

Burnett Edgar Medical Centre

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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 Burnett Edgar Medical Centre on 3 November 2015. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There was an open and transparent approach to safety and a 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 the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw some areas of outstanding practice:

- The practice was rated as outstanding for providing responsive services. The practice worked with other services and the local community to provide services which benefitted people's needs. For example, the GP partners allowed local community groups and services

Summary of findings

to use a building adjoining the surgery free of charge to provide activities for carers and for people with dementia, as well as hosting foot care, disability advice, a community pharmacy and dietary support.

- One of the GP partners had created an evidence-based online forum called Patient Memoirs to help patients, carers and professionals. It used video clips of patients talking about their experiences to support other patients and help them cope emotionally with their conditions. For example, staff told us of a diabetic patient who was afraid of injections who was able to administer their own insulin safely after using the site for support.

However, there were some areas where the provider should make improvement:

- Ensure staff are given annual appraisals.
- Consider how to improve the privacy for patients in some consultation rooms.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was a system in place for reporting and recording significant events, though staff were not always sure when they needed to report an event.
- 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 and were told about any actions to improve processes to prevent the same thing happening again.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above national and local averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinicians used feedback from the Quality and Outcomes Framework (QOF) to drive improvements. Clinical audits demonstrated quality improvement, and there had been two audits completed in the last year. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of personal development plans for all staff, but appraisals needed to be completed.

Staff 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 good for providing caring services.

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

Good



Summary of findings

- The practice used an innovative approach to providing patient and carer support through the use of a website created by one of the GP partners.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked with other services and the local community to provide services which benefitted people's needs. For example, they provided a free venue for services to provide foot care, dementia groups and carers support.
- 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.

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 and other stakeholders.

Outstanding



Are services well-led?

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

- There was 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 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 sharing safety alerts with staff.

The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Clinicians worked closely with other services and community groups to provide support to people with dementia or who needed end of life care.

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.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high compared with neighbouring practices for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82.6%, which was above the CCG average of 79.4% and the national average of 76.7%.
- Same-day appointments were blocked out to be available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- The practice had actively sought to improve QOF performance relating to people suffering from depression.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Clinicians carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 results showed the practice was performing above local and national averages in most areas. 335 survey forms were distributed and 113 were returned (33.7% response rate).

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 80.3% and a national average of 73.3%.
- 95.3% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 90.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.8%, national average 85.2%).
- 97% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 88.7% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 71.4% 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 27 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients during the inspection, including five members of the practice's Patient Participation Group (PPG). All of the patients we spoke with said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure staff are given annual appraisals.
- Consider how to improve the privacy for patients in some consultation rooms.

Outstanding practice

- The practice was rated as outstanding for providing responsive services. The practice worked with other services and the local community to provide services which benefitted people's needs. For example, the GP partners allowed local community groups and services to use a building adjoining the surgery free of charge to provide activities for carers and for people with dementia, as well as hosting foot care, disability advice, a community pharmacy and dietary support.
- One of the GP partners had created an evidence-based online forum called Patient Memoirs to help patients, carers and professionals. It used video clips of patients talking about their experiences to support other patients and help them cope emotionally with their conditions. For example, staff told us of a diabetic patient who was afraid of injections who was able to administer their own insulin safely after using the site for support.

Burnett Edgar Medical Centre

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 second CQC Inspector.

Background to Burnett Edgar Medical Centre

Burnett Edgar Medical Centre is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 4,300 patients from one location:

- Central Drive, Walney Island, Barrow In Furness, Cumbria, LA14 3HY

The practice is based in a purpose-built surgery which opened in 1989. It has level-entry access and a car park for patients to use. It is the only GP practice on Walney Island and the majority of the patient population live on the island.

The practice has 12 members of staff, including two (both male) GP partners, two (female) practice nurses, one healthcare assistant, a practice manager, a secretary, five reception staff and an apprentice receptionist.

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 fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population reflects the national average in terms of age distribution.

The surgery is open from 8.30am to 8.45pm on Monday and 8.30am to 6.30pm Tuesday to Friday. Telephones were answered from 8am until closing time, Monday to Friday. Appointments with a GP were from:

- Monday – 9-11am, 3-6pm, and 6.30-8.45pm
- Tuesday to Friday – 9-11am and 3-6pm

Appointments with a nurse were available from 9am to 12pm, Monday to Friday, as well as:

- Monday – 1.30pm to 4.30pm
- Tuesday – 1.30pm to 5pm
- Wednesday – 2pm to 5pm
- Thursday – 1.30pm to 5pm
- Friday – 2.30pm to 4.30pm

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (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.

Detailed findings

How we carried out this inspection

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)

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 3 November 2015. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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.

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, the practice had revised their system for communicating with the District Nursing team after a request for a blood test had been missed.

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.

