Caldbeck Surgery

Inspection report

Friar Row
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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 location	Outstanding ☆
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding ☆
Are services responsive?	Good
Are services well-led?	Outstanding ☆

Overall summary

This practice is rated as Outstanding overall. (Previous rating July 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? - Outstanding

We carried out an announced comprehensive inspection at Caldbeck Surgery on 19 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.

We also saw some areas of outstanding practice:

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The leadership at the practice put staff at the top of their hierarchy, and this culture had driven and improved the delivery of high-quality person-centred care. Improvements included a reduction in certain prescriptions, an increase in the number of patients seeing the same clinician when they visited the practice, and the introduction of a virtual diabetes clinic which had coincided with improvements in outcomes for diabetic patients.
- Staff and patients gave multiple examples of times when the practice had shown determiniation and creativity to overcome obstacles to delivering care. This had led to the practice receiving extremely positive feedback from patients. In the National GP Patient Survey in 2018 the practice scored above local and national averages for all questions and were consistently in the top three practices locally for their scores regarding care and treatment.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Caldbeck Surgery

Caldbeck Surgery is registered with the Care Quality Commission to provide primary care services. The practice is located in the village of Caldbeck on the edge of the Lake District National Park in Cumbria.

The practice provides services to around 4,400 patients from one location: Friar Row, Caldbeck, Wigton, Cumbria, CA7 8DS. We visited this address as part of the inspection.

Staff at the practice comprises six GP partners (five female, one male), three practice nurses (all female), one healthcare assistant (male), a practice manager, an assistant practice manager, a medicines manager, a team of administrative, reception and dispensary staff, three delivery drivers and a cleaner.

The practice is part of North Cumbria clinical commissioning group (CCG). The practice population is weighted more towards older people in terms of age distribution. There are more patients in all age groups over 65 than both the local and national averages, and fewer patients in all age groups under 65. Information taken from Public Health England placed the area in which the practice is located in the fourth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Life expectancy for both male and females is slightly above local and national averages (female – 85 compared to the CCG average of 83, and male – 81 compared to the CCG average of 79).

The practice is located in a purpose-built two-storey building. Patient facilities are all on the ground. There is dedicated car parking at the site, plus additional free parking nearby. There is a disabled WC and step-free access. The practice has a dispensary where patients can collect medications. The practice dispenses medicines to patients on the practice list who live more than one mile from a pharmacy. They also offer a delivery service to take medicines to patients who struggle to come in to the surgery or attend a pharmacy.

Opening hours are between 8am and 6.30pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. From October 1st, extended access appointments in the evenings and weekends are available at a nearby "hub".

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call Limited (CHoC).

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The practice held monthly safeguarding meetings with health professionals including midwives and health visitors. There was a safeguarding lead and all staff knew how to identify and report concerns and learning from safeguarding incidents were available to staff. Staff received up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for their 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.) Staff were risk assessed to determine whether or not they required a DBS check before starting their role.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing was comparable to CCG and England averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.
- Following a significant event, the practice carried out an audit on the use of monitored dosage sytems for patients who take multiple medicines to ensure that they were appropriate. This led to a 14.5% reduction in the use of these systems with patients for whom they may have been unsafe.

Track record on safety

The practice had a good track record on safety.

Good

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2017/18. QOF is a system intended to improve the quality of general practice and reward good practice.*)*

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- A Virtual Diabetes Clinic was started to improve outcomes for patients with diabetes. This was a bi-monthly, GP led review of patients on the diabetic register to ensure they were up-to-date with their reviews.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were above the World Health Organisation target percentage of 95% for immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was slightly above local and national averages in 2016/17.
- The practice's uptake for breast and bowel cancer screening were higher than the national average in 2016/17.

Good

Are services effective?

