

Stoneleigh Surgery

Quality Report

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Date of inspection visit: 8 November 2016
Date of publication: 27/01/2017

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 previously carried out an announced inspection of this practice on 28 April 2016. Breaches of legal requirements were found. Overall, we rated the practice as requires improvement.

After the comprehensive inspection the practice wrote to us to say what they would do to address four identified breaches of regulation. We undertook this comprehensive inspection on 8 November 2016 to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection and our focused inspection by selecting the 'all reports' link for Stoneleigh Surgery on our website at www.cqc.org.uk.

Overall the practice is now rated as good.

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

- The practice had taken action to address the concerns raised at the CQC inspection in April 2016. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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. The practice had taken action to address the concerns raised during our previous inspection in April 2016. They had:

- Improved the approach to recording and responding to significant events.
- Put in place arrangements to ensure safety alerts were identified and acted upon.
- Undertaken appropriate checks on new staff employed by the practice.
- Improved the management of medications in the practice, including implementing a system to track prescriptions and monitor expiry dates.
- Risk assessments and fire drills which were not in place previously had been completed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. For example, they shared a care navigator with other practices, with the aim to improve health outcomes for patients over the age of 75.
- 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.

Good



Are services well-led?

The practice is rated as good for being well led. The practice had taken action to address the concerns raised during our previous inspection in April 2016.

- The practice had a number of policies and procedures to govern activity and now held regular governance meetings. There was a clear leadership structure and staff now felt supported by management.
- The provider was aware of and now complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had put systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its 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 conditions which typically affect older patients, such as chronic obstructive pulmonary disease (COPD) was better than the national average. For example, the practice had achieved 100% of the points available, compared to the national average of 95.9%

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, the practice had achieved 100% of the points available, compared to the national average of 89.9%.
- 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.

Good



Families, children and young people

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

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

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Performance for asthma related indicators was better than the national average. For example, the practice had achieved 100% of the points available, compared to the national average of 97.4%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG and national average of 82%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- Performance for mental health related indicators was better than the national average. For example, the practice had achieved 97.7% of the points available, compared to the national average of 92.9%.
- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 much higher than local and national averages. 217 survey forms were distributed and 142 were returned. This represented a 65% response rate and approximately 2.2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% 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%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% 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 38 comment cards which were all positive about the standard of care received. Commonly used words included 'excellent', 'kind', 'helpful', 'caring' and 'considerate'.

We spoke with two patients during the inspection. Both of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had five stars out of five from their Friends and Family Survey results, collected between April and October 2016. From 32 responses, 27 patients said they would be 'extremely likely' to recommend the practice (two responded they would be 'likely' and three responded 'neutral').

Stoneleigh Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stoneleigh Surgery

Stoneleigh Surgery provides Primary Medical Services to the town of Milnthorpe and surrounding villages in an approximate six-mile radius of the town. The practice provides services from one location at Police Square, Milnthorpe, Cumbria, LA7 7PW. We visited this address as part of the inspection. The practice is a dispensing surgery. This means under certain criteria they can supply eligible patients with medicines directly.

The surgery is located in a converted three storey building. Disabled facilities are limited and there is no car parking at the surgery. Adaptations have been put in place where possible and space is a challenge. 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 practice has six GP partners of which five are part-time and one full time. Four are female and two male. The practice is a training practice who have GP trainees allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general practice vocational training programme). There is a practice

manager, a medicines manager, five dispensary staff, three practice nurses, two health care assistants, a phlebotomist who also works as a receptionist and ten reception and administration staff.

The practice provides services to approximately 6,600 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is open from 8am until 6.30pm Monday to Friday. There is extended opening hours on a Tuesday evening 6.30 until 7.30pm and on Monday, Wednesday and Friday morning from 7.30am. The surgery is also open once a month on a Saturday morning from 8am until 12 noon.

Consulting times with the GPs and nurses range from 8am until 11am, 2pm until 4pm and 5pm until 6pm. On evenings when extended hours are available from 6.30pm until 7.30pm, on mornings from 7.30am and from 8am until 12 noon on one Saturday morning per month. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

Information taken from Public Health England placed the area in which the practice was located in the tenth 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 50, when compared to national averages. There are fewer patients than average aged between 20 and 44. The

Detailed findings

percentage of patients reporting with a long-standing health condition is higher than the national average Stoneleigh Surgery (practice population is 60% compared to a national

average of 54%). The proportion of patients who are in paid work, full-time employment or education is 49% compared to the CCG average of 59% and the national average of 61.5%

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in April 2016 after which the practice was rated as requires improvement. We rated the practice as inadequate for providing safe services, and requires improvement for being well led. The purpose of this inspection was to check that all required improvements had been made.