Only four significant events had been reported in the past 12 months. However, staff told us of an incident in which two of the practice team had acted quickly to respond to a call for help from the neighbouring community centre where a member of the public had been injured. Staff told us this had not been reported as a significant event as it had not occurred on the practice premises. Staff said they were sometimes unsure if they should report something as a significant event, but told us that they always informed the practice manager or lead GP if they had safety concerns. The practice acknowledged that staff required additional training to understand when an incident should be reported as a significant event.

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 when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room 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 observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead; they 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 carried out. Regular visual checks were also carried out by the infection control clinical lead, but these were not documented. On the day of the inspection we noted that not all of the sharps bins we saw had been signed and dated as required, to show who had constructed them and that they were safe to use. However, they were out of reach of patients and were not being filled to dangerous levels. The infection control lead told us in future they would ensure all sharps bins were signed when assembled and closed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

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 reviewed five 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 DBS checks.

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. 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, infection control and legionella.

- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available, which was checked regularly.
- 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 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 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 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 obtained 97.7% of the total number of points available, with a clinical exception reporting rate of 5.1%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for dementia related indicators was above the clinical commissioning group (CCG) and national average. For example, 91.2% of patients diagnosed with dementia had received a face-to-face review (CCG average 78.5%, national average 77%).
- Performance for diabetes related indicators was slightly below the CCG and national average. The practice achieved 88.4% of the available points across 11 indicators for diabetes (CCG average 93.6%, national average 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was slightly better than the CCG and national average. 85.3% of patients had their blood pressure measured in the last 12 months, compared to the CCG average of 81.1% and the national average of 80.4%.

- Performance for mental health related indicators was similar to the CCG and national average (92.3% of points achieved, compared to the CCG average of 95.4% and the national average of 92.8%).

The clinical audits which had been undertaken demonstrated quality improvement. However, relatively few clinical audits had been carried out.

- There had been two clinical audits completed in the last two years. Both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice increased the number of patients referred to hospital with a suspected cancer after finding that they had a referral-to-cancer conversion rate higher than 10%(a high rate suggests some patients who are not being referred may have cancers which will be missed). By increasing the number of referrals made, patients were less likely to suffer a delay in diagnosis and treatment.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- The practice had actively sought to improve QOF performance in areas where they had been below average. In 2013/14 the practice obtained only 66.7% of the total points available for interventions related to osteoporosis (86.3% CCG average, 83.4% national average) and 60.9% of those related to depression (89.8% CCG average, 86.3% national average). In 2014/15 these figures had improved to 100% for osteoporosis (88.1% CCG average, 81.4% national average) and 90% for depression (94.6% CCG average, 92.3% national average).

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.

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- The learning needs of staff were identified through a system of supervision, meetings and reviews of practice development needs. However, while staff had completed pre-appraisal forms detailing their training needs, we did not see evidence that staff had had appraisals in the last 12 months. Some staff told us that they last had an appraisal in summer 2014. However, all staff said that they felt supported and could approach practice management for support and to request training. The practice manager told us that all staff would be receiving appraisals in the near future.

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. Information such as NHS patient information leaflets were also available.
- 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis. These were attended by district nurses, health visitors, Macmillan nurses, pharmacists and the dementia care team.

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.
- The process for seeking consent was monitored through audits of patient records to ensure it met the practice's legal responsibilities and followed relevant national guidance.

Health promotion and prevention

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

- This 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 then signposted to the relevant service.
- The practice had employed a practice nurse who specialised in respiratory care. They worked closely with the doctors to manage the care of patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and asthma. In the case of the latter, they had implemented the use of personalised care plans from Asthma UK to help patients manage their condition. These included 'My Asthma Plan', a tool for children which could be taken to school and which detailed actions that teachers, parents or carers should take in the event of the child having an asthma attack.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

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 82.6%, which was above the CCG average of 79.4% and the national average of

Are services effective?

(for example, treatment is effective)

76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72.5% to 100% (CCG average 83.3% to 96%)

and five year olds from 62.5% to 100% (72.5% to 97.9%). Flu vaccination rates for the over 65s were 84.3%, and at risk groups 68.3%. These were above the national averages of 73% and 52% 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 observed 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The doctors came to the reception area to call patients in to their appointments personally. We observed that they took the time to greet other patients who were waiting.
- We noted that consultation and treatment room doors were closed during consultations. However, members of the inspection team noted that some conversations taking place in these rooms could be overheard. We raised with the practice manager and lead GP who told us they would take steps to resolve this. Telephone calls to the surgery were answered in a room away from the reception area so that they could not be overheard.

All of the 27 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five members of the practice's patient participation group. They also told us they were satisfied with the care provided by the practice and said when they attended as patients 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 scores were in line with or above national and local averages for their satisfaction scores on consultations with doctors and nurses. For example:

- 88.7% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 88.6%.
- 87% said the GP gave them enough time (CCG average 90.2%, national average 86.6%).
- 96.5% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 88.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.7%, national average 85.1%).
- 97.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.5%, national average 90.4%).
- 95.3% said they found the receptionists at the practice helpful (CCG average 89.9%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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:

- 88.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.3%, national average 81.4%).
- 97.3% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 92.5%, national average 89.6%).
- 96.4% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.3%, national average 84.8%).

