

# Kirkoswald Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kirkoswald Surgery on 19 November 2015. Overall the practice is rated as good.

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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that 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. The building had some limitations which the practice was working to address.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice's ethos and practice reflected the requirements of the Duty of Candour.
- The practice was open and honest in the management of significant events and complaints.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).

# Summary of findings

- Staff are highly motivated and inspired to offer care that is kind and promotes peoples dignity. Patient's individual preferences and needs are always reflected in how care is delivered. There was a strong emphasis on providing good palliative care for patients who needed it and supporting their families at this time.

The areas where the provider should make improvements are:

- Complete a risk assessment of the window blinds used at the practice to reduce potential hazards for children and vulnerable adults.

**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. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The system in place for reporting and recording significant events was effective. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology as appropriate and 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 people safe and safeguarded from abuse. Most risks to patients were assessed and well managed; however, we found that the window blinds were a potential hazard for children and vulnerable adults as no cleat was used to secure the looped cord.

Good



### Are services effective?

The practice is rated as good for providing effective services. We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, an audit of cancer referrals had resulted in the introduction of a new process for recording and following up urine sample results. Data showed that the practice was performing highly when compared to neighbouring practices in the clinical commissioning group (CCG). For example, the practice had achieved 98% of the total points available from the Quality and Outcomes Framework (QOF); this was 1.2% above the CCG average and 4.5% above the national average. For 17 of 19 clinical domains the practice achieved 100% of the points available. We saw evidence that clinical audits were used to improve quality. The staff at the practice worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. For example, 95.1% of patients who responded to the National GP Patient Survey said that the last GP they saw or spoke to was good at treating them with care and

Outstanding



# Summary of findings

concern (CCG average 88.7%, national average 85.1%). Feedback from patients about their care and treatment was consistently and strongly positive. We saw a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, intervening with secondary care to ensure effective treatment was provided when a patient encountered difficulties. The practice worked hard to provide personal palliative care for their patients. The patient participation group was positive about the practice; they told us that the GPs at the practice had a holistic approach to care. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

## **Are services responsive to people's needs?**

The practice is rated as good for providing responsive services. The needs of their local population had been reviewed and the practice had engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, there was work in progress to improve the practice building which would enable the practice to provide additional services. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Patients told us the use of telephone appointments was appreciated and that the practice fitted them in according to need. The practice worked hard to reflect the needs of their rural population, for example by providing a walk-in service for acute injuries. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## **Are services well-led?**

The practice is rated as good 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 this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice manager was not aware of the requirements of the duty of candour, however the GP partners were

Good



# Summary of findings

and they encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and was being supported by the practice to develop. The practice carried out proactive succession planning and was working to secure improvements to the building to facilitate this.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered effective care to meet the needs of the older people in their population.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This was acknowledged positively in feedback from patients and the patient participation group.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was similar to the local clinical commissioning group (CCG) average of 99.6% and above the national average of 97.9%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 76.4%, which was above the local CCG average of 73.2%. For at risk groups the practice rate was 63.9% (CCG average 52.3%).

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice held an unplanned admissions register.
- Nationally reported data showed that outcomes for patients with long term conditions were good. For example, the practice had achieved 93% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was comparable to the local CCG average of 93.6% and above the national average of 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice met with the district nurses on a regular basis.

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other local practice for all standard childhood immunisations. The practice nurse worked to encourage uptake for the immunisation programme.
- 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 cervical screening was 85.1% which was in line with the local CCG average of 82.5% and the national average of 81.8%
- Appointments were available outside of school hours and the premises were suitable for children and babies. However, the window blinds in some rooms at the practice were a risk to children and vulnerable adults as no cleat was used to secure the looped cord.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.
- Extended opening hours for appointments were available each Monday until 7:30pm; appointments were available with a GP or nurse.
- Patients could book appointments and order repeat prescriptions online.
- Additional services such as health checks for over 40s were provided.

Good



# Summary of findings

- Telephone consultations were offered and the practice recognised the needs of the local farming community by working flexibly to provide care.

## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The number of patients with a learning disability was very low; all had received an annual health check with a doctor and nurse in the last year.
- They offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- They had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



## **People experiencing poor mental health (including people with dementia)**

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

- 100% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (CCG average 83.7%, national average 86%).
- Nationally reported data showed that outcomes for patients with mental health conditions were mixed. For example, the practice had achieved 84.6% of the QOF points available for providing the recommended care and treatment for patients with a mental health condition. This was below the local CCG average of 95.4% and comparable to the national average of 84.2%.
- Nationally reported data showed that outcomes for patients with dementia were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was above the local CCG average of 95.7% and the national average of 94.5%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.
- The practice advised patients experiencing poor mental health about how to access various support groups and voluntary organisations. They also referred to a local mindfulness programme and a local 'listening ear' service for patients who were lonely.
- They 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 people with mental health needs and dementia. Most of the staff had undertaken dementia friends training.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. Forms were distributed to 251 patients and 134 were returned. This was a response rate of 53.4% and 6% of the practice population. For example;

- 100% found it easy to get through to this surgery by phone (CCG average of 80.3%, national average of 73.3%).
- 98.7% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 100% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.5%, national average 85.2%).
- 98.2% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).
- 95.5% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).

