

West View

Quality Report

Hornby Surgery

Hornby

Lancashire

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West View on 6 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Overall, risks to patients were assessed and well managed, however, the systems for medicines management required improvement to keep patients safe.

We saw an area of outstanding practice:

Summary of findings

- The practice employed a care navigator, one of only two employed by practices in the area, who also provided support to patients at a number of different practices. They worked with older patients and could direct them to services which would help them meet their health and social care needs.
- Review the procedure for monitoring prescriptions to ensure that patients who do not collect them are being followed up.

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

The areas where the provider should make improvement are:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had some well-defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. While some systems relating to the management of medicines required improvement to keep patients safe, these improvements have been made by the practice since the inspection.
- Risks to patients were assessed and well managed.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for 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?

The practice is rated as good for providing responsive services.

Good



- 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. The practice was one of only two in the area to employ a care co-ordinator, who provided care to patients in other practices within the Integrated Care Community.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- 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.
- The practice proactively sought feedback from staff and patients, which they acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- Performance indicators for diseases often experienced by older people was better than the national average. For example, the practice achieved 97.9% of the points available for chronic obstructive pulmonary disease (COPD), compared to 96% nationally.
- The practice was one of only two in the area to employ a care co-ordinator, who provided care to older patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. The practice achieved 95% of the points available in this area, compared to 89.2% nationally.
- Longer appointments and home visits were available when needed. All standard appointments were 15-minutes in length.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students, had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average and the national average of 82%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Performance for mental health related indicators was better than the national average. The practice achieved 94.1% of the points available in this area, compared to 92.8% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- 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.

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 well above local and national averages. Survey forms were distributed to 217 patients, and 129 were returned. This represented a 59% response rate and approximately 2% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 94% 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 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 97% 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 11 comment cards which were all positive about the standard of care received. Commonly used words included 'kind', 'caring', 'courteous', 'accessible'.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the procedure for monitoring prescriptions to ensure that patients who do not collect them are being followed up.

Outstanding practice

- The practice employed a care navigator, one of only two employed by practices in the area, who also

provided support to patients at a number of different practices. They worked with older patients and could direct them to services which would help them meet their health and social care needs.

West View

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, a practice manager specialist adviser, and a medicines inspector.

Background to West View

Lunesdale Surgery provides Primary Medical Services from West View in Hornby, as well as in the town of Kirkby Lonsdale.

The practice provides services from two locations at:

- The Lunesdale Surgery, Kirkby Lonsdale Cumbria, LA6 2HQ.
- The Hornby Surgery, West View, Hornby, LA2 8JS

We visited both sites as part of the inspection.

The main surgery is located in a purpose-built surgery which was constructed in 2004 and is rented by the partners. There is level entry access and disabled facilities are available. There is also a large car park adjoining the building. The branch surgery in Hornby is located in a converted semi-detached house. Disabled facilities have been added where this has been practicable. The practice has a dispensary at both sites.

The practice has five GP partners (three male, two female) as well as two associate partners (the practice manager and one of the nurse practitioners). There are two salaried GPs (one female, one male). There are two nurse practitioners (both female), two practice nurses (both female), two healthcare assistants (both female), a practice manager and seven admin/reception staff, including a care navigator. The latter provides support to patients at a

number of different practices but is employed by Lunesdale Surgery, and is one of only two care navigators employed by practices in the area. There is also a dispensary manager and five dispensers.

The practice provides services to approximately 6000 patients of all ages in a predominately rural area. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The surgery is open at the following times:

Lunesdale Surgery:

Monday to Friday, 8am to 6.30pm, with extended hours on Monday until 7.30pm. Weekends closed.

West View:

Monday – 9am to 12pm then 2pm to 6pm.

Tuesday – 9am to 12pm.

Wednesday – 9am to 12pm then 4.30pm to 6pm.

Thursday – 9am to 12pm.

Friday - 9am to 12pm then 4.30pm to 6pm.

Weekends closed

Telephones are operated at all times during the opening hours. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

Information taken from Public Health England placed the area in which the practice was located in the second least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 82 years, whilst for females it is 85. Both of these are higher than the clinical commissioning group (CCG) and national averages. The practice has a much higher percentage of patients over the

Detailed findings

age of 45, when compared to national averages. There are fewer patients than average in all age groups under 44 with the exception of 10 to 19-year-olds. The percentage of patients reporting with a long-standing health condition is higher than the national average (practice population is 64% compared to a national average of 54%).

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 6 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.

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, the way in which patients prescribed warfarin are monitored was changed as a result of a significant event. This also triggered an audit of these patients, the learning from which was shared with secondary care providers.

