

Distington Surgery

Quality Report


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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Distington Surgery on 20th October 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- 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.

We saw several areas of outstanding practice:

- The practice worked closely with local organisations to support the 7% of their patient list who they had identified as carers. Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. We received an exceptionally high

Summary of findings

number of patient Care Quality Commission comment cards (174), all of which were positive about the service experienced. Results from the National GP Patient Survey showed how highly patients rated the care they received, for example 98% 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%.

- The involvement of other organisations and the local community was integral to how services were planned. The practice had worked with the local council and other groups to help create a “health walk” in the village. They operated a service with the local post office to allow patients to collect their prescriptions from there, in response to cuts to public transport

affecting patients’ ability to collect them from the surgery. They had started a fitness club which was now community run but which continued to be part funded by the practice.

- The leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care. The practice had undertaken training on personality testing, which they believed had increased productivity and reduced workplace conflict. Staff told us that the personality tests had given them a better understanding of why people worked the way they did, and also about how they worked themselves, and felt that it had improved working relationships at the practice.

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.

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

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 above local and national averages.
- 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 outstanding for providing caring services.

- Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. We received an exceptionally high number of patient Care Quality Commission comment cards (174), all of which were positive about the service experienced.
- People were truly respected and valued as individuals and empowered as partners in their care. This was reflected in the

Outstanding



Summary of findings

results from the National GP Patient Survey. For example, 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- The practice worked closely with local organisations to support the 7% of their patient list who they had identified as carers. They had a carers' lead who had invited a representative from the local carers' organisation to regularly visit the practice to speak to patients. They also attended practice meetings and public health events such as flu vaccine clinics.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the CCG's Quality Improvement Scheme aimed at reducing health inequalities across the county by setting all the practices in the area certain quality targets.
- 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 offered 15-minute appointments to all patients as standard for the past few years.
- The practice delivered prescriptions to a local post office so that patients who did not live near to the practice could collect them from there. Systems were in place to ensure this was safe.
- The practice had set up a number of health promotion initiatives in their local area to improve the health and wellbeing of the community. One of which, the "ditching diabetes" scheme, led to 17 out of a sample of 29 patients no longer being at risk of developing diabetes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a patient liaison coordinator who monitored patient survey results and sought feedback from patients when they left the practice to see if there was anything the practice could improve.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. They had an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



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

- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A care coordinator worked at the practice and helped to plan the care and identify support for older patients. They visited patients in their own homes and worked with them on care plans to ensure that they received the support they needed. There were plans for them to be included in the formation of a “Frail Elderly Team” with a GP and practice nurse.
- Performance for indicators related to conditions commonly associated with older patients, such as chronic obstructive pulmonary disease (COPD) was better than the national average. They achieved 100% of the points available (CCG average 98.7%, national average 95.9%).
- A practice nurse had been employed with experience of district nursing to offer services to patients who fell just outside of the threshold for receiving district nursing care. They were able to manage wound care and visit patients at home who were unable to come to the practice.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. They achieved 100% of the points available compared to the CCG average of 95.2% and the national average of 89.1%.
- Longer appointments and home visits were available when needed.

Outstanding



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had run a “ditching diabetes” scheme which led to 17 out of a sample of 29 patients no longer being at risk of developing diabetes.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice’s uptake for the cervical screening programme was 84%, which was comparable to the CCG and national averages of 82%.
- 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.

Outstanding



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were extended opening hours for patients who could not attend during working hours.

Outstanding



Summary of findings

People whose circumstances may make them vulnerable

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

- 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 who needed them, including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked closely with the local carers' organisation and had identified 7% of their practice list as carers.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance for mental health related indicators was better than the national average. They achieved 99.2% of the points (CCG average 95.1%, national average 92.8%).
- 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.

Outstanding



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above local and national averages. 215 survey forms were distributed and 117 were returned. This represented a 54% response rate and approximately 3% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received an exceptionally high number of patient Care Quality Commission comment cards (174), all of which were positive about the service experienced. Commonly used words included 'excellent', 'kind', 'helpful', 'caring' and 'considerate'. A number of cards noted that they had chosen to move to the practice recently and were very happy with the level of care that they received.