- 87.7% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 74 comment cards. 73 of these were all very positive about the standard of care received. They said that they were happy with the care they received and thought that staff were caring and friendly, and that the practice was clean. Several described the practice as excellent.

We spoke with nine patients during the inspection. All the patients said that they were happy with the care they received and thought that staff engaged them in their care, were friendly, and that the practice was clean.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Complete a risk assessment of the window blinds used at the practice to reduce potential hazards for children and vulnerable adults.

## Outstanding practice

We saw the following areas of outstanding practice:

- Feedback from people who use the service and those close to them is continually positive about the way staff treat people. Patients rated the practice higher than others for almost all aspects of care according to the latest National GP Patient Survey results. For example 97% of respondents said they would recommend this surgery to someone new to the area (CCG average 79.9%, national average 77.5%).
- Staff are highly motivated and inspired to offer care that is kind and promotes peoples dignity. Patient's individual preferences and needs are always

reflected in how care is delivered. There was a strong emphasis on providing good palliative care for patients who needed it and supporting their families at this time. Relatives and the local district nursing team were provided with the personal contact details of the GP partners to use out of hours. The practice held bi-monthly 'deciding right' meetings to ensure palliative care was individually appropriate and enabled patients to die at home where this was their preference. The practice produced figures to demonstrate that the number of people enabled to die at home had increased. The practice produced a written guide to support patients when someone close to them died.

# Kirkoswald 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 advisor and a Pharmacist specialist advisor to support the inspection of the dispensing arrangements at the practice.

### Background to Kirkoswald Surgery

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

The practice provides services to around 2,300 patients from one location at The Surgery, Kirkoswald, Penrith, Cumbria, CA10 1DQ. The practice is based in converted premises in the centre of Kirkoswald. The building is on one level. There is on-site parking, disabled parking, a disabled WC and access is step-free. There is sufficient room for wheelchairs to move around the surgery.

The practice has two GP partners (one male, one female). The practice employs a practice manager, two practice nurses, a lead dispenser and three staff who carry out receptionist, administration and dispensing duties. The practice provides services based on a General Medical Services (GMS) contract for patients living in the Kirkoswald, Lazonby, Eden Hall and Armathwaite areas of Cumbria.

The practice is open from 8am to 6:30pm on Tuesday, Thursday and Friday. On Monday the practice is open from 8am to 7:30pm and on Wednesday the practice is open

from 8am to 1:30pm. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practice noticeboard, telephone message and the practice website.

Information from Public Health England placed the area in which the practice is located in the 9th least deprived decile. The practice's age population is noticeable weighted towards people of over the age of 45.

The practice is situated in rural Cumbria with limited public transport. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Cumbria Health on Call Limited (CHOC).

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015. During our visit we:

# Detailed findings

- Spoke with two GP partners, the practice manager, two nurses and the lead dispenser. We also spoke with nine patients who used the service and three members of the patient participation group;
- Observed how people were being cared for and talked with carers and/or family members;
- 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Significant events were regularly discussed at the weekly clinical meetings.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the practice introduced a regular audit to ensure out of date drugs were not dispensed to patients. There had been no re-occurrence of this type of incident following the introduction of this audit. The lead dispenser ensured the GP was aware of any affected patients when a safety alert was received that applied to any of the practices' patients.
- The practice analysed the significant events on a quarterly and annual basis and produced and monitored an action plan that detailed lead responsibilities for agreed actions.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a significant event when a patient presented at the practice without an appointment due to an issue with their diabetic monitoring equipment. The practice took steps to ensure all patients that could have been affected by this issue were contacted. When they were unable to contact one patient a practice nurse went to a patient's home in their own time to ensure the patient was not adversely affected by the issue.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation, and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where possible for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three. The practice had introduced the Childsafe Trigger Tool, which helped them assess information received from other agencies in order to identify and act upon potential safeguarding concerns.
- A notice in the waiting room and information on a television screen in this area advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises to be clean and tidy. 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.
- We reviewed a sample of personnel files and found that 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 DBS.

### Medicines management

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

## Are services safe?

- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. For example, the prescription forms for use in printers were removed from the clinical room each night and stored securely.
- We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw sets of PGDs that had been updated in the last year. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and we saw evidence that these arrangements had been managed effectively. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The policies were reviewed annually. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. For example, the practice had introduced an additional recording system for the collection of controlled drugs in response to a significant event. When the practice had encountered problems with the Dispensit system following its introduction, lessons had been learned to ensure the system worked effectively.

