

Castlegate Surgery

Quality Report

Castlegate Surgery

Isel Road

Cockermouth

Cumbria

CA13 9HT

Tel: 01900 705750

Website: www.castlegatesurgery.nhs.uk

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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 Castlegate Surgery on 3 May 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Outcomes for patients were very good. The Quality and Outcomes Framework (QOF) data, for 2014/2015, showed the practice had performed very well in obtaining 99.9% of the total points available to them for providing recommended 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.
- Urgent appointments were available on the day they were requested. However, some patients told us that they had to wait two or three weeks for routine appointments and appointments with a named GP.
- Extended hours appointments were available Monday to Friday between 7:30am and 8am.
- 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 practice had engaged with the staff during the recent merger with another local practice, staff members had been part of the steering group for this merger.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw one area of outstanding practice:

- The practice had adapted their clinical system to support effective care of patients at increased risk of acute kidney injury due to the medicines the patient was prescribed. When a clinician recorded relevant symptoms, the system checked the medicines prescribed and displayed a visual alert during the consultation. This reduced the risk of patients suffering acute kidney injury.

The areas where the provider should make improvement are:

- The practice should continue to implement a system of staff appraisals as soon as possible to provide staff with a formal opportunity to discuss training, learning and development requirements.
- Review the arrangements for clinical audit in order to be able to demonstrate a clear link between audits and quality improvement.
- Continue to review patient access for routine appointments with a GP.
- Review their staff induction and recruitment process for the checking of clinical and non-clinical staff immunity status against vaccine-preventable diseases such as measles.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed. However, the staff recruitment and induction process did not include the checking of staff immunity status against vaccine-preventable diseases such as measles.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99.9% of the points available in 2014/2015. This was above the local average of 97% and the national average 95%. For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- The practice had adapted their clinical system to support effective care of patients at increased risk of acute kidney injury due the medicines the patient was prescribed. When a clinician

Summary of findings

recorded relevant symptoms, the system checked the medicines prescribed and displayed a visual alert during the consultation. This reduced the risk of patients suffering acute kidney injury.

- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff received an annual appraisal. We saw that the practice had already scheduled some appraisals for May and June 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, results from the National GP Patient Survey showed that 100% of respondents had confidence and trust in their GP (CCG average 97%, national average 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practices' website, patient leaflet and in the waiting areas.
- The practice had close links to local and national support organisations and referred patients when appropriate.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had been closely involved in the development of the community hospital which opened in 2014.
- The practice had responded positively to the extensive flooding that occurred in Cockermouth in November 2015. For example, they had ensured patients received replacement medicines promptly.

Good



Summary of findings

- Feedback from patients indicated that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website and in the waiting area.

Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. Staff had been involved in the steering group set up to support the recent merger with Derwent Surgery.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check.
- The practice worked to reduce the unplanned hospital admissions for patients over the age of 75. Admission prevention nurses were based at the practice; as part of a project aimed at reducing hospital admissions for the frail and elderly (over 75's). The nurses were employed to work outside of practice hours to support care homes and housebound patients with the management of their health to assist in the prevention of them being admitted to hospital.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs. The practice worked closely with the local care homes.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 0.4% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.
- One of the GPs had recently undertaken a Royal Collage of General Practice (RCGP) diploma in geriatric medicine in response to the elderly demographic of the patients at the practice.

People with long term conditions

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

Good



- The practice had adapted their clinical system to support effective care of patients at increased risk of acute kidney injury due the medicines the patient was prescribed. When a clinician

Summary of findings

recorded relevant symptoms, the system checked the medicines prescribed and displayed a visual alert during the consultation. This reduced the risk of patients suffering acute kidney injury.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had achieved 99.7% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 6.1% above the local CCG average and 10.5% above the national average.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered 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.
- The practice held regular clinics for some long term conditions, for example for patients with diabetes.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% (CCG average 83% to 97%) and for five year olds ranged from 74% to 97% (CCG average 73% to 98%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided within the building, staff worked closely with the staff who provided this service.
- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 1.5% above the local CCG average and 2.6% above the national average.
- The practice provided contraceptive and sexual health services.

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.
- Patients could order repeat prescriptions and book GP and some nursing and routine healthcare appointments online.
- Telephone appointments were available.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 84%, compared to the CCG and national average of 82%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a good range of health promotion advice and information.
- The practice was active on social media and used this as one method of sharing practice and health related information.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances.
- The practice held a register of patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. 47 patients were on this register and 72% had a health check in the last 12 months.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- 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 arrangements were in place to support patients who were carers.