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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice used an evidence-based online forum called Patient Memoirs to support patients, carers and professionals. The website was created and maintained by one of the GP partners at the practice and was supported by the CCG. It used video clips of patients talking about their experiences to support other patients and help them cope emotionally with their conditions. For example, staff told us of a diabetic patient who was afraid of injections. However, after using the website for support they were able to administer their own insulin safely.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was 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 worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the CCG funded a Care Co-ordinator to work with the practice. They worked primarily with the practice's Clinical Interface Manager to assess patients' needs with the aim of preventing unplanned hospital admissions. Patients who were on the unplanned admissions register were given a separate mobile telephone number to contact the surgery so that they could be seen urgently if required.

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

- The GP partners allowed local community groups and services to use a building adjoining the surgery free of charge. The building, owned by one current and one former partner, was being used to provide activities for carers and for people with dementia, as well as hosting foot care, disability advice, a community pharmacy and dietary support.
- The surgery offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to go to the clinic, patients no longer had to travel to hospital for the test. The nearest hospital to the surgery was 35 minutes away by public transport.
- A bi-monthly methadone clinic was hosted by the practice with the support of the local drug and alcohol service.
- The practice offered appointments to suit working people and students. The practice offered extended hours until 8.45pm on Mondays.
- Appointments were available to book online.
- There were longer appointments available for patients who needed them, such as for patients with a learning disability and those who required the use of an interpreter.

- Home visits were available for older patients/patients who would benefit from these. Home visits were triaged by the doctors. There was an on-call doctor who was available to make home visits on the day.
- On-the-day appointments were available for anyone who needed them. These were released at 8am and 12pm daily.
- Some appointments were embargoed from Tuesday to Friday so that same-day appointments could always be given on those days for children under 16. These were offered outside of school hours.
- The practice also offered urgent "Red Card" appointments. These were shorter, same-day appointments that could be booked if patients felt they had a single, specific issue they wanted to discuss with a doctor.
- There were disabled facilities and translation services. One member of staff told us they had learned British Sign Language in order to work with patients at a local learning disability facility. They provided sign language interpretation for deaf patients and had offered to train other colleagues.
- The building had level access and services were provided across one level.
- Barriers to registration with the practice, such as being homeless, had been addressed. Homeless patients were registered using the practice address. Patients at the local caravan park were registered as temporary patients. Information on how to register as a temporary patient was available on the surgery website.
- The practice was a partnership with only two male GPs. Patients were made aware of this on registering with the practice, however there were no formal arrangements in place for patients to be able to see a female GP if they wanted to. The practice was attempting to recruit a female GP or nurse practitioner.

Access to the service

The practice was open between 8.30am and 6.30pm Tuesday to Friday. On Mondays the practice stayed open until 8.45pm. Telephone lines opened at 8am everyday. Appointments with a GP were from:

- Monday – 9-11am, 3-6pm, and 6.30-8.45pm



Are services responsive to people's needs?

(for example, to feedback?)

- Tuesday to Friday – 9-11am and 3-6pm

Appointments with a nurse were available from 9am to 12pm, Monday to Friday, as well as:

- Monday – 1.30pm to 4.30pm
- Tuesday – 1.30pm to 5pm
- Wednesday – 2pm to 5pm
- Thursday – 1.30pm to 5pm
- Friday – 2.30pm to 4.30pm

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

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

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

- 84.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 80.3%, national average 73.3%).
- 88.7% patients described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 71.4% 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was information in the reception area informing patients of the complaints procedure. The practice also had a complaints leaflet for patients.

We looked at the five complaints received by the practice in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. All complaints received were acknowledged in writing by the practice manager and investigated by a complaints team consisting of the practice manager, lead practice nurse and both GP partners, if appropriate. The practice displayed openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, fit notes were always handed directly to patients by the GP after a patient complained that their note had been left unattended in a treatment room for them to collect.

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 mission statement 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.

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.
- Managers had a comprehensive understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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.

The partners encouraged a culture of openness and honesty. 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.
- 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.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every three months.
- 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 were encouraged by the partners to identify opportunities to improve the service.

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.

- They had gathered feedback from patients through the practice's patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG worked with the practice to increase health promotion activities. They recently worked together to organise a short "Health Walk" for patients around Walney Island to promote healthier lifestyles.
- The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff felt that reception could often become busy and had reported this to management. The practice had taken on an apprentice through Age UK. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

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. Examples of this included:

- The use of a clinical interface manager to monitor referrals and a care-coordinate to aim to reduce hospital admissions.

- Staff told us they were keen to incorporate the use of technology into their practice. The development and use of the Patient Memoirs website reflected this.

The use of Asthma UK care plans to help patients manager their condition.