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may have made them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had given health checks to 81% of patients on their learning disability register. This was the seventh highest score out of 40 practices in the CCG area.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The number of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the previous 12 months was comparable to the national average.
- The number of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the previous 12 months was in line with the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice had undertaken "dementia friends" training to better support patients with dementia. A GP at the practice was the dementia lead. She had given in-house training to practice staff on dementia screening. There had been an increase in the practice's dementia diagnosis rate from 38% in quarter four of 2017/18 to 43% six months later.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives, such as the clinical commissioning group's (CCG) Quality Improvement Scheme.

- In 2017/18 the practice had achieved 556 of the total number of 559 QOF points available, compared to the CCG average of 554 and the national average of 539. Overall the practice exception reporting rate was below local and national averages at 6.7% (CCG average 10.1%, national average 10.1%).
- The practice used information about care and treatment to make improvements. For example, they had used an audit to reduce their benzodiazepine prescribing. These mediciations can cause side-effects in patients with long-term use.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided protected time to meet them. All staff had completed mandatory training relevant to their role.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

Good

Are services effective?

and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may have been vulnerable because of their circumstances. A palliative care nurse attended the practice end of life care meetings.
- The practice held monthly "Continuity Counts" meetings to ensure patients were receiving good continuity of care. In September 2018, on average 71% patients saw the same clinician when they attended the surgery, compared with 57% in March of the same year.

  Since beginning this programme, which was started when the unplanned admissions register was no longer commissioned, the practice had also improved their unplanned admission rates and was able to show that in the first four months of 2017/18 the practice had the lowest rate of A&E, minor injury unit, and out of hours care attendance in the clinical commissioning group area.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Outstanding

Are services caring?

We rated the practice as outstanding for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from people who used the service, those who were close to them and stakeholders, was continually positive about the way staff treated people. People told us that staff went the extra mile and the care they received exceeded their expectations.

- Feedback from patients on the day of inspection was extremely positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We were given multiple examples, from patients and staff, of times when the practice had gone out of their way to care for patients. These included:
    - Staff using the practice "tea fund" to pay for a patient to get a taxi home from the surgery when they were unable ot get a lift home.
    - Staff walking patients back to their homes in the village from the practice to make sure they got there safely.
    - Patients on the palliative care register were given their doctor's home telephone number.
- The practice's National GP Patient Survey results were well above local and national averages for all questions relating to kindness, respect and compassion. For example:
    - 99% of patients surveyed said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment (local average, 89%; national average, 87%)
    - 99% of patients surveyed responded positively to the overall experience of the GP practice (local average, 84%; national average, 84%)
    - 99% of patients surveryed said the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment (local average, 90%; national average, 89%)
- In the past 12 months the practice had received 60 Thank You cards, most of which gave positive feedback about staff across the entire practice. Positive messages from these were shared with staff at the daily "Huddle" meetings.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them. The practice hosted a monthly clinic with a local carers' group, who offered additional support.
- The practice's National GP Patient Survey results were well above local and national averages for all questions relating to involvement in decisions about care and treatment. For example:
    - 99% of patients surveryed said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment (local average, 95%; national average, 93%)
    - 99% of patients surveryed felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment (local average, 91%; national average, 87%)

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. The practice operated a confidentiality card system that enabled patients to relay personal or sensitive information, or request a private conversation, without needing to speak at reception.

Outstanding

Are services caring?

- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all but one of the population groups, as good for providing responsive services . We rated the population group of people with long-term conditions as outstanding for this domain.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had established a delivery service to take medicines to patients who could not easily get to the surgery or a pharmacist. The surgery delivered to approximately 10% of their patient list. We were told that staff often delivered medications to patients in the villages where they lived, and when heavy snow caused disruption all staff helped with deliveries to ensure none were missed.
- The practice produced their own patient information leaflets. Topics included "opioids for pain management", "your medicine cabinet", "proton pump inhibitors", "paracetamol use", "sharps – how to use/dispose of them safely", "Lithium safety/toxicity" and "fungal nail infections". There were plans to add these to the practice website.
- The practice synchronised medication collection dates for patients with multiple prescriptions to save them from having to attend the practice more often than necessary. We also saw examples of times the practice had had medication instructions translated into other languages for patients who did not speak English.

