E admissions were avoided. Figures also showed each patient received a call back within 20 minutes and most of those patients were responded to immediately. This showed the practice were committed to improving the outcomes for people and unnecessary admissions to hospital.

An annual audit for providers of anticoagulation management services, had taken place in 2013/14 by Cumbria CCG. Information showed 60% of patients prescribed warfarin were within their target blood test

Are services effective?

(for example, treatment is effective)

range. The practice used the NHS Cumbria Anticoagulation Guidelines when monitoring these patients. Whilst staff who were involved in management of these people's conditions had received relevant training, their most recent training took place in 2012 and consisted of either on line e-learning, or a recognised British Medical Association (BMA) training module. One of the GP's identified INRstar, (anticoagulation decision support software for primary care,) would assist to improve monitoring and provide three monthly reports from the INRstar system. The practice had introduced the INRstar system.

It was evident improvements in performance were in line with the Quality and Outcomes Framework (QOF) targets. The prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) and antibiotic prescribing was slightly higher than the national average. The GP's were aware of this and were considering auditing these and would change practice based on the outcome of the audits.

Staffing

We saw the business manager kept an electronic record of training completed by all staff. The system highlighted when training was in-date or needed to be renewed. It also indicated what training courses were not relevant to certain staff roles.

We saw there was an induction programme and each staff members' induction was documented and monitored to ensure they were aware of all aspects of their role.

The nurse prescriber and administration staff told us they had appraisals, supervision and performance reviews. We saw evidence of this in the staff records we looked at. We spoke with two GP's and they told us they had appraisals. One of the GP's told us they were mentored by the senior GP who was an appraiser. The GP's revalidation had taken place towards the end of last year (2013).

We were told there were medical students attached to the practice; one of the GP's was training to be a GP trainer and the second GP said they also had plans to become one too. This showed the GP's were committed to their roles and proactive in developing the practice in line with current practice and in promoting patient well-being.

Working with other services

The practice regularly engaged with other health and social care providers and other bodies to co-ordinate care to meet patient's needs. Examples included; monthly clinics for patients who had diabetes and these were co-ordinated

with the nurse practitioner, dietician and podiatrist. The clinics were held at the same time to prevent patients having to make several appointments. Treatment plans were discussed between patients and health care professionals to ensure patients care was monitored and they received safe care to meet their needs. There were regular meetings with district nurses, palliative care nurses, pharmacist and the practice clinicians to discuss patients care.

Health, promotion and prevention

We spoke with three members of the Patient Participation Group; they told us the practice held seminars and events to promote health and wellbeing. To date they had held a 'Heart Start' course working with Community First Responders, a dementia awareness seminar and a 'Putting your affairs in order' seminar. The next events, 'Promoting healthy eating at a reasonable cost,' and a 'carer's event,' were being arranged. The PPG members told us the events had been a good opportunity for patients and other members of the public to meet new doctors. They also said the events were very well attended. We saw the events were publicised in the waiting areas in the surgery.

We spoke with the business manager who explained the procedure for new patients at surgery. All new patients completed a new patient registration form and provided identification. They were then given a registration appointment with a GP. The business manager told us medication and basic health checks were completed during this appointment. Although these could be completed by the nurse, the GPs preferred to carry out the check to take away any anxieties and start to build up a relationship with the patient.

There were notice boards in the waiting areas. These provided information on health promotion and local health promotion events. We saw evidence the practice had a different health information theme each month. We saw the schedule of themes for 2014, and these covered areas such as healthy eating, skin cancer and sunscreen, travel vaccinations, flu and getting fit and active.

There were also posters in the patient toilets providing health information, for example about sexual health and support. Related leaflets were also stored on the toilet cisterns; their location could be an infection risk.

Are services effective?

(for example, treatment is effective)

We saw information sheets for patients on the reception desk. These were regularly updated and provided information on topics such as home visits, blood results, on-line help, new staff and health seminars.