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).

- The practice held a register for patients experiencing poor mental health. There were 85 patients on this register and 93% of those eligible for a care plan had one completed (2015/2016 data, which is yet to be verified or published).
- Nationally reported data showed that outcomes for patients with mental health conditions were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 4.6% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia.

Good



Summary of findings

This was 4.3% above the local CCG average and 5.5% above the national average. 84% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is the same as the national average.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Some staff had completed dementia awareness training.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line the local and national averages in many areas. There were 237 forms sent out and 122 were returned. This is a response rate of 51.5% and represented 1.2% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone (CCG average 81%, national average of 73%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 84% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 79%).
- 80% found the receptionists at this surgery helpful (CCG average 91%, national average of 87%).
- 94% said the last appointment they got was very convenient (CCG average 94%, national average 92%).
- 71% described their experience of making an appointment as good (CCG average 78%, national average of 73%).

- 73% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).
- 60% felt they don't normally have to wait too long to be seen (CCG average 62%, national average 58%).

We reviewed four CQC comment cards and one letter, which patients had completed. Two of these were positive about the standard of care received; they described the practice staff as friendly and professional. Two of the less positive comments we received were about how difficult it was to make a routine appointment with a GP in a reasonable time.

We spoke with five patients during or before the inspection; including two who were members of the patient participation group. All the patients said they were happy with the care they received. They said they thought the staff involved them in their care, explained tests and treatment to them. They thought the practice was clean. During the inspection, we were also approached by a patient who told us that the care given to children by the practice was very good. Some of the patients told us that they had to wait two or three weeks for an appointment with a named GP, however, urgent appointments were available.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to implement a system of staff appraisals as soon as possible to provide staff with a formal opportunity to discuss training, learning and development requirements.
- Review the arrangements for clinical audit in order to be able to demonstrate a clear link between audits and quality improvement.
- Continue to review patient access for routine appointments with a GP.
- Review their staff induction and recruitment process for the checking of clinical and non-clinical staff immunity status against vaccine-preventable diseases such as measles.

Outstanding practice

We saw one area of outstanding practice:

- The practice had adapted their clinical system to support effective care of patients at increased risk of acute kidney injury due the medicines the patient was prescribed. When a clinician recorded relevant

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symptoms, the system checked the medicines prescribed and displayed a visual alert during the consultation. This reduced the risk of patients suffering acute kidney injury.

Castlegate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Castlegate Surgery

Castlegate Surgery is registered with the Care Quality Commission to provide primary care services. The area covered included the whole of Cockermouth and the surrounding large rural area.

The practice provides services to around 10,500 patients from one location:

- Isel Road, Cockermouth, Cumbria, CA13 9HT.

We visited this address as part of the inspection.

Castlegate Surgery is based in purpose built premises in Cockermouth. The premises is shared with another GP practice (Derwent Surgery) and external services. All reception and consultation rooms are fully accessible. There is on-site parking and disabled parking. Disabled WCs are available and wheelchairs provided for the use of visitors to the building when needed.

The practice merged with Derwent Surgery in December 2015, this merger was the result of a shortage of GPs at Derwent Surgery. At the time of the inspection, the administration of the practice and nursing services had fully merged and provided services to patients registered at both Castlegate and Derwent Surgeries. Services provided

by GPs were not yet merged and patients were still required to book an appointment with a Castlegate GP. The merged practice is now known as Castlegate and Derwent Surgery.

The practice has seven partners and one salaried GP (one male, seven female). Prior to the merger with Derwent Surgery the practice employed a business manager, an office manager, a lead nurse, a practice nurse, a treatment room nurse, a research nurse, three healthcare assistants and a medicines manager. In addition, they employed ten staff who undertook administrative or reception duties, a medicines manager and a prescription clerk. Following the merger staffing levels increased with a further 30 staff members including a salaried GP, nurses, administrative assistants receptionists, a practice manager, a dispensing manager and two dispensing assistants. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is an approved training practice where qualified doctors gain experience in general practice. At the time of the inspection, no doctors were training with the practice.

The practice is active in clinical research and patients at the practice are encouraged to participate in appropriate clinical trials.

Castlegate Surgery is open at the following times:

- Monday to Friday 7:30am to 6:30pm.

The telephones are answered by the practice from 8am to until 6:30pm. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practices' telephone message, website and in the practice leaflet.

Appointments are available at Castlegate Surgery at the following times:

Detailed findings

- Monday to Friday 7:30am to 6:30pm.
- Extended hours appointments are available from 7:30am until 8am Monday to Friday.