Older people:

- All patients over 75 had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was working with the local integrated care community (ICC) to help patients who were admitted and discharged from hospital. We were shown evidence of an example where the practice had worked well as part of the ICC to put a package of care in place for a patient and ensure a successful discharge home.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- Hour-long appointments were available for the review of patients with long-term conditions.
- The practice held regular meetings with the local multidisciplinary team to discuss and manage the needs of patients with complex medical issues.
- The practice had started a Virtual Diabetes Clinic in response to low scores on the Quality and Outcomes Framework for diabetic patients. This had led to improvements in the number of patients being reviewed. Since its introduction in 2016, the practice had improved their Quality and Outcomes Framework (QOF) scores in all areas for diabetes. For example, the number of patients on the register with a blood pressure reading of less than 140/80 in the last 12 months had improved from 76% to 83%. At the same time, exception reporting for this condition had dropped from 26 patients in 2016 to eight patients in 2017 and 2018.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Parents calling with concerns about a child had their needs reviewed by the triage doctor, to help identify the level of urgency and were either offered a telephone or face-to-face consultation.

Good

Are services responsive to people's needs?

- The practice's premises were suitable for children and babies.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended opening hours appointments and repeat prescriptions were available to order online.
- From October 1st, evening and weekend appointments could be booked through the practice for the "hub" operated by the local out of hours provider.
- The practice used a text messaging service for appointment reminders, information on the service such as the practice newsletter, and also to enable patients to give direct feedback.
- The practice was able to offer "squeeze-in" appointments to people who worked and coulnd't attend during surgery opening hours. These were non-regular appointments offered before 8am or after 6.30pm.

People whose circumstances make them vulnerable:

- The practice held registers of patients living in vulnerable circumstances, including carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with dementia were invited to attend for an annual review in their birthday month, to help ensure their needs were being met appropriately.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure patients were receiving the care and support they needed to stay healthy and safe.
- Alerts had been placed on the clinical system to 'flag' patients with dementia, so clinicians could take this into account during a consultation.
- Staff at the practice had undertaken "dementia friends" training to better understand the needs of patients with dementia. A GP was the dementia lead for the practice. The practice worked closely with a charity which had been set up by a by a staff member and her husband.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs, in a way and at a time that suited them. The service was flexible, provided choice and ensured continuity of care.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Feedback we received on patient comment cards was extremely positive about access to appointments. Patients with the most urgent needs had their care and treatment prioritised. We saw the appointment system allowed for extra slots to be allocated if required. We were told that everybody who needed an appointment would be offered one.
- We checked the appointment system in real time on the afternoon of the inspection and found the next routine appointment was within two working days, with a further 10 routine appointments available within the same timeframe. The next available urgent appointment was in 35 minutes. There were a further three urgent appointments still available that day.
- The practice's National GP Patient Survey results were well above local and national averages for questions relating to access to care and treatment. In the July 2018 results, the practice was the joint second highest out of 40 practices in the clinical commissioning group area for access by telephone, experience of making an appointment and satisfaction with the practice opening times, and joint third highest for choice of appointment and satisfaction with appointment.
- The practice had started a process called Continuity Counts, which aimed to ensure that patients (particularly those with a long-term condition) could see the same clinician when they attended the practice. This system meant that in September 2018, on average 71% patients saw the same clinician when they attended the surgery, compared with 57% in March of the same year. The practice had shared this system with other GP surgeries both locally and nationally.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Outstanding

Are services well-led?

We rated the practice as outstanding for providing a well-led service.