We found the nurses and GP's were proactive in their roles. The nurse prescriber told us how the risks, benefits and alternative options were discussed with patients when their long term conditions required a review. They also told us how they monitored and reviewed the care and their treatment.

The practice nurse said they were responsible for recalling, monitoring and health education for people with long term conditions and these included conditions such as diabetes. The administration staff told us how they recalled patients with long term conditions and ensured no one missed

being sent a follow up review. The nurse from the acute trust and who specialised in heart failure held a clinic twice a year and it was held both at the surgery and local hospital. This gave patients a choice of where they would like their appointment.

Where a person failed to attend a nurse or GP appointment, the clinician would assess the situation as to the action they would take and whether a visit to the person's home would be needed. This meant people could be confident their long term conditions were being monitored and managed effectively.

We were told the annual flu vaccines continued to be offered to people including those in vulnerable groups. For example, people who suffered from asthma.

Are services caring?

Summary of findings

The service was caring. Feedback from patients was positive about the way staff treated them. They felt supported, well cared for and told us they were treated with compassion, dignity and respect. They said staff involved them in their care and decision making and offered support when needed. Although the practice did not have any patients whose first language was not English, they had access to interpretation services.

Our findings

Respect, dignity, compassion and empathy

The PPG carried out a survey of people's views of the practice in February and March 2014. On both occasions people scored the practice excellent or very good in how the nurse and GP's provided an opportunity for them to express their concerns and fears in their consultation. People were asked, "How would you rate the doctor's/nurse's concern for you as a person in your last consultation." They rated the service highly and 73.3% of people recorded their response as excellent.

We saw all complaints were recorded on an electronic format and reviewed quarterly by the practice team. We saw the complaints reviews since June 2013 and this included brief information about the situation complained about and any changes that had been made to practice as a result of the complaint. One change was to respect patient's wishes by ensuring there was always a chaperone available for appointments.

We spoke with three members of the PPG by telephone. One told us privacy at the reception desk had been a problem. However in response to the concern, a notice was put up and it asked people to stand back to allow privacy. We saw this in place during our inspection. There was also a notice telling patients there was a private room available if they wished to speak with a receptionist in private and staff confirmed there was always a room available for this use.

One of the GP partners was female so patients could always request to see a GP of their preferred gender. A member of the PPG told us they may not be able to have a same day appointment if they specified they wished to see a specific GP. However, they also told us they had never had to wait longer than a day.

We saw the surgery's mission statement that set out the core values for the practice. The mission statement included putting patients at the heart of everything they did and being compassionate about enhancing care for patients. Staff we spoke with were passionate about this information and showed us documentation relating to this. We saw the documentation had been posted as a reminder on the back of consulting room doors.

We spoke with four patients who all spoke positively about the way they were treated by all staff at the surgery. One

Are services caring?

patient told us they trusted the staff and they all treated them with respect. All the patients we spoke with said they thought doctors had the time to listen to them. One told us that sometimes they “Didn’t take it all in” when they saw the doctor. They said that if this happened they could call back to the surgery and, even if they saw a different doctor, this person would know what had happened and would not mind explaining things again.

We saw the results of the patient survey carried out by the PPG on behalf of the practice in January 2014. The majority of patients rated the practice as ‘excellent’ for the manner in which they were treated by reception staff and the respect shown for their privacy and confidentiality.

As part of the inspection we also asked the practice to display comment cards so patients could tell us their views of the practice. 28 patients completed the cards, all of which were complementary about the service they received. Comments included:

- “My treatment here is excellent, very good and caring staff.”
- “Exceptional service off the practice nurse. Very supportive, caring, ready to listen and do over and beyond.”
- “The care I have received at this surgery is absolutely first class in all respects. They are all courteous, respectful and highly professional at all times.”