### Monitoring risks to patients

Most 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. 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 also 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.
- The practice had not undertaken a legionella risk assessment. Under the Health and Safety at Work Act 1974 (HSWA) all water systems require a legionella risk assessment. Legionella is the bacterium that causes legionnaire's disease, which is a serious form of pneumonia. The practice were made aware of this during the inspection feedback and assured us that this assessment would be undertaken promptly. Since the inspection the practice has arranged for this risk assessment to be completed.
- Practices are required to be compliant with estates and facilities alert Ref: EFA/2015/001 by The Department of

## Are services safe?

Health. We reviewed the window blinds used by the practice. The looped blinds and chains were not secured and could be deemed potentially hazardous to children and vulnerable adults; there had been no risk assessment of this issue. None of the blinds checked had been modified to ensure the blind cords and chains were out of reach of children or vulnerable adults.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff worked flexibly to support patient care.

### **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 two defibrillators available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use.
- 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 peoples' needs.
- The practice discussed guidelines at clinical meetings to ensure all staff were aware of current guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 98% of the total number of points available, with 8% exception reporting which was 2.1% below the local CCG average. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice achieved 100% of the points available for 17 of the 19 clinical domains. This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed that;

- Performance for diabetes related indicators was similar to the CCG and national averages. (93% compared to 93.6% and 89.2% respectively).
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national averages (100% compared to 89.9% and 97.8% respectively).
- Performance for mental health related indicators was lower than the CCG and national averages (84.6% compared to 95.4% and 92.8% respectively).
- Performance for dementia related indicators was better than the CCG and national averages (100% compared to 95.7% and 94.5% respectively).

Clinical audits demonstrated quality improvement.

- There had been four practice led clinical audits completed in the last two years. All of these were completed audits where the improvements made had been implemented and monitored. For example, the practice now ensured all patients over 65 who were prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed a proton pump inhibitor (PPI) to reduce the risk of bleeding to the stomach.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review. For example, the practice participated in the Royal College of General Practitioners (RCGP) audits for 2013 and 2014.
- Findings were used by the practice to improve services. For example the practice had introduced a failsafe system for acting on abnormal test results in response to data from a recent audit.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice used a locum checklist to ensure locum staff were able to work safely and effectively at the practice.
- 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, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, shadowing, informal clinical supervision and facilitation and support for the revalidation of doctors and nurses. The nurses at the practice attended monthly nurse forum meetings, providing them with external support and advice. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Each of the nurses at the practice held a learning log which they updated after each clinical meeting or update.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. External protected learning time sessions were attended by the practice nurses.

### 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two months and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant services.
- A dietician was available on the premises one day a month and smoking cessation advice was available from the practice nurses.
- Information such as NHS patient information leaflets and local support organisations were also available.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85.1%, which was above the CCG average of 82.5% and the national average of 81.9%. There was a policy to offer written and / or telephone reminders as appropriate for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from were 90.5% to 100% (CCG average 83.3% to 96.7%) and for five year olds ranged from 69.2% to 100% (CCG average 72.5% to 97.9%). The practice nurse worked to encourage the uptake of screening and immunisation programmes with the patients at the practice.

Flu vaccination rates for the over 65s were 76.4%, and for at risk groups 63.9%. These were above the national averages of 73.2% and 52.3% respectively.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw that members of staff were courteous and very helpful to patients and treated people 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 and that 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.
- We saw that patients were treated with care and respect when they attended the practice. People's emotional and social needs are seen as important as their physical needs.
- Staff provided patient centred care. For example, a patient with a long term condition was supported by the practice nurse with meal planning. This allowed the patient to manage their care more effectively and reduced the need to increase medication.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. 73 of the 74 patient CQC comment cards we received were positive about the service experienced. Feedback from people who use the service and those close to them was continually positive about the way that staff treat people. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. People think that staff go the extra mile and the care they received exceeds their expectations.

We also spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said that when they visited the practice as patients their dignity and privacy was respected. Comment cards highlighted that staff were caring when they needed help and provided support when required.

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

- 95.5% said the GP was good at listening to them (CCG average of 91%, national average of 88.6%).
- 94.3% said the GP gave them enough time (CCG average 90.2%, national average 86.6%).
- 98.8% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 95.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.7%, national average 85.1%).
- 100% said the last nurse they spoke to was good at listening to them (CCG average 93.6%, national average 91%).
- 98.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.5%, national average 90.4%).
- 98.7% said they found the receptionists at the practice helpful (CCG average 89.9%, national average 86.8%).
- 97% said they would recommend this surgery to someone new to the area (CCG average 79.9%, national average 77.5%).