The practice is part of NHS Cumbria clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the eighth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 79 years compared to the national average of 79 years. Average female life expectancy at the practice is 85 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is below average (55% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is in line with the average (61% compared to the national average of 62%). The proportion of patients who are unemployed is in line with the average (5% compared to the national average of 5%).

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Cumbria Health on Call.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 3 May 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included three GPs, the practice manager, the office manager, the lead nurse, the research nurse, a healthcare assistant, two receptionists and an administrator. We spoke with six patients who used the service.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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 for staff to use to document these. 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 the forms and log used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. Additional work to ensure all relevant staff were involved in the learning from significant events would improve the process currently in place.
- The practice had a system for reviewing and acting on safety alerts received.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, 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 saw that the premises were clean and tidy. The research nurse had recently been appointed as the infection control 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 training appropriate to their role. Infection control and cold chain audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed six 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 DBS checks. However, the staff recruitment and induction process did not include the checking of staff immunity status against vaccine-preventable diseases such as measles.
- The practice had a system 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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.)
- The practice had a risk register that covered some of the key risks faced by the organisation.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice. The practice had recently recruited a diabetic treatment nurse to ensure effective care for patients with diabetes. Two CCG funded admission prevention nurses were employed by the practice, their role provided support out of practice opening hours to care homes and housebound patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a disaster handling and business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power,

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 were in place for long-term conditions and the enhanced services provided by the practice.
- The practice had developed their own templates to ensure the effective management of long-term conditions; these linked to appropriate clinical guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 99.9% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 96.8% and the national average of 94.7%. At 9.8 %, their clinical exception-reporting rate was 0.3% below the local CCG average and 0.6% below the national average. (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).

Data from 2014/2015 showed;

- Performance for the mental health related indicators was above average (100% compared to the national average of 92.8%).
- Performance for the dementia related indicators was above average (100% compared to the national average of 94.5%).
- Performance for the diabetes related indicators was above average (99.7% compared to the national average of 89%).

- The practice also performed well in other areas. For example, the practice had achieved 100% of the points available for 17 of the 19 clinical domains, including the cancer, heart failure and depression domains.

During the inspection the practice were able to show us that for 2015/2016 (which had not yet been verified or published) they had achieved 100% of the total number of QOF points available.

There was evidence of quality improvement work. However, clinical audit was limited. We found that:

- The practice had undertaken two single cycle audits. One was of patients with long standing intrauterine devices (IUD) in April 2015 following the identification of a small number of patients whose IUD had been in place for longer than advised by current guidelines. The practice planned to review the need for a second cycle of this audit. The second audit was a single cycle audit regarding patients who had had their spleens removed or who had spleens not functioning properly. These patients should have regular immunisations and antibiotics. The practice had reviewed the care provided for these patients but had not completed a second cycle of this audit to demonstrate improvements in care.
- The practice participated in the Royal Collage of General Practitioners cancer audit.
- The practice provided a minor surgery service and monitored the quality of this service.
- The practice had a process in place to monitor patients who were prescribed anti-coagulation therapy and who were high risk of thromboembolism (the blockage of a blood vessel by a blood clot).
- The practice participated in a CCG quality improvement scheme, medicines optimisation work had been highlighted as a priority for 2016/2017.

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, including locums GPs. It 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 updates for relevant staff. For example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.

- The practice used a skills matrix to record and monitor skills that nursing staff and healthcare assistants were competent to perform. Reception staff used this information to ensure appointments were booked with the correct member of staff. A skill matrix was also used to record and monitor the skills that reception staff were competent to perform.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training. The practice manager monitored the training completed by staff on a regular basis. The practice held regular lunchtime education meetings, however, during the merger process these had often been used to discuss business issues. The practice planned to reintroduce an educational focus to these meeting in the near future.
- The practice had an effective safeguarding training process. Staff completed online training and CCG led training. In addition to this, the practice safeguarding lead had provided in-house training that included possible safeguarding scenarios and a test to ensure staff were fully aware of where key policies and procedures were to be found.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. We saw that staff training needs were monitored. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. One of the GPs had recently undertaken a Royal Collage of General Practice (RCGP) diploma in geriatric medicine in response to the elderly demographic of the patients at the practice.
- The practice was currently working to 'up skill' the healthcare assistants; internal and external training was being used to support this. This was to allow nursing staff to be able to focus more on the management of long term conditions as well as providing the opportunity for staff to develop. The most recently appointed healthcare assistant was completing the care

certificate. This training is a new minimum standard that should be covered as part of induction training of new care workers; it aims to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

- Not all staff received an annual appraisal. The practice manager told us that the practice had been working towards a merger with Derwent Surgery from May 2015. In light of this, the practice had decided not to undertake staff appraisals during 2015 due to the level of change experienced by all staff during this time. The merger had resulted in changes to staff roles and the development of new shared ways of working as well as new aims and objectives. We saw that the practice had already scheduled some appraisals for May and June 2016.