The GP and two staff we spoke with told us about the bereavement support offered by the practice. When the practice was made aware a patient had died, one of the GP’s would make a decision as to the follow up support/contact their next of kin would receive. This could be a phone call, home visit or letter. We saw a copy of a letter template and were told the GP would change the response in the letter to meet the individual’s needs. We also saw information was available in the practice waiting room about practical information for bereaved families, carers and friends. A bereavement counsellor could also be arranged.

Involvement in decisions and consent

During our inspection we spoke with four patients. They told us they felt involved in their care and treatment and

always felt listened to. They told us that doctors and the nurse, explained things to them in a way they understood. They felt able to make further appointments if there was anything they were not sure about. One patient told us “They have time for you here.”

We saw the results of the patient survey carried out by the PPG on behalf of the practice in January 2014. The majority of patients rated the practice as ‘excellent’ when asked if the doctors and nurses listened and explained things during their consultation.

During our inspection we saw ‘Important Information’ sheets were available on the reception desk, named “CTS – Court Thorn Snippets” (newsletter). These provided patients with information such as, about home visits, blood results, on-line help, new staff and health seminars. The seminars included topics such as, ‘Putting your affairs in order’ and notice of a forthcoming event at Carers Week.

We spoke with the GP’s about the consent. We saw a consent form was used for patients having investigation, operations or treatment and a separate form used for patients who lacked mental capacity to consent. Information included assessment of patient’s best interest, the use of an Independent Mental Capacity Advocate (IMCA) and the involvement of the patient’s family and others close to them.

We spoke with the practice nurse who told us consent was obtained from patients in line with national guidance. This included consent for the sharing of information between professionals. They also said they would use the Fraser competency of children and young people when needed. Fraser competence is used to decide whether a child (16 years or younger) has the ability to consent to his or her own medical treatment, without the need for parental permission or knowledge.

We were told no one visited the practice whose first language was not English. However, staff also told us should this change, they had access to interpretation services and would provide information in a format to meet their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive. Patients waited as short a time as possible for services, treatment or care. There was an effective and proactive approach to managing referrals and appointments. Patients were supported to provide feedback or make a complaint about their care. The practice acted upon feedback from surveys and concerns and they were open and honest about the learning and action they had taken.

Our findings

Responding to and meeting people's needs

We spoke with three members of the Patient Participation Group by telephone. They told us about health seminars they ran for patients of the practice and residents of the local area. They had been well-attended, with over 40 people attending each one. Health seminars had included a dementia awareness seminar, Heart Start course and a 'putting your affairs in order' seminar. Future topics included information for carers and healthy eating at a reasonable price. The PPG explained that the topics had been suggested by patients as topics people wanted to know more about. The future seminars were being arranged around the wishes of patients.

We spoke with the business manager. They stated all test results received at the practice were reviewed by a doctor. Patients were asked to telephone after 1pm each day for the results of any tests such as blood tests. The GP recorded when the results were ok and could be passed onto the patient. However, should anything need to be discussed with the patient the GP would either request the person made an appointment or contact them by telephone. We saw evidence this system had not been convenient for a patient who worked full time and was unable to contact the practice for their results. As a result of their comments, the practice had changed its procedures and patients were now able to access results on line.

Access to the service

The business manager explained appointments were available to pre-book six weeks in advance. There was a system in place so that if a repeat test or check-up was required in the future, this was recorded and an appointment would be arranged as soon as the advanced appointment times became available.

The business manager told us 'on the day' appointments were always available and telephone appointments could also be requested. They said most people were seen either on the day they asked for an appointment or the day after. They also told us, they always made extra appointments available the day after a bank holiday to meet the extra demand and urgent appointments were always accommodated. We saw a template had been devised and

Are services responsive to people's needs?

(for example, to feedback?)

was for use when managing winter pressures and helped them in monitoring busy times. We were told GP's telephoned patients back if they had concerns and made them an appointment when needed.

