Drs Irving, Smith, Hacking & Rylance

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Irving, Smith, Hacking and Rylance on 26 August 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, and the system for doing so was regularly reviewed by all staff. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw some areas of outstanding practice:

- There was a strong focus on continuous learning and improvement at all levels, leading to innovations such as remote blood pressure monitoring via text message and improved management of clinician time through the use of 20-minute cycles. Learning was shared with other practices in the locality, and we saw evidence of the improvements this was helping to drive in other services.

Summary of findings

- The care delivered by the practice was highly regarded by their patients and other providers. They showed they provided effective support for the approximately 4% of their patient list who had been identified as being carers, and had won awards from a local carers' organisation. An employee at the practice was a care navigator, who also cared for patients at other practices in the area. We saw numerous examples of how this had benefitted patients and their carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF), for 2014/15, 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.
- The practice had recently started offering blood pressure monitoring via text message. The practice planned to extend this service to be used with other conditions.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 91% 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%.

Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings. For example, the practice had received an award for the past two years from a local carers' organisation for the care and support they provided to the 4% of patients on their list who they had identified as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- When the care navigator role was due to be lost the practice offered to host it, along with another practice in the area. One of their staff took on the role to provide 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.
- 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?

Outstanding

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

- The practice had a clear vision with quality and safety as their top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and they had a very active patient participation group (PPG) which influenced practice development. The PPG had a virtual group as well as group which met regularly. The practice also actively promoted the use of a website, iwantgreatcare.com, to gather feedback.
- There was a strong focus on continuous learning and improvement at all levels. This had led to a number of innovations, such as remote blood pressure monitoring via text message and improved management of clinician time through the use of 20-minute cycles.
- A member of the practice shared lessons learnt by other practices in the locality with the rest of team. Likewise, staff from the practice presented learning from their initiatives to other practices.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for indicators for diseases often experienced by older people was better than the national average. For example, the practice achieved 100% of the points available for chronic obstructive pulmonary disease (COPD), compared to 96% nationally.
- When the care navigator role was due to be lost the practice offered to host it, along with another practice in the area. One of their staff took on the role to provide 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.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. The practice achieved 100% of the points available in this area, compared to 89.2% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recently started remote blood pressure monitoring. Patients received reminders to check their blood pressure and returned the results to the GPs by text message. The practice had purchased the equipment for the patients to so this.

Summary of findings

- A stoma nurse could be accessed at the practice, meaning patients did not need to travel for hospital for reviews.

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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)

Outstanding ☆

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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%.
- Flu clinics were offered on Saturdays during flu vaccination season, so that people who worked could attend.

People whose circumstances may make them vulnerable

Outstanding ☆

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

Summary of findings

- The practice showed they provided effective support for patients who were also carers and had identified approximately 4% of their patients as being carers They had won an award from a local carers' charity during the past two years for the support that they offered to carers.
- The practice was able to offer longer appointments for those who required them.
- A learning disability nurse had appraised the premises to identify ways to make the practice more accessible to patients with a learning difficulty.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- Performance for mental health related indicators was better than the national average. The practice achieved 100% of the points available in this area, compared to 92.8% nationally. 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- 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 above local and national averages in most areas. 215 survey forms were distributed and 108 were returned. This represented a 50% response rate and approximately 2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients told us that they were treated with kindness, dignity and respect when they visited the practice and said that they felt listened to. Commonly used words on the cards were 'caring', 'sympathetic', 'respectful' and 'professional'.

We spoke with three patients during the inspection. All these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice actively promoted the use of the website iWantGreatCare to receive feedback on their services. At the time of inspection the practice had 190 reviews on the site with a rating of five stars (out of five).

Outstanding practice

We saw some areas of outstanding practice:

- There was a strong focus on continuous learning and improvement at all levels, leading to innovations such as remote blood pressure monitoring via text message and improved management of clinician time through the use of 20-minute cycles. Learning was shared with other practices in the locality, and we saw evidence of the improvements this was helping to drive in other services.
- The care delivered by the practice was highly regarded by their patients and other providers. They showed they provided effective support for the approximately 4% of their patient list who had been identified as being carers, and had won awards from a local carers' organisation. An employee at the practice was a care navigator, who also cared for patients at other practices in the area. We saw numerous examples of how this had benefitted patients and their carers.

Drs Irving, Smith, Hacking & Rylance

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Irving, Smith, Hacking & Rylance

Drs Irving, Smith, Hacking and Rylance (also known as Park View Surgery) provides Primary Medical Services in the towns of Milnthorpe and Carnforth.

The practice provides services from two locations at:

- Haverflatts Lane, Milnthorpe, Cumbria, LA7 7PS.
- 21 New Street, Carnforth, Lancashire, LA5 9BX

We visited both sites as part of the inspection.

The main surgery is located in a purpose built surgery building which is owned by the partners and has been extended and developed over time. There is level entry access and disabled facilities are available. There is also a small car park adjoining the building. The practice have put forward a bid with the backing of the local clinical commissioning group (CCG) for a new health centre to accommodate themselves and another GP practice in Milnthorpe. The branch surgery in Carnforth is located in a converted terraced house. Disabled facilities have been added where possible, and the treatment room has been recently refurbished.

