

Bentham Medical Practice

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?	Requires improvement 
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 Bentham Medical Practice on 7 June 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

The areas where the provider must make improvements are:

- Ensure appropriate arrangements are in place to securely store medicines.
- Implement effective arrangements to assess the risk of, prevent, detect and control the spread of healthcare related infections, including; ensuring that appropriate measures are in place to dispose of clinical waste from the branch surgery at Ingleton and ensuring toys are cleaned regularly.
- Ensure Disclosure and Barring Service (DBS) checks are carried out for clinical staff and those carrying out chaperoning duties.

In addition, the provider should:

Summary of findings

- Review standard operating procedures to ensure they reflect current arrangements within the dispensary.
- Take steps to improve accessibility to the branch surgery premises. The external door did not open automatically and there was no facility for patients who needed assistance to summon support.
- Consider the need to develop a clear and realistic long term strategy for the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

There was some evidence of the appropriate management of medicines. However, the doors to some rooms, which were used to store medicines were unlocked. Some of the standard operating procedures did not reflect current arrangements within the dispensary.

Staff recruitment practices were followed and there were enough staff to keep patients safe. However, appropriate DBS checks had not been carried out for all clinical staff and those who had direct contact with patients

The premises were clean and hygienic; but some toys were unclean and the arrangements for the disposal of clinical waste from the branch surgery were not safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.7% of the points available. This was above the local and national averages of 96.8% and 94.7% respectively. At 9.2%, the clinical exception reporting rate was in line with the England average (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Good



Summary of findings

There were good arrangements to support patients to live healthier lives; the practice funded placements for patients to attend local therapeutic services. There were drop in substance misuse support services. A 'depression questionnaire' form was available on the practice's website for patients to complete; these were regularly reviewed. When clinical staff were concerned about the results of the questionnaire patients were contacted and offered an appointment and further support.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in January 2016 showed the practice was broadly in line with national and local averages for satisfaction scores on consultations with doctors and nurses. Results showed 87% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 85%; 95% said the nurse was good at treating them with care and concern compared to the national average of 91%.

The results of the practice's own patient survey and feedback from the NHS Friends and Family Test (FFT) were also positive; 89% of respondents to the FFT said they would be either likely or very likely to recommend the practice.

The practice had a relatively low number of patients registered as carers; 65 patients (0.9% of the practice list). Attempts to increase the number of carers had been made and the practice had developed strong links with a local carers' support group.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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.

The most recent results of the National GP Patient Survey (published in January 2016) showed that 89% (compared to 85% nationally and 88% locally) of respondents were able to get an appointment or speak to someone when necessary. Over 76% of respondents said

Good



Summary of findings

they were satisfied with opening hours (compared to the national and local averages of 75% and 79% respectively). The practice scored highly on the ease of getting through on the telephone to make an appointment (85% of patients said this was easy or very easy, compared to the national average of 73% and a local average of 81%).

Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good. However, managers told us there was no supporting business plan in place; and there were no plans to develop a long term strategy.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- Doctors carried out a weekly ward round and had regular telephone contact with staff at a local nursing home.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs 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.

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 84.1%, which was above the CCG average of 82.5% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. The practice offered extended opening hours at least one early morning and one evening per week for working patients who could not attend during normal opening hours. Appointments were available with doctors and nurses.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

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.

Good



Summary of findings

- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required. One of the GPs visited a local care home for patients with learning disabilities every year to carry out health checks.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Arrangements were in place to support patients who were carers. The practice was improving the arrangements for identifying carers. Carers were offered a health check and referred for a carer's assessment.

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 worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Good



Summary of findings

What people who use the service say

We spoke with six patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed eight CQC comment cards which had been completed by patients prior to our inspection.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were generally happy with the appointments system.

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 135 responses (from 235 sent out); a response rate of 57%. This represented 1.9% of the practice's patient list. Of those who responded:

- 88% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.