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. This 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 8 November 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in April 2016, significant events were recorded on a template and the practice manager told us they were held by them and then looked at by the GPs at protected learning time, but that this did not happen regularly. There were two different templates used by the practice to record these. Some of them did not have actions or next steps taken on the form. There was no annual review of these events

During the inspection in November 2016 we saw that there was now 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 single 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).
- The practice had implemented a system of 'potential significant events'. There was a shorter form on the shared computer drive which staff could use to highlight events which did not require a full analysis, but which may highlight recurring problems. These were discussed at each practice meeting to look for trends. After starting this system, issues had been identified with matters such as delivery times of stock, which the practice had been able to improve.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, improvements to the referral system were made as a result of a significant event.

Overview of safety systems and processes

When we inspected the practice in April 2016 the practice could not demonstrate a safe track record through having risk management systems in place.

At this inspection, we found 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 now 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. There was a display in the staff area containing information about safeguarding, including up-to-date telephone numbers of who to contact when there were concerns. This had been put in place in response to concerns raised at the inspection in April 2016.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were all 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

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place and were being followed 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 (PGD) 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 direction (PSD) from a prescriber. (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. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- At the inspection in April 2016 we found there was a spreadsheet which was a central log of the medication in each of the GPs bags for home visits, however the spreadsheets and the medications in the bags did not match. At this inspection we saw that this system was now being followed, and all the medication in the bags matched what was recorded on the spreadsheets.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were now recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. This was an improvement made since the last inspection. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) and demonstrated they understood and implemented these.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed the personnel file of the one staff member recruited since the last inspection and found appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

At the inspection in April 2016 we found that risks to patients were not always assessed and well managed. In November 2016 this had improved, and we saw that:

- 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 now had up to date fire risk assessments and had carried out 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. When we visited the practice in April 2016 there has been no legionella risk assessment completed. At this inspection, in November 2016, we saw the practice had carried out 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.

Are services safe?

- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At the inspection in April 2016 there was no overall system in place for the practice to follow relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There was no consistent consideration of current guidance to ensure GPs were kept up to date.

In November 2016, we saw that the practice now 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 better systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice was using 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).

Performance for QOF indicators was high at the last inspection, and this had continued when we visited the practice again. The most recent published results were 99.7% of the total number of points available, compared to the clinical commissioning group (CCG) average of 97.7% and the national average of 95.4%. The exception reporting rate was 9.6% (CCG average 10.2%, national average 9.8%). (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 2015/16 showed:

- Performance for diabetes related indicators was better than the national average. For example, the practice had achieved 100% of the points available, compared to the national average of 89.9%.
- Performance for mental health related indicators was better than the national average. For example, the practice had achieved 97.7% of the points available, compared to the national average of 92.9%.
- Performance for asthma related indicators was better than the national average. For example, the practice had achieved 100% of the points available, compared to the national average of 97.4%.
- Performance for conditions which typically affect older patients, such as chronic obstructive pulmonary disease (COPD) was better than the national average. For example, the practice had achieved 100% of the points available, compared to the national average of 95.9%.

At the last inspection there was evidence of quality improvement including clinical audit, and we saw examples of four full completed audits which had been carried out in the previous year. At this inspection we saw that two more audits had been completed since April 2016. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had changed the system for taking International Normalised Ratio (INR) samples from patients and had undertaken an audit to monitor the safety of the new system. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose).

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. At our inspection in April 2016 there was no safeguarding information in the locum induction pack. We saw this had now been added.
- 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.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme, and that they ensured a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.3% to 93.3% (national average 73.3% to 95.1%) and five year olds from 94.9% to 97.4% (national average 81.4% to 95.1%).

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

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 96% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.

- 95% 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%.
- 97% 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 in line with local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers (2.3% of the practice list). One of the GP partners was

the lead for carers in the practice. Written information was available to direct carers to the various avenues of support available to them. The practice had close links with the local carers' organisation, who came to the practice to see patients.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we last visited the practice, in April 2016, we found that the practice was responsive to people's needs and had systems in place to maintain the level of service provided.

At this inspection, in November 2016, we saw again that the practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. For example, they shared a care navigator with other practices, with the aim to improve health outcomes for patients over the age of 75.

The practice provided services to one local nursing home and eight residential care homes. The patients there had the same named GP, care plans were in place and were reviewed every three months and the same GP carried out medication reviews to provide continuity of care.