The practice has four GP partners (two male, two female) and one salaried GP (female). The practice hosted medical students during placements. There are also two practice nurses (both female), two healthcare assistants (both female), a practice manager and nine admin/reception staff, including a care navigator. The latter provides support to patients at a number of different practices but is employed by Park View Surgery, and is one of only two care navigators employed by practices in the area.

The practice provides services to approximately 6000 patients of all ages. 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:

Milnthorpe:

Monday to Friday, 8am to 6.30pm. Weekends closed.

Carnforth:

Monday – 8am to 5pm (closed 12.30-1pm)

Tuesday – 8am to 5pm (closed 12.30-2pm)

Wednesday – 8am to 5pm (closed 1-2pm)

Thursday – 8am to 5pm (closed 1-1.30pm)

Friday - 8am to 5pm (closed 1-1.30pm)

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).

Detailed findings

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 and the female is 84. Both of these are higher than the CCG average and national averages. The average male life expectancy in the CCG area is 79 and nationally 79. The average female life expectancy in the CCG area is 82 and nationally 83. The practice has a higher percentage of patients over the age of 45, when compared to national averages. There are fewer patients than average in all age groups under 44. The percentage of patients reporting with a long-standing health condition is higher than the national average (practice population is 63% 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 26 August 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

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, a medication change sheet had been introduced following a significant event. This helped to ensure that a review was completed of all the medication a patient was taking when changes were made.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three 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.

Good

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 100% of the total number of points available (clinical commissioning group (CCG) average 96.8%, national average 94.7%). The exception reporting rate was 8.1%, which was 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 100% 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 100% 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 100% 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 100% 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 eight clinical audits completed in the last two years, all of which were 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 recording of uptake of immunisations to patients who required them due to the medication they were taking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A counsellor, stoma nurse and audiology services could be accessed at the practice.

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 also encouraged its 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 lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64.7% to 100% (CCG average 83.3% to 96%) and five year olds from 71.4% to 95.2% (CCG average 72.5% to 97.9%). However, the practice were aware of this and felt it was due in part to the relative low number of patients who were eligible for these immunisations (18 patients under two years old and 21 patients under five years old). 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 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.

The practice had recently started offering blood pressure monitoring via text message. The practice had bought blood pressure monitors for patients to use in their own homes and then text the results to a doctor, who could follow these up if required. Given the favourable response to this service from patients, the practice intended to

Good

Are services effective?

(for example, treatment is effective)

extend this to patients with other long term conditions. The practice was due to audit the impact of this service, but at the time of inspection it had not been running long enough for sufficient data to have been collected.

Outstanding ☆

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.

Feedback from people who used the service, those who were close to them and stakeholders, was continually positive about the way staff treated people. All of the 39 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they felt the care provided by the practice was excellent 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, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 96% 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%.
- 92% 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%.
- 97% 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%.
- 96% 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 the local and national averages. For example:

- 93% 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%.
- 91% 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%.
- 92% 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.

Outstanding ☆

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 250 patients as carers (approximately 4% of the practice list). People's emotional and social needs were seen as important as their physical needs. To this end, the practice hosted one of the two Care Navigators who worked in the area. This was a person employed by the practice, to whom patients could be referred and who would direct them to services which would help them meet their health and social care needs.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. The practice also produced a monthly newsletter which asked if patients were caring for somebody and directed them to the surgery or a local carers' charity. There was a wealth of written information available 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. The care navigator completed these documents with patients and carers. They had received positive feedback from patients and other clinicians about their use of the passports, and were able to show us examples of how the way they were used had improved the experience and reduced the anxiety for patients attending secondary care. Furthermore, the practice had won an award from a local carers' charity in both of the past two years for the support that they offered to carers at the practice.

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.

Good

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 hosted one of the two Care Navigators who worked across the ICC. This was a person employed by the practice, to whom patients could be referred and who would direct them to services which would help them meet their health and social care needs.

- There were longer appointments available for patients who needed them, including with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice allowed other services to use rooms at the surgery to offer services that would benefit their patients. For example, monthly clinics were held at the practice by audiology, counselling, midwives, and stoma nurses. Other services used rooms at the practice on an ad hoc basis.
- Patients could order repeat prescriptions and book GP appointments online.
- Doctors from the practice carried out a weekly review of patients at a local care home.
- Flu clinics were offered on Saturdays during the flu vaccination season, so that people who worked could attend.
- 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, with the closest being a 45 minute journey from the main surgery on public transport.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, with the exception of yellow fever.
- The practice had recently started offering blood pressure monitoring via text message. The practice had bought blood pressure monitors for patients to use in their own homes and then text the results to a doctor, who could follow these up if require. The practice planned to extend this service to be used with other conditions.
- A learning disability nurse had appraised the premises to identify ways to make the practice more accessible to patients with a learning difficulty.

Access to the service

The surgery was open at the following times:

Milnthorpe:

Monday to Friday, 8am to 6.30pm. Weekends closed.