We spoke with four patients during our inspection who told us they never had any difficulty accessing appointments. They told us they were usually given an appointment on the day they requested and if not, they would be seen the following day. They also told us getting through to the surgery on the telephone was never a problem.

The opening hours met the needs of the local community and out of hours support was provided by the 'Cumbria Health On Call' service. The on call arrangements also covered when the service closed for staff training (This was once a month, four hours in an afternoon.) We saw the information relating to this was posted on the surgery notice board for patients to see.

The practice worked with other agencies to make sure patients' needs continued to be met. Patients we spoke with said they received timely diagnosis and referrals for specialist care and treatment. Staff also told us, where patients needed a referral and a hospital appointment, the GP's used a 'Choose and book' system. Whereby the GP referred patients to a specialist whilst they were in their consulting room and assisted them in choosing their appointment. This ensured patients had an appointment made in a timely way and they knew when their appointment would be before they left the practice.

The Patient Participation Group provided a volunteer led prescription delivery service to local rural communities which spanned Carleton to Penrith and Renwick to Ivegill. We saw the prescription delivery service continuity plan and it included a procedure to follow if a volunteer driver was unavailable to provide the service.

Concerns and complaints

We saw the practice had a complaints procedure and complaints were responded to in a timely way. We saw the 'non conformity log' from 2013. (The non-conformity log

gave information about any complaints or comments that had been made where the practice saw there was an opportunity to make improvements.) It provided evidence complaints were listened to and investigated. We saw action taken had been recorded, learning needs identified and the outcome had been communicated to the patient. This showed the practice took concerns seriously, investigated them fully and kept the patient informed.

We spoke with three members of the Patient Participation Group by telephone. They told us they carried out a satisfaction survey at least once a year and the practice kept the results. The chair of the PPG and another PPG member had been invited to take part in selecting and interviewing two new partners for the practice. The chair was surprised to be invited but pleased patients were involved. One member of the PPG told us, in the three years whilst they had been a member, there hadn't been any suggestions made by the PPG that hadn't been acted upon by the practice. They added "You never have to tell them more than once."

We spoke with the business manager who told us patients were able to make comments or suggestions. This was either in person with any staff member, by telephone, by email, or on feedback/comments cards and we saw these were available in reception. They told us earlier in the year a compliments book was placed in reception and this had been used. During our inspection we saw the compliments book and also saw evidence complaints were recorded and appropriately action taken. The PPG were also known and approachable should someone have a concern. A patient told us they were aware of the PPG but had not been involved in it. Documentation was seen informing patients of the existence of the PPG and their involvement in the practice.

We saw the results of the patient survey carried out by the practice in January 2014. All patients rated the practice as 'good' or 'excellent' for being given opportunities to make compliments or complaints to the practice about its service and quality of care.

Are services well-led?

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

Summary of findings

The service was well-led. Staff felt respected, valued and supported and there was a culture of openness, honesty and transparency. A proactive approach was taken to involve and seek feedback from patients and staff. Patients and staff concerns were listened to and acted upon.

Our findings

Leadership and culture

We spoke with three members of the PPG by telephone. The chair of the group told us they had been involved in interviewing new GP's and also invited to the practice strategy day. At the practice 'strategy day' they were involved in identifying the objectives and goals for the following five years. During the inspection we saw the practice strategy document for 2014. The document showed a clear vision in areas such as: obtaining patient experiences, delivery of holistic services, engagement, collaboration and partnership working, continuous improvement, people and business development, and meeting patient's future needs.

Staff told us they felt supported in their role. They said the service was a "Well led practice, patient orientated and a privilege to work here. Staff go over and above in all areas." They also told us "As a team we all pull together for the patients and we care." Staff told us the GP's and staff were all approachable and should they have concerns, they would have no hesitation in speaking out.

