

# Captain French Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Captain French Surgery on 21 April 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Most 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice highly for

the care they received. For example, 100% patients said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 97% and the national average of 95%.

- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one.
- Urgent appointments were available on the day they were requested.
- Extended hours appointments were available with a GP, nurse or healthcare assistant three mornings and one evening a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- The practice was responsive to the needs of the population and worked with the local clinical commission group and other local practices to ensure services were provided that met the needs to the population.
- Staff offered care that supported patient centred end of life care; the practice was ranked second in the locality for this provision.

The areas where the provider should make improvement are:

- Review the arrangement for training at the practice to include regular fire training for staff.
- Review the arrangements for clinical audit; demonstrate a clear link between audits and quality improvement.
- 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.

- There was an effective system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again. When we discussed significant events with staff they said they were made aware of the outcomes of significant events when they had been directly involved.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Most risks to patients were assessed and well managed. However, areas of concern identified included looped blind cords in patient areas and the management of sharps receptacles.

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.
- Data showed patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring their effectiveness; they had achieved 96% of the points available in 2014/15. This was 1.1% below the local average and 1% above the national average. For 11 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care. For example, results from the National GP Patient Survey showed that 100% of respondents had confidence and trust in their GP (CCG average 97%, national average 95%). 99% of respondents said that they GP had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 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 offered by the practice was available. For example, they provided this information on the practice's website, patient leaflet and in the waiting areas.
- The practice had close links to local and national support organisations and referred patients when appropriate. The practice had received two awards from a local carers organisation in recognition of the support they provided for carers, including their gold GP Carer Friendly Award.
- Health checks for carers had been withdrawn, the practice planned to re-introduce a new system of health checks for carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice was actively involved in a CCG funded care home project for the elderly with the three GP practices in Kendal.
- 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 could access appointments and services in a way and at a time that suited them. Data from the National GP Patient Survey, published in January 2016, showed that patients rated the practice highly for accessibility. For example, 96% said the

Good



# Summary of findings

last appointment they got was convenient (CCG average of 94%, national average of 92%) and 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).

- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website and in the waiting area.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. 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.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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 proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the 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 their population.
- All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the local care home, the lead GP visited weekly.
- Nationally reported data showed that outcomes for patients with 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 0.4% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for pneumonia to older people.

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.
- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with hypertension. This was 0.4% above the local CCG average and 2.1% above the national average. The practice had achieved 91% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 2.6% below the local CCG average and 1.8% above the national average.

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long terms conditions, for example, for patients with diabetes.

## Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were mostly suitable for children and babies. However, we found that the window blinds in some areas accessible to patients were a potential hazard for children and vulnerable adults, as no cleat secured the looped cord.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% (CCG average 83% to 97%) and for five year olds ranged from 68% to 95% (CCG average 73% to 98%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by the midwifery service who use a room in the practice.
- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 98% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 0.1% below the local CCG average and 1% above the national average.
- The practice provided contraceptive and sexual health services.

Good





# Summary of findings

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

Good



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.
- Patients could order repeat prescriptions and book GP appointments online.
- Telephone appointments were available.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 81%, comparable to the CCG and national average of 82%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a good range of health promotion advice and information.

## People whose circumstances may make them vulnerable

Good



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.
- The practice held a register of patient with learning disability; patients with learning disabilities had been invited to the practice for an annual health check. 65 patients were on this register and 49% had a health check in the last 12 months.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Local

# Summary of findings

support services were available at the surgery, the practice had in-house counselling service that was also available for staff. A local support group that supports people with mental health problems through horticulture met regularly at the practice.

- All patients at risk of hospital admission were identified by the practice as 'VIP's', this included vulnerable patients. These patients were identified as a priority for care and support by the practice.
- 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.
- Patients with no fixed abode could register with the practice and the practice had close links to a local organisation that supported people with housing issues.
- Good arrangements were in place to support patients who were carers.
- The practice had set up a support group for patients with neurological conditions.