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 and intranet systems.

- This included 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 with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital. The practice participated in an unplanned admission service for patients over the age of 75, care plans were in place for these patients and patients care was reviewed promptly following any discharge from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took place regularly. The practice held weekly meetings to discuss the care of patients requiring end of life care and vulnerable patients.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

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

- This included 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 a relevant service when appropriate.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 84%, which was in line with the local and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 86% to 100% (CCG average 83% to 97%). For five year olds rates ranged from 74% to 97% (CCG average 73% to 98%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. 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 saw that 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.
- Staff had undertaken training in equality and diversity.
- The design and location of the reception desk in a clear walled 'pod' within the patient waiting area made it difficult for patients to discuss sensitive issues without being overheard. The PPG had received negative comments from patients about the 'pod'. However, reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A reception handbook was available, this included advice on how to protect patient information in the reception area.

We reviewed four Care Quality Commission comment cards completed by patients and one letter, two of these were positive about the care and service experienced, patients said they felt listened to and respected. They said they felt the practice and staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey, published in January 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect.

- 100% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 95% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 91% said the GP they saw or spoke to gave them enough time (CCG average 90%, national average 87%).
- 90% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).

- 96% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 90% said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 85% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 89%, national average 85%).

During feedback with the practice, we discussed the results of the National GP Patient Survey. The practice agreed it would be appropriate to review these results to identify any actions the practice could take to respond to this feedback from patients.

Data from the most recent Friends and Family Survey carried out by the practice, from April 2015 to March 2016, showed that 55% of patients said they would be extremely likely or likely to recommend the service to family and friends. 22% of patients would be extremely unlikely or unlikely to recommend the service to family and friends.

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.

Results from the National GP Patient Survey, published in January 2016, showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 91% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 84% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available on reception for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, information was available for patients on support available for those with mental health conditions. The practice website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. The practice had links to support organisations and referred patients when appropriate. The practice had identified 183 of their patients as being a carer (1.75% of the practice patient population). 76% of carers on this register had an influenza immunisation and 97% had had a carers health check completed in the last year.

If families had suffered bereavement, the practice would offer support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice had a contact with the Trust that managed the local community hospital; this involved one of the GP partners providing clinical support for four days a week. As part of this role, the GP undertook the day-to-day medical management of inpatients in the hospital. This included palliative and end of life care. Patients in the community hospital are not all registered with the practice. This arrangement supported continuity of care and information sharing for patients registered at the practice.

Cockermouth suffered significant flooding in November 2015; over the weekends of the most significant flooding, the surgery remained open. This information was advertised locally to ensure patients were aware of the temporary change to opening hours. This allowed patients who had lost medication due to the flooding to have these medicines replaced.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- When a patient had more than one condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics for patients diagnosed with diabetes, childhood immunisations and minor surgery.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Extended hours appointments were available each morning between 7:30am and 8am.
- The practice worked closely with the local care homes. Each care home had a lead GP to provide consistent support.

- Two CCG funded admission prevention nurses were based at the practice; as part of a project aimed at reducing hospital admissions for the frail and elderly (over 75's). The nurses were employed to work outside of practice hours to support care homes and housebound patients with the management of their health to assist in the prevention of them being admitted to hospital.
- The lead nurse provided a minor illness service and could prescribe medication in this role and for COPD and contraception.
- Patients were able to receive travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services available. Wheelchairs were available for visitors to the building when needed.
- Patients could order repeat prescriptions and book GP appointments on-line.
- There was a practice based anti-coagulation clinic.
- The practice provided a monthly minor surgery service.
- Patients at the practice could self-refer to physiotherapy and podiatry services.
- Patients were able to access external support services at the practice. For example, from an independent organisation that offered advice and support to people who the elderly visited the practice regularly.

Access to the service

Castlegate Surgery was open at the following times:

- Monday to Friday 7:30am to 6:30pm.

Appointments were available at Castlegate Surgery at the following times:

- Monday to Friday 7:30am to 6:30pm.
- Extended hours appointments were available from 7:30am until 8:30am Monday to Friday.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages.