Governance arrangements

The business manager told us they held a whole practice team meeting once a fortnight and we saw minutes of these. We saw minutes of a meeting where the practice registration with the Care Quality Commission (CQC) had been discussed with staff to ensure they were aware of CQC's role and the required standards. Every week the business manager sent out an email to all staff and updated them on any changes or updates they should be aware of. Other topics of discussion included accidents and untoward events and lessons learned from them. Staff told us they always received the updated information and signed to show they had read and understood it. They said they had found this method of communication effective and ensured all staff, whatever their working days or patterns, received the same information.

The practice recorded and monitored staff were up to date with their training and that they had a skilled workforce; which were able to meet the needs of patients. Clinical staff had lead roles, for example one of the GP's led on safeguarding and medicines management, whilst the nurse prescriber led on infection control and ensured audits were

Are services well-led?

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

carried out to continuously improve the standards of cleanliness. There were also on going checks of the safe running of the practice such as legionella testing, emergency lighting and fire safety.

The dispensary used a recognised audit to ensure they were meeting quality standards for dispensing medicines to patients, the Dispensing Service Quality Scheme (DSQS). The scheme covered medication dispensing and staff training. We found each member of the medicines dispensing staff, had completed a competency checklist which was signed by the GP responsible for medicine management. The GP signed to show all staff were competent in their practice.

Systems to monitor and improve quality and improvement

We saw the practice and PPG worked together in monitoring the service to improve the quality and patient experience. For example, surveys were carried out by the PPG which reflected the experience of patients using the service. There was also a system to monitor and respond to patient's suggestions and concerns. Where recommendations had been made action had been taken in a timely way to change practice where needed and improve the quality of service.

We saw where issues had been identified by patients or the PPG, action plans had been put in place by the practice for areas where improvements could be made. Patients from the PPG also told us, the practice had always responded to any suggestions they had made and continually strived to improve the quality of services provided.

Audits had taken place within the practice during the last 12 months and were aimed at improving the service provision. This included the monitoring of emergency calls to the practice, response times and the prevention of avoidable admissions to hospital. Audits showed eight out of a possible 12 admissions to hospital were avoided and patients were spoken to by a GP within twenty minutes from making their call.

Patient experience and involvement

We spoke with three members of the patient participation group who told us the group started approximately three years ago. There were about 12 members and they met approximately every two months. The group was open to anyone who had an interest in joining. The chair had been asked by the practice if they would be interested in joining

the group when it was first established. One PPG member told us there hadn't been any suggestions made by the PPG, that hadn't been acted upon by the practice. Another told us that approximately a year ago; the group actively sought new members as they were aware male members were not represented. New male members had since joined and therefore more representative of the practice.

Staff engagement and involvement

We saw staff had regular meeting and weekly updates to ensure they were aware of the changes and running of the practice. There were systems in place to monitor staff training, competencies and development. Staff told us they felt valued and supported in their roles and involved in the decision making and running of the practice.

Learning and improvement

We saw complaints and significant events were recorded electronically. They were reviewed quarterly by the practice team. We saw reviews of complaints and significant events since June 2013. These included brief information about the complaint or significant event and any changes that had been made to practice as a result of the event/ complaint. Examples included patients now being able to access test results on line (they worked full time and were unable to contact the practice during working hours), changes to evacuation procedures and appointment protocols for doctors and nurses being amended to ensure there was always a chaperone available for appointments.

Identification and management of risk

The PPG told us they regularly met with the GPs and staff and recommendations to improve the quality of the service were identified and discussed. A member of the PPG had extensive knowledge of health and safety; they worked with the business manager to ensure all risks were regularly reviewed and correct systems in place.

Following a Fire Marshal training course attended by the business manager and lead dispenser, it was identified the designated fire meeting point was close to where oxygen cylinders were kept in the practice. As a result, the fire point had been moved to a safe and accessible area within the staff care park.

We saw the provider had assessments in place to regularly review risks and these included fire, and health and safety monitoring. This ensured the practice were proactive in identifying and managing risks to the service.