Leadership capacity and capability

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the capacity and skills to deliver high-quality, sustainable care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Despite being a relatively small practice in a very rural area they had managed to recruit staff through training clinicians, and had been able not only to maintain the good work carried out at the time of the last CQC inspection but improve on it.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. This was seen in the number of whole practice meetings held, including several daily ones such as the "Huddle" and the working lunches.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Clinicians and the practice manager at the surgery had lead roles in the local integrated care community and GP federation.
- The leadership put their staff at the top of their governance structure and supported them to achieve excellent patient care. This was reflected in the patient feedback in the National GP Patient Survey, which was consistently above average and among the top three practices in the clinical commissioning group area. It was also reflected in the positive outcomes for patients, such as excellent access to appointments, reduced rates of unplanned admissions, and improvements in prescribing, clinical outcomes for patients with long-term conditions and the diagnosis rates of patients with dementia.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were involved in developing the vision, values and strategy. They were therefore aware of them and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice regularly monitored progress against delivery of the strategy.
- Despite low recruitment rates in Cumbria, the practice had continued to attract staff by training GPs and nurses. Two new GP partners and a practice manager had started work there since the last inspection, helping the practice to improve on the good rating achieved.

Culture

The practice had a culture of high-quality sustainable care.

- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. This was reflected in the schedule of informal meetings which took place during the day across the whole practice. This included daily morning meetings, working lunches and a daily "Huddle" whereby representatives from all staff teams came together. These meetings were used to share relevant information about the practice to ensure that everyone was aware at all times of any issues that may affect safety or patient care. We saw examples of how these meetings had led to immediate improvements for patients, such as a time when a vaccine fridge was found to have been switched to standby accidentally. This was dealt with immediately without any impact on patient care. These meetings also engendered a culture at the practice whereby every member of staff felt involved and responsible for delivering good patient care, something which was reflected in the excellent patient feedback the practice received.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice. There were consistently high levels of constructive staff engagement. Staff we spoke to told us they felt well-supported.
- The practice focused on the needs of patients. This led to improvements in access and in extremely positive feedback from patients. In the July 2018 results of the

Outstanding

Are services well-led?

National GP Patient Survey, the practice was the joint second highest out of 40 practices in the clinical commissioning group area for access by telephone, experience of making an appointment and satisfaction with the practice opening times, and joint third highest for choice of appointment and satisfaction with appointment.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals or supervision in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. There was a strong emphasis on promoting staff within the practice. For example, the medicines manager began by working on reception at the practice, and the assistant practice manager started at the practice as the cleaner. Practice nurses have been offered training to become advanced nurse practitioners. Staff are also encouraged to take on lead roles, such as notes summarising.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. Patients we spoke to told us they felt as though they were active partners in their care and 99% of patients surveryed said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment (local average, 95%; national average, 93%).
- We were shown a model of the staff structure at the practice which showed all clinicians, administration, reception and dispensary staff as equals, with the management team below these staff groups in the model in order to support them. This gave staff a sense of empowerment to drive improvements themselves, something we saw evidence of in the number of innovations that had been put in place at the practice which had a demonstrable positive impact on patients. These included the Continuity Counts programme, the patient information leaflets and the improvements to safety in the dispensary.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was good oversight from the provider.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Outstanding

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored. The practice participated in local quality improvement schemes and monitored their performance through this. For example, they had improved outcomes for patients with diabetes, reduced benzodiazepine prescriptions and reduced attendance at A&E, minor injury units and out of hours GP services.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group. All members of the patient participation group were extremely positive in their feedback about how the practice engaged with them.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was a practice newsletter to communicate with patients. The practice also used social media to engage with the patient population.

Continuous improvement and innovation

The leadership drove continuous improvement and staff were accountable for delivering change. Staff innovation was celebrated.

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice could demonstrate several areas of improvement. They had a culture of carrying out "Plan-Do-Study-Act" (PDSA) cycles, which are a method of driving improvement by constantly reviewing interventions to ensure they are working. Improvements to have come from PDSA cycles included the reduction of benzodiazepine prescribing and improvement in dementia diagnosis.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture in the practice of sharing learning with other providers. The practice had shared their Continuity Counts work locally and nationally. They also had regular "Facetime-Friday" meetings, which were video conferences with a local surgery to share best practice.

Please refer to the evidence tables for further information.