- 85% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 97% found the receptionists at this surgery helpful, compared with a CCG average of 91% and a national average of 87%.
- 89% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 88% and a national average of 85%.
- 94% said the last appointment they got was convenient, compared with a CCG average of 94% and a national average of 92%.
- 80% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 59% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 66% and a national average of 65%.
- 56% felt they don't normally have to wait too long to be seen, compared with a CCG average of 62% and a national average of 58%.

Areas for improvement

Action the service **MUST** take to improve

Ensure appropriate arrangements are in place to securely store medicines.

Implement effective arrangements to assess the risk of, prevent, detect and control the spread of healthcare related infections, including; ensuring that appropriate measures are in place to dispose of clinical waste from the branch surgery at Ingleton and ensuring toys are cleaned regularly.

Ensure Disclosure and Barring Service (DBS) checks are carried out for clinical staff and those carrying out chaperoning duties.

Action the service **SHOULD** take to improve

- Review standard operating procedures to ensure they reflect current arrangements within the dispensary.
- Take steps to improve accessibility to the branch surgery premises. The external door did not open automatically and there was no facility for patients who needed assistance to summon support.
- Consider the need to develop a clear and realistic long term strategy for the practice.

Bentham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a pharmacist specialist advisor and a further CQC inspector.

Background to Bentham Medical Practice

Bentham Medical Practice is registered with the Care Quality Commission to provide primary care services. It is located in the Lancaster area of North Yorkshire.

The practice provides services to around 7,250 patients from two locations:

- Grasmere Drive, High Bentham, Lancaster, North Yorkshire, LA2 7JP
- Ingleton Surgery, High Street, Ingleton, Carnforth, Lancashire, LA6 3AB.

We visited both addresses as part of the inspection.

The practice has four GP partners (three female and one male), three salaried GPs (two female and one male), four practice nurses (all female), a practice manager, and 17 staff who carry out reception, administrative and dispensing duties.

The practice is a training practice and two of the GPs are accredited GP trainers. At the time of the inspection there was one trainee GP working at the practice.

The practice is part of Cumbria clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (27.6% compared to the national average of 17.1%).

Information taken from Public Health England placed the area in which the practice is located in the eighth less deprived decile. In general, people living in less deprived areas tend to have less need for health services.

The main surgery is located in purpose built, two storey premises. All patient facilities are on the ground floor. The branch surgery is located in a converted single storey building. There is on-site parking, disabled parking, disabled WCs and step-free access at both sites.

Opening hours are between 8.00am and 6.30pm Monday to Friday, with at least one early morning and one evening session per week in addition to this. Patients can book appointments in person, on-line or by telephone.

Appointments were available at the following times on the week of our inspection:

- Monday - 8.30am to 11.55am; then from 1pm to 7.15pm
- Tuesday – 7am to 11.55am; then from 1.45pm to 8.40pm
- Wednesday – 8.30am to 11.55am; then from 1.45pm to 5.30pm
- Thursday – 8.30am to 11.55am; then from 1.45pm to 5.30pm
- Friday – 8.30am to 11.55am; then from 1.45pm to 5.30pm.

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).

Detailed findings

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. This 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

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 7 June 2016. We spoke with six patients and 12 members of staff from the practice. We spoke with and interviewed two GPs, a practice nurse, a trainee GP, the practice manager and seven staff carrying out reception, administrative and dispensing duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed eight CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

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 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.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and records showing meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements to dispense controlled drugs were amended.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the practice manager to the relevant clinical staff or medicines manager. These alerts were then discussed, and any necessary action agreed at clinical governance meetings.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained child safeguarding level three and the nurses to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role; however, some had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, appropriate DBS checks had not been carried out for all clinical staff and those who had direct contact with patients. Managers told us they would make arrangements to obtain DBS checks for every member of staff. We were provided with evidence after the inspection which demonstrated that some applications had been made; others were in progress.

Medicines management

- Some arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, handling, security and disposal). Some arrangements (recording and storing) were not as safe and required improvement.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in

Are services safe?

place to monitor their use. Patient Group Directions 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).