## 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 held a register for patients experiencing poor mental health.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 98% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 2.7% above the local CCG average and 5.3% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.3% above the local CCG average and 5.5% above the national average. However, only 74% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in January 2016, showed the practice was performing above local and national averages. There were 237 forms sent out and 115 were returned. This is a response rate of 49% and represented 1.2% of the practice's patient list. Of those who responded:

- 94% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 90% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 89% found it easy to get through to this surgery by telephone (CCG average of 80%, national average of 73%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).

- 96% said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 57% feel they don't normally wait too long to be seen (CCG average 62%, national average 58%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 24 CQC comment cards, 22 of which were very positive about the standard of care received; several described the care as excellent. They also described the practice staff as caring and helpful, and said staff listened to them and treated them with respect. Three comments cards included negative feedback about the practice but there was no theme to those that had been made.

We spoke with six patients during or shortly after the inspection; including a member of the patient participation group. All the patients said they were happy with the care they received.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the arrangement for training at the practice to include regular fire training for staff.
- Review the arrangements for clinical audit; demonstrate a clear link between audits and quality improvement.
- Complete a risk assessment of the window blinds used at the practice to reduce potential hazards for children and vulnerable adults.

# Captain French Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Captain French Surgery

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

The practice provides services to around 9,500 patients from one location:

- The Gillinggate Centre, Gillinggate, Kendal, Cumbria, LA9 4JE.

We visited this this address as part of the inspection.

Captain French Surgery is based in purpose built premises that are shared with external and local support services. The services for patients are 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 easily around the surgery.

The practice has five GP partners and two salaried GPs (three male, four female). The practice employs a practice manager, an assistant practice manager, an assistant practitioner, four practice nurses, two healthcare assistants and two medicines managers. The practice also employs 10 staff that undertake reception or secretarial duties, and two administrators. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is an approved training practice where qualified doctors gain experience in general practice.

Captain French Surgery is open at the following times:

- Monday to Friday 8:30am to 6:30pm.

The telephones are answered by the practice Monday to Friday 8am to 6:30pm.

Appointments are available at Captain French Surgery at the following times:

- Monday to Friday 8:30am to 12:30pm and 1:30pm to 6pm.
- Extended hours appointments are available from 7:30am on Tuesday, Wednesday and Thursday mornings, and until 7pm each Tuesday.

The practice is part of NHS Cumbria clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in band eight for deprivation where one is the highest deprived area and ten in the least deprived. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 79 years which is the same as the national average. Average female life expectancy at the practice is 83 years, which is the same as the national average.

The proportion of patients with a long-standing health condition is below average (42% compared to the CCG average of 56% and the national average of 54%). The proportion of patients who are in paid work or full-time employment is above average (67% compared to the CCG average of 59% and the national average of 62%). The proportion of patients who are unemployed is below average (0.6% compared to the CCG average of 4% and national average of 5%).

# Detailed findings

The NHS 111 service and Cumbria Health on Call Limited provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message, website and the practice leaflet.

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included four GPs, the practice manager, the assistant practice manager, a medicines manager, an assistant practitioner, a nurse, two members of the reception team and an administrator. We also spoke with six patients.

- Reviewed 24 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events. We reviewed the forms and log used to record significant events. Those we were able to review clearly recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring.
- When we discussed significant events with staff they said they were made aware of the outcomes, and learned from, significant events when they had been directly involved.
- The practice had a system for reviewing and acting on safety alerts received by the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- 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 were lead member of staff for adult and child safeguarding who was trained to

level four in children's safeguarding. The GPs attended safeguarding meetings provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, if required. Clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. However, at the time of the inspection non-clinical staff, such as receptionists, who acted as a non-clinical chaperone had not received DBS checks and risk assessments for this had not been completed. (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). Following the inspection the practice informed up that non-clinical staff no longer carried out chaperone duties.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The assistant practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received training appropriate to their role. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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.
- The sharps bins, in the clinical rooms we checked, had not been signed or dated on assembly, in line with national guidance on the management and disposal of health care waste (Health Technical Memorandum (HTM) 07-01).

## Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The Department of Health issued an estates and facilities alert Ref:EFA/2015/001 on the risks presented by window blinds with looped cords or chains. It stated 'a risk assessment should be carried out on all existing looped blind cords and chains, where children and vulnerable adults are likely to have access. All blind cords and chains deemed to be potentially hazardous should be modified or secured out of their reach.' We saw that looped blind cords or chains had not been modified or secured out of reach in some areas of the practice used by patients.

### 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. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.) The practice had a risk assessment that covered some of the key risks faced by the organisation. For example, the safe storage of drugs in the practice.
- 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.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were fitted in the clinical rooms at the practice.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan and recovery plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power,

### Arrangements to deal with emergencies and major incidents

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidelines were discussed at clinical meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 96% of the total number of QOF points available which was broadly in line with the local clinical commission group (CCG) average of 97% and the national average of 95%. At 13%, their clinical exception reporting rate was 3.1% above the local CCG average and 4% above the national average. We discussed this with the practice on the day of the inspection; however they felt any exception reporting done had been for the appropriate reasons. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the mental health related indicators was above average (98% compared to the national average of 93%). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, was 99%, compared to the national average of 88%.
- Performance for the dementia related indicators was above average (100% compared to the national average of 95%). The practices' clinical exception rate for

dementia was below average (3.9% compared to the national average of 8.3%). The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 74%, compared to the national average of 84%.

- Performance for the diabetes related indicators was above average (91% compared to the national average of 89%). However, the percentage of patients on the register, with a record of a foot examination and risk classification in the preceding 12 months was 68% compared to national average of 88%.
- Performance for the chronic obstructive pulmonary disease (COPD) related indicators was below average (76% compared to the national average of 96%). The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 64%, compared to the national average of 90%.
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 11 of the 19 clinical domains, including the cancer, heart failure and depression domains.

We discussed some of the QOF scores with the practice. The practice had recognised the need to improve the services for respiratory patients; a staff member had been supported to complete additional training to support improved patient outcomes for respiratory patients.

Data shared with us during the inspection for the 2015/16 QOF year showed that the practice had improved their performance for providing recommended care and treatment to patients with chronic obstructive pulmonary disease (COPD).

There was evidence of quality improvement work. However, clinical audit was limited. We found that:

- The practice had undertaken one single cycle audit of near patient testing in 2015. Near patient testing is the regular monitoring of patients prescribed medicines that can have potentially serious side effects. The practice was managing all patients on the high risk drugs included in this audit in line with their practice protocol. No second cycle of this audit had been completed.
- The practice provided a minor surgery service; the practice monitored the quality of the service provided.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in the Royal Collage of General Practitioners cancer audit.
- The practice had recently reviewed their management of referrals; those cases where there was no investigation or procedure available in secondary care were reviewed and discussed.
- The practice had a process in place to monitor patients who were prescribed anti-coagulation therapy and who were high risk of thromboembolism (the blockage of a blood vessel by a blood clot).

### Effective staffing

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

- A staff induction and competency booklet was used to record the staff induction process. This recorded when training had been received and competency in key tasks achieved.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training. Details of fire training completed by staff were reviewed during the inspection. Only three of the 30 staff at the practice had completed fire safety training in the last 12 months. Thirteen staff had no record of fire training having being completed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff, where appropriate, had received an appraisal within the last 12 months.

- Staff had been supported to develop; an existing member of staff had trained to be an assistant practitioner. This enabled them to carry out additional duties

### 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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took place regularly. The practice held monthly gold standard meetings to discuss the care of vulnerable patients and those requiring end of life care. The practice supported end of life care; 55% of patients who had passed away had had an advance care plan discussion or deciding right form in place which specified their wishes for end of life care(2014/2015 figures). The practice was ranked second in the locality for this provision. The practice met regularly to discuss safeguarding issues; minutes were not produced following these meetings but appropriate records were updated in a timely manner.