We spoke with four patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice Friends and Family Test results showed that 96% of patients would recommend the practice.

Outstanding practice

- The practice worked closely with local organisations to support the 7% of their patient list who they had identified as carers. Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. We received an exceptionally high number of patient Care Quality Commission comment cards (174), all of which were positive about the service experienced. Results from the National GP Patient Survey showed how highly patients rated the care they received, for example 98% 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%.
- The involvement of other organisations and the local community was integral to how services were planned. The practice had worked with the local council and other groups to help create a "health walk" in the

village. They operated a service with the local post office to allow patients to collect their prescriptions from there, in response to cuts to public transport affecting patients' ability to collect them from the surgery. They had started a fitness club which was now community run but which continued to be part funded by the practice.

- The leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care. The practice had undertaken training on personality testing, which they believed had increased productivity and reduced workplace conflict. Staff told us that the personality tests had given them a better understanding of why people worked the way they did, and also about how they worked themselves, and felt that it had improved working relationships at the practice.

Distington 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 medicines inspector.

Background to Distington Surgery

Distington Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 4,000 patients from one location at Hinnings Road, Workington, Cumbria, CA14 5UR. We visited this location on this inspection.

The practice is based in purpose-built practice which is owned by the partners. It has level access and patient services for the surgery are on the ground floor. The building has been extended a number of times since being built in 1965, with the most recent renovations taking place in 2010.

The practice team comprised four GP partners (two female, two male), three salaried GPs (all female), four practice nurses (all female), one healthcare assistant, a practice manager plus 10 admin/reception staff including a clinical interface manager, a patient liaison manager and an apprentice. In the dispensary there is a manager, a senior dispenser/medicines manager and five dispensers.

The practice is part of Cumbria clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more

deprived areas tend to have greater need for health services. The life expectancy for men and women was 78 and 81 years respectively, which reflected the local (79 years for men, 82 years for women) and national averages (78 years for men, 83 years for women). The practice had 62.2% of patients who reported living with a long-term condition, which was slightly higher than the local average of 56.3% and national average of 54%. The practice population profile is relatively similar to the national average, with slightly more patients than average over the age of 50 and slightly fewer under the age of 40.

The surgery is open from 8am to 6.30pm, Monday to Friday and closed at weekends. Extended opening times are offered until 7pm on Tuesdays and Wednesdays. Telephones at the practice are answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 20 October 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts (including MHRA 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, doors at the practice had been widened in response to a significant event where an ambulance was called but had been unable to access a room with the stretcher.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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 recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are

Are services safe?

written instructions about how to safely dispense medicines). The practice subscribed to the Dispensary Services Quality Scheme (DSQS) and had completed the 2015/2016 DSQS audit.

- 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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. The practice had a patient liaison coordinator, part of whose role was to monitor the GP rota to ensure that leave had been taken and that there would not be a large number of doctors on leave at the same time. This process had been started as a result of a number of GPs requesting leave at the same time one year, and aimed to reduce the practice's need for locum cover. Since beginning the system, the practice had not used locum GP cover in the last two years.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had responded well to two emergencies in the past two years, and had reflected on their experience of that to make changes to their emergency procedures. Changes included taking time to ensure that staff and other patients' well-being was cared for after they had witnessed an emergency.
- 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had attained 99.9% of the total number of points available (clinical commissioning group (CCG) average 97.7%, national average 95.3%). The exception reporting rate was lower than average at 7.6% (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. They achieved 100% of the points available compared to the CCG average of 95.2% and the national average of 89.1%. The exception reporting rate was in line with local and national averages at 10% (CCG average 12.1%, national average 10.8%).
- Performance for mental health related indicators was better than the national average. They achieved 99.2%

of the points (CCG average 95.1%, national average 92.8%). The exception reporting rate was much lower than local and national averages at 1.8% (CCG average 12.9%, national average 11.1%).