### Care planning and involvement in decisions about care and treatment

People's individual preferences and needs were always reflected in how care is delivered. Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95.4% said the last GP they saw was good at explaining tests and treatments (CCG average of 89.1%, national average of 86%).
- 95.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.3%, national average 81.4%).



## 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.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients were signposted to the relevant services. For example, the practice directed carers to a local carer's organisation and a local 'listening ear' service for people who felt isolated. The practice's computer system alerted GPs if a patient was also a carer. The practice had so far identified 2% of the practice list as carers.

Relationships between people who use the services, those who care for them and staff are strong caring and

supportive. These relationships are highly valued by staff and promoted by leaders. 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. The practice also produced a written guide to support patients when someone close to them died. Relatives and the local district nursing team were provided with the personal contact details of the partners' to ensure personal and supportive end of life care. The practice produced figures to demonstrate that the amount of people enabled to die at home had increased. The practice held bi-monthly "Deciding Right" meetings to support advanced decision making in end of life care.

# 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 local clinical commissioning group (CCG) and NHS England to secure improvements to services where these were identified. For example, the practice was working with the CCG to improve the building in order to improve the services offered to patients. Funding for improvements had recently been approved. They also worked with the CCG medicines management team to ensure effective prescribing.

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

- The practice offered appointments from 8am each day and until 7:30pm on Mondays for working patients who could not attend during normal opening hours.
- In 2014 the practice held a health fair at the local village hall. This provided a wide range of health advice for patients. For example, on handwashing technique, mobility aids, healthy eating and carers support. Nurses were on hand to administer opportunistic flu vaccinations, and the practice provided refreshments.
- GP appointments were for 15 minutes; nationally the average appointment time for a GP appointment is 10 minutes.
- There were longer appointments available for people with a learning disability and for those with long term conditions if required.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered good support for patients requiring out of hours palliative care.
- There were disabled facilities, but no hearing loop at the practice. Translation services were available if required.
- The practice was aware of, and responded to, the challenges of being based in a rural area with poor transport links. For example, the practice undertook 24 hour ECG monitoring and ambulatory blood pressure monitoring to reduce the need for patients to travel to

secondary care providers. They also provided joint and soft tissue injections at the practice. The use of telephone appointments also reduced the need for patients to travel to the practice.

### Access to the service

The practice was open from 8am to 6:30pm on Tuesday, Thursday and Friday. On Monday the practice was open from 8am to 7:30pm and on Wednesday the practice was open from 8am to 1:30pm.

In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was well above the local and national averages. People told us on the day that they were able to get appointments when they needed them and the practice use of telephone consultations was useful to them.

- 86.7% of patients were satisfied with the practice's opening hours (CCG average of 77.8%, national average of 74.9%).
- 100% patients said they could get through easily to the surgery by phone (CCG average 80.3%, national average 73.3%).
- 95.5% patients described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 87.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.6%, national average 64.8%).

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, we saw information displayed in reception and on the practice website. However, the information on the website was limited.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at the one complaint received in the last 12 months and saw this was dealt with in a timely, open and transparent manner. The practice responded to complainant verbally and in writing. Lessons were learned

from concerns and complaints and action was taken as a result to improve the quality of care. For example, the review process for medication was amended following a complaint to be more reflective of the patient's needs.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear statement of purpose and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was committed to working effectively, with a philosophy of doing today's work today and delegated work to staff as required.
- The practice had a clear plan for the future and was working with the clinical commissioning group (CCG) and NHS England to adapt the building in order to provide new services for patients.
- One of the GP partners had set up 1st Care Cumbria Federation and they were still active in this organisation as a director.

### 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.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Prompt action was taken at the inspection to address some issues we highlighted. For example, the need for a legionella assessment.
- The business continuity plan was in place and could have been improved with the addition of planning for the absence of the practice manager. For example, by highlighting key tasks and lines of delegation in case of their absence.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty when dealing with significant events and complaints. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- We saw evidence that the staff held weekly practice meetings. This meeting included time for the clinical staff to discuss safeguarding and clinical issues and was followed by time for all staff to discuss such issues as significant events and training.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. 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 an

# Are services well-led?

Good 

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

active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the health fair, a new external notice board and additional information leaflets had been provided at the suggestion of the PPG. The practice had also arranged for the PPG to meet with local high performing PPGs to support the effectiveness of the group.

- They had also 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.
- The whole practice team met each year to discuss and review their personal objectives and the development of the practice.

## Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice is based in a rural area where practices and GPs can easily become isolated. One of the partners set up a self-directed learning group for local GPs which provided peer support and reduced professional isolation for their members. This group also allowed learning undertaken by each of its members to be shared with the group which supports effective patient care.
- The practice was involved in the Productive General Practice Programme, and had initiated changes to working practices as part of this programme. This is a national programme designed to help practices deliver high quality care while still meeting increasing demand and expectations. For example, they had adjusted the appointment system to be more flexible for patients and create less work for the reception staff.