### 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.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a relevant service when appropriate.
- As part of a local clinical commissioning (CCG) initiative, the practice had set up a 'VIP' system for patients at risk of hospital admission. These patients were identified as a priority for care and support by the practice. The practice had an effective system to follow up 'VIP' patients who had been admitted to hospital.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 81%, which was in line with the local and national average of 82%. There was a policy to offer reminders 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 years old ranged from 80% to 100% (CCG average 83% to 97%). For five year olds rates ranged from 68% to 95% (CCG average 73% to 98%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We reviewed 24 Care Quality Commission comment cards completed by patients, 22 of these cards were positive about the care and service experienced, patients said they felt listened to and respected. Three cards commented negatively but there was no theme to the negative comments. We spoke with six patients during or shortly after the inspection. They said they felt the practice and staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey published, in January 2016, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were mostly higher, when compared to the local and national averages. For example:

- 100% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 94% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG average 91%, national average 89%).
- 93% said the GP they saw or spoke to gave them enough time (CCG average 90%, national average 87%).
- 94% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 93% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).

- 86% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 89%, national average 85%).
- 93% said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comments cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Nearly all results were above local CCG and national averages.

For example:

- 94% said the last GP they saw was good at listening to them (CCG average 91%, national average 89%).
- 94% said the last GP they saw was good at treating them with care and concern (CCG average of 89%, national average of 85%).
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average of 85%, national average of 81%).
- 91% said the last GP they saw was good at explaining tests and treatments (CCG average 89%, national average 86%).
- 93% said the last nurse they saw was good at listening to them (CCG average 93%, national average 91%).
- 93% said the last nurse they saw was good treating them with care and concern (CCG average 93%, national average 91%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average of 89%, national average of 85%).
- 95% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 89%).

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available on reception for patients who were hard of hearing. A portable hearing loop was also 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. Information was available for patients on support available for those with mental health conditions. The practice website also provided a range of health advice and information

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. The practice had close links to support organisations and referred patients when appropriate. The practice had identified 241 of their patients as being a carer (2.5% of the practice patient population). The practice planned to offer health checks for carers. They had received two awards from a local carers organisation in recognition of the support they provided for carers including their gold GP Carer Friendly Award.

If families had suffered bereavement, the practice would offer support in line with the patient's wishes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had close links with the local community and supported the provision of services that supported their patient's needs. For example, an area of the practice was provided at reduced cost to a group of charities that provided support and advice for the local community.

- The practice was involved in a CCG funded care home project for the elderly with the three GP practices in Kendal. There was a multi-disciplinary team involved including a nurse practitioner, medicines optimisation manager and care navigator. The aim of this scheme was to improve care home services and outcomes for patients. The team working on the project were nominated for an award by the British Medical Journal. The three practices involved in the project were involved in the ongoing work to maintain this level of service within Kendal due to a loss of funding.

The practice was very aware of the needs of their practice population and provided services that reflected their needs.

We found that:

- The practice had set up a 'VIP' system for patients at risk of hospital admission. These patients were identified as a priority for care and support by the practice.
- The practice held regular clinics for patients with long term conditions, including patients with cardiovascular disease and diabetes; however, patients could book an appointment at a date and time of their choice if they wished to. The practice is introducing a new review process for patients with long term conditions.
- When a patient had more than one condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter.
- Diabetic patients were offered appropriate support to encourage self-management of their care. For example,

patients could be referred to DESMOND (diabetes education and self-management for ongoing and newly diagnosed). This service educates patients with diabetes to manage their own support needs.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Extended hours appointments were available with a GP, nurse or the health care assistant three mornings and one evenings a week.
- Routine GP appointments were for 15 minutes; nationally the average appointment time for a GP appointment is 10 minutes. Acute GP appointments were for 10 minutes.
- An in-house counselling service was provided for patients with complex mental health needs; this was in addition to local counselling services which were based in the building.
- The practice had set up a support group for patients with neurological illnesses.
- The practice worked closely with the local care home, the lead GP visited weekly.
- Patients were able to receive travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- There was a practice based anti-coagulation clinic.
- External services were based at the practice, for example a minor surgery and vasectomy service.