Overview of safety systems and processes

On the day of inspection we saw that the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice required improvement. However, since the inspection, the practice have submitted evidence to demonstrate that the required improvements have been made.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. Balance checks of controlled drugs were carried out regularly and recorded appropriately. However, at the Hornby branch surgery, the controlled drugs were

stored in a wooden drawer and therefore did not comply with legislative requirements. Since the inspection the practice submitted evidence to show that a metal, lockable safe has been fitted and is used for the storage of controlled drugs, in line with requirements.

- At both Lunesdale Surgery and West View we found the temperature of refrigerators where medicines were stored were not always recorded each day in accordance with national guidance. All temperatures which were recorded were within the recommended range. Since the inspection the practice have submitted evidence to show that staff have been reminded to check temperatures daily, and data loggers have been fitted to constantly monitor refrigerator temperature.
- Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance, however, we found some Patient Group Directions (PGDs) had not been authorised by the Lead GP. (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.) This has been rectified since the inspection.
- Blank prescription forms were kept securely. Serial numbers were recorded when pads and forms were received by the practice, however, there was no procedure in place to track prescription forms through the practice as recommended by national guidance. We have seen that the practice have started to do this since the inspection.
- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.
- Staff told us that the expiry dates of dispensary stock were checked using the dispensary computer system. While this was formally recorded, during the inspection we found four items across both sites which had passed their expiry dates, with one dating back to 2014. Since the inspection the practice have introduced a manual check of stock as well as using the computer system, to ensure items are not missed.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary, and there was a named lead GP for

Are services safe?

medicines management. We were shown the incident/near miss record (a record of dispensing errors that have been identified before medicines have left the dispensary) which showed some examples of errors. There was a process in place to review errors and we were told these were discussed informally within the dispensary team. These errors were also audited on a six-monthly basis by the dispensary manager and, a report produced and shared with the wider practice team.

- All repeat prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. Staff told us how they had recurrent problems with managing review dates of repeat prescriptions and we saw evidence of this whilst on inspection. Staff told us how prescriptions which had not been collected would be removed after two months, however, at West View we found two prescriptions which had not been collected since June 2016. We were told this would be discussed at the next practice meeting and a new procedure would be decided.
- The practice had systems in place to monitor the use of high risk medicines.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and, were only accessible to authorised staff.

There were well-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.
- 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 generally assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment 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

Are services safe?

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

- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and stored securely. While most staff were aware of their location, some of the non-clinical staff were unsure. This matter has since been addressed by the practice.
- The practice had a defibrillator and emergency oxygen available on the premises. However, at both the Lunesdale Surgery and West View, we found nine consumable items which would be used with oxygen, had passed their use-by date.. We were told by the practice that systems would be put in place to

address this, such as a new log sheet for stock and designated members of staff for checking stock in different areas of the practice. We were told that this would be audited to monitor effectiveness.

- 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.
- 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.

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. Clinical leads presented NICE guideline updates for their areas at the practice's clinical meetings.
- 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 were 96.7% of the total number of points available (clinical commissioning group (CCG) average 96.8%, national average 94.7%). The exception reporting rate was 6.1%, which was considerably lower than the CCG average of 10.1% and national average of 9.2% (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 better than the national average. The practice achieved 95% of the points available in this area, compared to 89.2% nationally.
- Performance for mental health related indicators was better than the national average. The practice achieved 94.1% of the points available in this area, compared to 92.8% nationally.

- Performance for asthma related indicators was better than the national average. The practice achieved 99.7% of the points available in this area, compared to 97.4% nationally.
- Performance for indicators for diseases often suffered by older people was better than the national average. For example, the practice achieved 97.9% of the points available for chronic obstructive pulmonary disease (COPD), compared to 96% nationally.

There was evidence of quality improvement, including clinical audit.

- There had been four clinical audits completed in the last two years, two of which were completed two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the monitoring of an International Normalised Ratio (INR) tests for patients who had undergone heart valve replacement surgery. (The INR is a blood test which needs to be performed regularly on patients who are taking certain medication to determine their required dose).
- Clinical audits had been triggered as a result of significant event analysis.
- Results of audits were shared with other practices in the locality at meetings of the integrated care community.

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

Are services effective?

(for example, treatment is effective)

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.
- The practice was keen to upskill and promote their own staff. One of the nurses had been supported to train to be a nurse practitioner, while the dispensary manager had started work at the practice as an apprentice.
- 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.
- Various support services, such as counselling and a local carer's charity, were available on the premises.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average and the 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 and they ensured 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77.3% to 95.5% (CCG average 83.3% to 96%) and five year olds from 80% to 97.8% (CCG average 72.5% to 97.9%). The practice had appropriate arrangements in place to promote and offer immunisations and worked closely with the health visitor to encourage uptake.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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.