- Performance for indicators related to conditions commonly associated with older patients, such as chronic obstructive pulmonary disease (COPD) was better than the national average. They achieved 100% of the points (CCG average 98.7%, national average 95.9%). The exception reporting rate was lower than local and national averages at 7.2% (CCG average 14%, national average 12.3%).
- Performance for asthma related indicators was better than the national average. They achieved 100% of the points (CCG average 98.8%, national average 97.4%). The exception reporting rate was lower than local and national averages at 3.2% (CCG average 9.2%, national average 6.8%).

The practice employed a patient liaison coordinator. Part of their role was to monitor QOF performance and to look into areas where the practice was underperforming compared to averages or previous years. These areas were then discussed at clinical meetings and ways to improve were considered.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result led to an increase in medication reviews for patients.
- The nursing team were included in audits, such as a recent one on simvastatin (a medication which helps patients to control cholesterol levels in their blood). They were due to start an audit on inhaler use in COPD patients alongside one of the GPs.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- A number of support services were available on site, including counselling services.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and national averages 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 by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.3% to 97.6% (CCG average 94.9% to 97.3%) and five year olds from 91.7% to 97.2% (CCG average 92.6% to 97%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice used “action plans” to help patients lead healthier lives. These were plans in which patients could discuss their health concerns with a doctor or nurse and then set goals with them in order to overcome them. These were handwritten onto a template then scanned into the patient record.

The practice carried out a lot of health promotion work. There was a “health wall” in the waiting area with suggestions for healthy activities and diets, which included photographs of the practice staff taking part in healthy activities. They had also advocated the creation of a 1km “health walk” footpath in the village, and started a “ditching diabetes” scheme which led to 17 out of a sample of 29 patients no longer being at risk of developing diabetes. This scheme was not operating anymore, but the practice intended to share their results with Public Health England in a bid to roll it out to other patients in the area. A fitness group started by the practice in 2009 was still running in the village. It was community run but part-funded by the practice.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Feedback from people who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated people. We received an exceptionally high number of patient Care Quality Commission comment cards (174), all of which 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. A number of patients remarked that they had recently joined or moved to the practice and were extremely happy with the care they received.

We spoke with four patients, including three members of the patient participation group (PPG). They also told us they were extremely 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 well above average for satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% 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%.
- 98% 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%.
- 96% 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%.
- 98% 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

People who used services were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality, for example they used written action plans to involve patients in their care by working with them to identify their health needs and setting goals to meet them. Patients 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 extremely positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 94% 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%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

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



Are services caring?

- 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

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 276 patients as carers (approximately 7% of the practice list). The practice had a care coordinator, who was the carers' lead. They liaised with local carers' organisations to look for ways to identify and support carers. A representative of the local carers' organisation was invited to the practice to chat to

patients in the waiting room every month. They had their photograph displayed in the waiting room so people knew who they were and could approach them for advice. They had the use of a room at the practice to talk to patients privately. They were also invited to attend the practice's flu clinics to talk to patients, and had attended practice meetings to discuss carers and ways in which they could work with the practice to identify and support carers. On the day of the inspection we spoke to the representative of the carers' organisation, who told us that the carers' lead and practice team as a whole were very keen to involve them in caring for their patients and were driven to identify and support carers. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the CCG's Quality Improvement Scheme aimed at reducing health inequalities across the county by setting all the practices in the area certain quality targets.