### Access to the service

Captain French Surgery was open at the following times:

- Monday to Friday 8am to 6:30pm.

Appointments were available at Captain French Surgery at the following times:

- Monday to Friday 8:30am to 12:30pm and 1:30pm to 6pm.
- Extended hours appointments were available from 7:30am on Tuesday and Wednesday morning, and until 6pm each Monday and until 6:30pm each Thursday.



# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 96% of patients said that the last appointment they got was convenient (CCG average 94%, national average 92%).
- 89% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 75%).
- 89% patients said they could get through easily to the surgery by phone (CCG average 81%, national average 73%).
- 67% patients said they usually get see or speak to the GP they prefer (CCG average 62%, national average 59%).
- 87% describe their experience of making an appointment as good (CCG average 78%, national average 73%).
- 89% of patients were satisfied with the practice's opening hours (CCG average 79%, national average 75%).

The practice had recently completed a review of their appointment system to ensure it met the needs of patients.

### **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.
- The practice manager was the designated responsible person who handled all complaints in the practice: GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and included in the practice leaflet that was easily available in the waiting area. Information was also available on the practice website.
- The practice had reviewed the complaints received from April 2015 to March 2016; the outcome of each complaint was discussed to support shared learning.

We looked at two of the complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint communication with patients was discussed with clinicians to support shared learning from the issue raised.

# 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 statement of purpose that included their aims and objectives. Their aims and objectives included their vision 'to provide excellent care to all our patients' and the clinical aim to 'deliver accessible, patient-centred, holistic, evidence-based, high quality care using learning opportunities whilst embracing feedback to reflect, shape and improve services'. The statement of purpose was displayed in the waiting area.
- The practice is an active member of South Cumbria Primary Care Collaboration, a federation of local practices in the south Cumbria area, which supports the 'better care together' review of local services. The practice is actively involved in the Kendal Integrated Care Community. One of the partners at the practice was the locality lead for child and adult safeguarding and a board member of the local clinical commissioning group (CCG).

### Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice held regular senior management team meetings.
- Practice specific policies were implemented, regularly reviewed, and easily accessible to staff.
- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.

### Leadership and culture

On the day of the inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

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 knowing about notifiable safety incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- The practice held regular meetings. For example, the senior management team met monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams.
- Daily GPs coffee time was used as a forum for regular informal discussion and information sharing.
- The practice produced a weekly 'Surgery News' bulletin that supported communication with all staff. For example, it detailed which staff were on holiday the following week.
- An in-house counselling service was available to staff.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through:

- Their patient participation group (PPG), surveys and complaints received. The practice had a PPG group which met regularly. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. Information on the PPG was displayed in the waiting area.
- The practice had completed their own patient survey and the results were available for patients to review in the waiting area.
- The PPG was working with the practice to trial access to patient records.

The practice had gathered feedback from staff through:



# Are services well-led?

Good 

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

- A practice strategy day held in 2016 that involved all staff.
- 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.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice. For example:

- The practice had experienced a great deal of change to clinical staffing in recent years. The practice had been successful in attracting new staff. A strategy day in February 2016 involved the whole practice.
- Staff had been given opportunities to develop. For example, existing staff had progressed to the role of assistant practitioner. The practice had supported them to study at university in order to obtain the qualification required to carry out this role. This benefitted the practice in terms of them being able to carry out more varied tasks and services. The practice had recognised the need to improve the services for respiratory patients; a staff member had been encouraged to complete additional training to help them provide patients with respiratory illnesses with better care and support
- The practice was involved in a CCG funded care home project for the elderly with the three GP practices in Kendal. The aim of this scheme was to improve care home services and outcomes for patients. The team working on the project were nominated for an award by the British Medical Journal. The three practices involved in the project were involved in the ongoing work to maintain this level of service within Kendal due to a loss of funding.