- 70% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 75%).
- 80% patients said they could get through easily to the surgery by phone (CCG average 81%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 83% patients said they able to get an appointment or speak to someone last time they tried (CCG average 88%, national average 85%).
- 60% feel they normally don't have to wait too long to be seen (CCG average 62%, national average 58%).

Three of the CQC comments cards we received were negative about the service experienced. They said, for example, that it was difficult to make an appointment with a GP in a reasonable time.

We also spoke with five patients during or shortly before the inspection. Some of these patients told us that they had to wait 2-3 weeks for a routine appointment with a named GP. Patients told us that urgent appointments were usually available. On the day of the inspection the next available routine GP appointment was 23 May, this was a wait of 20 days. The next available nurse appointment was 9 May.

We asked the practice about the appointment system and the difficulties patients faced making a routine appointment. The practice told us they were in the process of trying to recruit two additional GPs. However, so far there had been little response to their advertisements. They were very aware of the impact the shortage of GPs was having on patients who were unable to make a routine appointment without a two or three week delay. The practice had recently completed a review of their appointments system, which resulted in the introduction of a same day urgent access clinic in late April 2016; appointments were available with GPs and the nursing team. It was too early to evaluate the effectiveness of this change to the appointment system. The practice told us that informal

feedback had been positive. They were currently reviewing the staffing mix and working to enhance the skills of existing staff to reduce the demand for appointment with GPs when care could be provided by other members of the team.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and in the practice leaflet and on the practices' website.
- An online contact form was available on the practices' website, the practice manager responded to these forms.

We looked at two of the 23 complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken, as a result, to improve the quality of care. We saw that the responses sent to some patients could be improved by the addition of information on actions that patients could take if they were unhappy with the practices response to their complaint.

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 statement of purpose that included their aims and objectives. Their aims and objectives stated 'All members of Castlegate Surgery have a commitment to the provision of excellence in family practice, delivering high quality patient care through services which are timely, efficient, considerate and responsive to the needs of our patient population. We strive to demonstrate excellence as a Learning and Teaching Organisation, and have in place first-rate organisational processes and structures, making Castlegate surgery a great place to work.'
- The practice objectives for 2016/2017 included objectives to 'provide the best standards for care and support for people using our services' and 'integrating Castlegate and Derwent Surgery'.
- The practice had an action plan that covered key issues faced by the practice, for example, the recent merger and health and safety, progress against identified risks was recorded and monitored.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example safeguarding, long term conditions and clinical governance. The practice held regular team meetings.
- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.

Leadership and culture

On the day of the 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.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (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).

There was a clear leadership structure in place and staff felt supported by management.

- The practice held regular meetings. For example, the practice held weekly meetings that included a management update followed by a clinical meeting that regularly involved attached staff such as health visitors.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did. The practice told us that the recent merger had affected staff morale, some of the staff we spoke to confirmed this but told us that they felt they were now all working well together.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

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:

- Their patient participation group (PPG), surveys and complaints received. The PPG had been in place since 2013. The group met regularly, a GP and the practice

Are services well-led?

Good 

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

manager regularly attended these meetings. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. The PPG had been kept informed of the work been undertaken to merge the practice with Derwent Surgery. The practice had worked with the group to create a new PPG following the merger, new terms of reference had been agreed with the group. Information on the PPG was displayed in the waiting area and included in the practice newsletter. The practice newsletter could be signed up for via the practice website.

- A notice in the waiting area told patients of actions they have taken following feedback from patients. For example, a dedicated noticeboard displaying photographs was introduced as patients had commented that with many new staff starting work it would be nice to know who was who.
- The practice was active on social media. They had a twitter account with 181 followers, the account was used to regularly share practice and health related news.
- The practice kept a record of informal feedback from patients and took actions based on this feedback when appropriate.

The practice had gathered feedback from staff through:

- Staff meetings and discussion. A member or staff from each staff group had been involved in the steering group discussions relating to the recent merger.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

For example:

- The practice was actively involved in clinical research. The practice was registered and accredited with the Royal College of General Practitioners (RCGP). The practice engaged with the National Institute for Health Research Clinical Research Network and participated in local research forums. All members of staff involved in research were appropriately trained (NHS recognised training; Good Clinical Practice (GCP)) to carry out research studies.
- The practice had participated in a number of research studies and signposted patients to research projects as appropriate. For example, the practice participated in the cancer diagnosis decision rules (CANDID) clinical trial. This trial is about finding what symptoms and examinations are best for predicting lung and bowel cancer.