Carnforth:

Monday – 8am to 5pm (closed 12.30-1pm)

Tuesday – 8am to 5pm (closed 12.30-2pm)

Wednesday – 8am to 5pm (closed 1-2pm)

Thursday – 8am to 5pm (closed1-1.30pm)

Friday - 8am to 5pm (closed 1-1.30pm)

Weekends closed

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

Results from the national GP patient survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was above, or in line with, local CCG and national averages. For example:

- 95% of patients said they could get through easily to the practice by telephone compared to the CCG average of 80% and the national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had recently implemented a system of dividing the clinicians' working days into 20-minute cycles. Appointments could therefore be 20 minutes in length, and if this time was not used it was then allocated to other work, such as writing of patient notes. This had allowed the practice to manage clinician time more effectively, as well as offering longer appointments to patients. The system was relatively new, and therefore a complete survey of its impact on access had yet been completed. However, on the day of inspection staff and patients told us that they felt the system was an improvement. An initial audit of patient waiting times completed after the inspection showed that waiting times for appointments had reduced since this system was introduced in October 2015. A member of the practice presented information about the new approach to handling appointments to other practices in the locality to share the learning that had come from the change.

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. For example, there was information about how to complain on the practice website, as well as leaflets detailing the process in the waiting area.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and as a result action was taken to improve the quality of care. For example, the practice made a change to the way clinical samples were received by the practice following a complaint.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The 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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The stategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. There was a strong focus on continuous review and improvement of practice, and looking for new ways to provide care, such as remote monitoring of patients via text message.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners and management team 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.
- On the day of inspection we saw there was strong collaboration and support across all staff and a common focus on improving quality of care. 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.
- A systematic approach was taken to working with other organisations to improve outcomes, tackle health inequalities and obtain best value for money. The practice hosted one of the two Care Navigators who worked across the Integrated Care Community. This was a person employed by the practice, 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 to host the role in conjunction with another practice when there was a chance of it being stopped. An existing member of the practice team took on the role.
- There was a strong culture within the practice of continuous improvement, which was imbued in the staff by the leadership team. We saw numerous examples of the way in which staff and managers at the practice had

Are services well-led?

Outstanding ☆

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

looked to improve care with innovative ways of working, developed in conjunction with patients via the patient participation group, and then shared what they had learned with other services in the area. Since this inspection we have seen evidence of the impact this sharing of learning has had on driving improvement in other practices.

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

Rigorous and constructive challenge from patients, the public and staff was welcomed and seen as a vital way of holding services to account. They proactively sought patients' feedback in a variety of ways, and engaged patients in the delivery of the service.

· The practice had gathered feedback from patients through the two patient participation groups (PPG), and through surveys and complaints received. The PPG was divided into a virtual group who interacted with the practice via email, and a group of 10 patients who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Members of both groups told us they felt involved in the way the practice was run and could give a number of examples of patient suggestions which had been actioned by the practice. These included the addition of privacy screens in the reception area to improve confidentiality, a self check-in machine to reduce queues at reception, an improved telephone system and an explanation of the telephone appointment system to be publicised more widely to help patients to understand how it works. All of these suggestions had been implemented by the practice immediately after they had been made.

· The practice took innovative approaches to gather feedback from people who use services. They actively promoted the use of the website iWantGreatCare to receive feedback from patients. They included links to the site from various pages of their own website, as well as including it on patient information leaflets, newsletters and prescriptions. At the time of inspection the practice had a rating of five stars (out of five) from a total of 190 reviews. Results of the feedback was displayed at the practice.

- There were high levels of staff satisfaction and staff engagement. Staff at all levels were actively encouraged to give feedback through staff surveys, meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They reported they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The leadership drove continuous improvement and all staff were accountable for delivering change. Safe innovation was celebrated, and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example, members of the practice team had attended continuous improvement courses with a local agency who helped to promoted strategies for driving improvement in healthcare, and there was a continuous improvement display board in the staff area to inform staff of ongoing improvement work.

Examples of continuous improvement were:

- The practice had recently implemented a system of dividing the clinicians' working days into 20-minute cycles. Appointments could be offered up to 20 minutes in length, and if this time was not used it was then allocated to other work, such as writing of patient notes. This had allowed the practice to manage clinician time more effectively, as well as offering longer appointments to patients. The system was relatively new, and therefore a complete survey of its impact on access had yet been completed. However, on the day of inspection staff and patients told us that they felt the system was an improvement. An initial audit of patient waiting times completed after the inspection showed that waiting times for appointments had reduced since this system was introduced in October 2015. A member of the practice had given a presentation to other practices in the locality to share the learning that had come from the change.
- The practice hosted one of the two Care Navigators who worked across the ICC. This was a person employed by the practice, 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 had recently started offering blood pressure monitoring via text message. The practice had bought blood pressure monitors for patients to use in

Are services well-led?

Outstanding ☆

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

their own homes and then text the results to a doctor, who could follow these up if require. The practice planned to extend this service to be used with other conditions.

- The practice was constantly reviewing the best way to make use of the branch premises to meet patient demand safely.