- The practice offered extended opening hours on a Tuesday and Wednesday evening until 7pm for working patients who could not attend during normal opening hours.
- The practice had been offering 15-minute appointments for all patients as standard for the past four years. There were longer appointments available for patients who needed them, such as those with a learning disability.
- The practice delivered prescriptions to a local post office so that patients who did not live near to the practice could collect them from there. There were a number of safety protocols in place to ensure that this was feasible, which were reviewed during the inspection by our Medicines Inspector. This service was offered in response to cuts in local public transport which made it more difficult for some patients to collect their medication.
- A member of staff had been influential in setting up a "health walk" in the village. When the village was awarded a grant by the Big Lottery Fund the practice was approached for ideas on how to spend the money. One of the GPs joined the Distington Health and Wellbeing group, which was established to consider ways the money could be used to encourage healthy lifestyles in the area. Their suggestion led to the construction of 1km footpath being constructed along disused railway lines, and the "health walk" was promoted by the practice. Plans were in place to extend the footpath to include a 3km and 5km circuit.
- The practice began a fitness group in the village, which is now community run. The practice paid for the room and a fitness instructor to run the group, which is promoted to patients. The practice continued to fund the room.
- A "Ditching Diabetes" scheme was started by the practice, in which patients who were at risk of becoming diabetic were offered three-monthly appointments with a GP and two-weekly appointments with a nurse. The practice also arranged for these patients to have discounted gym membership during the scheme. Of the 29 patients involved in the two groups, 26 improved their blood sugar levels and 17 of them no longer had levels which made them at risk of diabetes. The scheme was not operating currently, but the practice intends to share their results with Public Health England in a bid to roll it out to other patients in the area.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Text messages were sent to patients to remind patients of their appointment times, as well as to send patients news about the practice. Approximately 70% of patients had signed up for this service.
- The practice had employed a nurse with district nursing experience, in response to increasing demand on the district nursing service in the area. This nurse was able to offer a number of services which had previously been offered by district nurses. They were able to manage wound care and offer home visits to patients who were unable to attend nurse appointments at the practice.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The surgery was open from 8am to 6.30pm, Monday to Friday and closed at weekends. Extended opening times were offered until 7pm on Tuesdays and Wednesdays. Telephones at the practice were answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate. In addition to pre-bookable appointments that could be booked up to four weeks in advance for a GP and six months in advance for nurses, urgent appointments were also available for people that needed them.



Are services responsive to people's needs?

(for example, to feedback?)

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 69% of patients were usually able to get to see or speak to their preferred GP compared to the national average of 59%.

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.
- The practice also employed a patient liaison coordinator who contacted patients who left the practice to see if there were reasons for this that the practice could learn from. They also followed up survey results and friends and family test results to take learning from both positive and negative feedback.

We looked at the five complaints received in the last 12 months and found these were dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the system for patients submitting samples for testing to the practice has been improved as a result of a patient complaint.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities, and obtain best value for money. This was evidenced by the work the practice had done in the community, such as with the establishment of the health walk, and the arrangement for patients to be able to collect prescriptions from the local post office in response to public transport cuts.

Governance arrangements

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

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

Leadership and culture

The leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care. The practice had undertaken training on personality testing, which they offered to all staff and used to plan team working. Teams within the practice were set up using the results, by ensuring that personality types were as important as skill mix in deciding who should work

together. The practice believed that this method increased productivity and reduced workplace conflict. Staff told us that the personality tests had given them a better understanding of why people worked the way they did, and also about how they worked themselves, and felt that it had improved working relationships at the practice.

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place. The leaders in the practice had an inspiring shared purpose and strived to deliver and motivate staff to succeed.

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

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

Are services well-led?

Outstanding



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

The practice encouraged and valued feedback from patients, the public and staff. They 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 virtual PPG, as well as a group who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had worked with the practice on reducing missed appointments, and had suggested the text messaging service which the practice have put in place and had been adopted by 70% of the patient population.
- 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 planned to put in place a "Frail Elderly Team" comprising a GP, practice nurse and care coordinator. This team would meet regularly to coordinate the care of the patients who were most at risk of unplanned hospital admission. While the practice already managed frail elderly patients, and the care coordinator had a central role in that, it was felt that this service could be improved by having a larger, dedicated team.
- A "Ditching Diabetes" scheme was started by the practice, in which patients who were at risk of becoming diabetic were offered three-monthly appointments with a GP and two-weekly appointments with a nurse. The scheme was not operating currently, but the practice intends to share their results with Public Health England in a bid to roll it out to other patients in the area.
- The practice began a fitness group in the village, which is now community run.
- The practice had employed a nurse with district nursing experience, in response to increasing demand on the district nursing service in the area.