The practice provided services to the pupils at a local boarding school; they had a good relationship with the matron and had received good feedback from the parents of the children at the school.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example:

- The practice offered extended opening hours on a Tuesday evening and on Monday, Wednesday and Friday morning. The surgery was also open once a month on a Saturday morning for GP appointments.
- Telephone consultations were available if required.
- Booking appointments with GPs and requesting repeat prescriptions was available online. The dispensary could deliver medicines to the patients they provided services to.
- Text reminders by mobile telephone were available for patients.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including minor surgery, and travel vaccinations and podiatry which could also be arranged by home visit.
- The practice provided a good range of women's services including intrauterine device (IUD also known as coil) fitting and removal service, emergency contraceptive

pill service, and the fitting of vaginal pessaries, which support areas of pelvic organ prolapse. These services aimed to reduce gynaecology referrals to secondary care.

- One of the GPs and practice nurse offered sexual health advice and screening and a GP offered treatment of sexually transmitted infections.
- The practice provided a phlebotomy service which included home visits if needed.
- Disabled facilities were limited due to the constraints of the building; however the practice had taken steps to provide what services they reasonably could for patients with disabilities. For example, there were alerts on the patient's computer record if they needed to be seen downstairs. The practice told us to overcome this they provided a higher rate of home visits. Translation services were provided.
- Mother and baby clinics were offered by the health visiting team at a local community centre. Child immunisations were carried out by making an appointment with the practice nurse.
- The practice produced a quarterly newsletter with topics and information such as what to do with samples, appointments, patient participation group and staff news.
- One of the GP partners was the team doctor and medical officer for the local mountain rescue team.

Access to the service

The practice was open from 8am until 6.30pm Monday to Friday. There was extended opening hours on a Tuesday evening 6.30 until 7.30pm and on Monday, Wednesday and Friday morning from 7.30am. The surgery was also open once a month on a Saturday morning from 8am until 12 noon for GP appointments.

Consulting times with the GPs and nurses range from 8am until 11am, 2pm until 4pm and 5pm until 6pm. On extended hours evenings from 6.30pm until 7.30pm, on mornings from 7.30am and from 8am until 12 noon on one Saturday morning per month for minor surgery. However, the extended opening hours were not widely advertised by the practice, the information regarding this service was not on the practice website or in the patient information leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

The practice provided good access to appointments for patients. Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and several patients who completed CQC comment cards said they could always get an appointment when they needed one.

The duty doctor triaged calls for same day appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%
- 95% 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%.

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

Listening and learning from concerns and complaints

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

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

We looked at the two complaints received since the last inspection in April 2016 and found these were dealt with in a timely way, with openness and transparency in dealing with the complaint. At the last inspection we saw that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. However, we also saw that none of the complaints had been acknowledged, and none had been replied to in writing, even though this was stated in the practice's complaints procedure. During the inspection in November 2016 we saw that complaints had been acknowledged by the practice manager and followed up by a GP. Where mistakes had been made, it was noted that an apology had been made.

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 vision was to provide the highest quality primary medical care to all patients and to encourage healthy lifestyle choices. Staff we spoke with talked about patients being their main priority.

There was no formal practice development plan or annual business planning meetings. The practice, however, knew their top priority was to secure new premises to work from which would provide more space and better disabled access for patients.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. Staff told us that they had been determined to ensure that the improvements recommended at the last inspection in April 2016 were put in place, and we saw that they had done a lot of work to achieve this.

Governance arrangements

When we inspected the practice in April 2016 we saw that some of the governance arrangements required improvement. For example, not all staff were aware of their responsibilities, and the GP partners were not working together as a team or involved in the day to day running of the practice. There was no consistent consideration of current clinical guidance to ensure GPs were kept up to date. The process in place for managing significant events, complaints and patient safety alerts was not sufficient. Risks to patients were not always assessed or well managed

However, when we visited in November 2016 we saw that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff told us that since the last inspection they felt that they had worked more closely as a team. They told us the regular practice meetings had helped to improve team working.

Leadership and culture

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

In April 2016 we saw that the practices' record keeping process for significant events did not support the requirements of Duty of Candour. At inspection in November 2016 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.

- At inspection in April 2016 we saw that meetings did not always take place when scheduled. In November 2016 staff told us the practice held regular team meetings, and we saw minutes and agendas which confirmed this. Staff told us that they felt this had helped the practice to

Are services well-led?

Good 

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

work more closely as a team and had improved their ways of working. We saw the schedule of meetings was posted on the staff noticeboard so that all staff knew when they were held.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 the patient participation group (PPG) and through surveys and complaints received. There was a group of 10 members who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, text message reminders and changes to practice leaflets were implemented as a result of feedback from the PPG.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice was a training practice who had GP trainees allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general practice vocational training programme).
- The practice had changed the system for taking International Normalised Ratio (INR) samples from patients and had undertaken an audit to monitor the safety of the new system. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose).
- 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.