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 11 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 two members of the patient participation group (PPG). 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 above average for their satisfaction scores on consultations with GPs and nurses. For example:

- 98% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% 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%.
- 97% 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%.

- 94% 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%.
- 94% 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.

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 or in line with 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%.
- 92% 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%.
- 87% 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%.

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

Are services caring?

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 80 patients as carers (1.3% of the practice list). People's emotional and social needs were seen as important as their physical needs. To this end, the practice employed a care navigator, one of only two employed by practices in the area, who provided support to patients at a number of different practices. They acted as the carer's lead in the practice. They helped to identify patients who were caring for others and signpost them to support. There was a wealth of written information available in a "carers' corner" area in the

reception area, specifically to direct carers to the various avenues of support available to them. The practice worked closely with a local carers organisation, and gave their "Hospital Passports" to patients who would benefit from them, such as those caring for someone with memory loss. These could be kept with them in case of emergency hospital admissions. They contained contact information for the carer, as well as information about the patient's likes and dislikes and their level of ability performing certain activities of living, such as washing and dressing themselves.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked closely with the local Integrated Care Community (ICC), and employed one of the two Care Navigators who worked across the ICC. This was a person to whom patients could be referred, and who would direct them to services which would help them meet their health and social care needs.

- The practice offered extended hours at the Lunesdale Surgery on Monday until 7.30pm for patients who could not attend at other times due to work.
- Fifteen-minute appointments were offered as standard. Longer appointments were available for those who needed them.
- An “urgent surgery” was operated on a Monday morning at the Lunesdale Surgery. 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.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. One of the practice nurses had devised a questionnaire for patients to complete before attending the travel clinic; this reduced the need for patients to attend multiple appointments which meant more of the appointment time could be spent offering travel health advice.
- There were disabled facilities, a hearing loop and translation services available.
- There was a “carer’s corner” in the waiting room with plenty of information about support services for people who were caring for someone.
- 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.

- There was a machine in the waiting area for patients to measure their own blood pressure. This saved time during appointments with a clinician, or was available for patients who wanted to record their blood pressure without making an appointment.

Access to the service

The practice was open at the following times:

Lunesdale Surgery:

Monday to Friday, 8am to 6.30pm, with extended hours on Monday until 7.30pm. Weekends closed.

West View:

Monday – 9am to 12pm then 2pm to 6pm

Tuesday – 9am to 12pm

Wednesday – 9am to 12pm then 4.30pm to 6pm

Thursday – 9am to 12pm

Friday – 9am to 12pm then 4.30pm to 6pm

Weekends closed

Telephones are operated at all times during the opening hours. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC). Extended hours appointments were offered until 7.30pm every Monday at the Lunesdale Surgery and once a month at West View. 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 patients’ satisfaction with how they could access care and treatment was a long way above local and national averages.

- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 83% of patients were satisfied with the practice’s opening hours compared to the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 91% describe their experience of making an appointment as good 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 waiting room, a summary leaflet which was available, and information on the practice website.

We looked at two formal complaints received in the last 12 months and found these were dealt with in a timely way. There was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the system for sending text messages to patients had been changed to make the information in the text messages clearer.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas. The “Values, Standards and Behaviours” of the practice had been developed with all staff, who showed they knew and understood the values.
- The practice told us one of their core values was nurturing staff. This was evidenced by the practice up-skilling and promoting their own staff. For example, one of the nurses had been supported to train to be a nurse practitioner, while the dispensary manager had started work at the practice as an apprentice. The practice had also invited one of the nurse practitioners and the practice manager to become associate partners.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners 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 nurse practitioner and practice manager were associate partners.

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

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

- The practice had gathered feedback from patients through a virtual patient participation group (PPG) and through surveys and complaints received. The PPG were contacted regularly by email, carried out patient surveys

Are services well-led?

Good 

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

and could submit proposals for improvements to the practice management team. For example, improvements to the privacy of the waiting area had been made as a result of consultation with the PPG.

- 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 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

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

- One of the GPs was involved with a non-profit community benefit society which provided high-speed

broadband to rural areas in North West England. The GP was involved with a view to improve internet access for the practice's patients so that online video consultations could be offered in the future.

- One of the practice nurses had devised a questionnaire for patients to complete before attending the travel clinic; this reduced the need for patients to attend multiple appointments and which meant more of the appointment time could be spent offering travel health advice.
- The practice had used various methods to improve access to appointments. All appointments offered were 15-minutes in length; this had been offered by the practice for the last five years. The practice had also introduced an urgent clinic on a Monday morning, where patients could attend the Lunesdale Surgery without an appointment and wait to see a doctor.