- Some medicines were not securely stored. Vaccines were held in refrigerators, in unlocked rooms at both sites, with the keys in the locks of the refrigerators. Staff told us they would install locks on the doors to these rooms.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Most of the SOPs were current but improvements could be made, for example, the practice delivered medicines to third party locations for patients' convenience; there was no SOP in place to cover these arrangements.
- Staff described the process they undertook for dispensing medicines on repeat prescriptions; the prescription was printed out and although medicines were not dispensed without a signed prescription, staff began the dispensing process before the prescriptions were signed. Managers told us this was a limitation of their computer system. Best practice would suggest that 'these should be signed ideally before the dispensing takes place'.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely, although these could be improved. There were arrangements in place for the destruction of controlled drugs but the processes in place for recording when a relative collected a controlled drug prescription were not robust.

Infection prevention and control

- Appropriate standards of cleanliness and hygiene were not always followed. The 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 undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We observed the premises to be clean and tidy, however, some of the plastic toys at both sites were visibly unclean. The practice's own cleaning schedules stated that toys should be cleaned daily. The arrangements for the collection of clinical waste from the branch surgery required improvement. The practice did not have a contract with a specialist company for the collection of hazardous waste from the branch. Staff told us they carried the full clinical waste bags to their own cars then transported the bags to the main branch; this posed risk to the staff in the event of any accidents or spillages from the bags.

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. Regular fire drills were carried out at the main branch but there had not been a drill carried out recently at the branch surgery. Managers told us they would make arrangements to undertake a drill soon. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number 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.

Are services safe?

Arrangements to deal with 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.
- The practice had defibrillators and oxygen with adult and children's masks at both surgeries. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 98.7% of the total number of points available, which was above the England average of 94.7%.

At 9.2%, the clinical exception reporting rate was in line with the England average (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The data showed that outcomes for patients with long-term conditions were generally better than national averages.

- Performance for diabetes related indicators was better than the national average (98.9% compared to 89.2% nationally). For example, the percentage of patients newly diagnosed with diabetes who had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 93.8%, compared to the national average of 90.3%.

- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally). For example, in those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who were treated with a certain medicine, the percentage of patients who were additionally currently treated with a beta-blocker licensed for heart failure was 100%, compared to 92.8% nationally.
- Performance for mental health related indicators was above the national average (95.2% compared to 92.8% nationally). However, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented was 82.1%, compared to the national average of 88.3%. Managers were aware of this and plans were in place to improve arrangements; including considering alternative ways of contacting patients.
- Performance for dementia related indicators was above the national average (100% compared to 94.5% nationally).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out; these showed improved performance in areas such as minor surgery and the prescribing of antibiotics in the management of tonsillitis. Extensive and detailed annual audits of patient deaths and cancer diagnoses were carried out to review performance. The results and any necessary actions were discussed at the clinical team meetings.

The practice had developed effective arrangements for reviewing hospital discharge letters, changes to patients' medication and updating their care plans were appropriate. Regular audits were carried out to ensure all letters were actioned by the GPs.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, 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 updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice had a long track record as a training practice. Two of the GPs were accredited GP trainers. At the time of the inspection there was one trainee GP in post. There were good arrangements in place for supporting and mentoring trainees; they were closely supervised until they were deemed competent and felt able to undertake clinical duties.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- 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.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and very well 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 and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- 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.
- Smoking cessation advice was available within the practice and patients could be referred to a dietician.

The practice's uptake for the cervical screening programme was 84.1%, which was above the CCG average of 82.5% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 93.9% (compared to the CCG averages of between 83.3% and 96.7%). Immunisation rates for five year olds ranged from 90.5% to 97.6% (compared to the CCG averages of between 72.5% and 97.9%).

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 effective? (for example, treatment is effective)

The practice funded placements for patients to attend local therapeutic services. There were drop in substance misuse support services. A 'depression questionnaire' form was available on the practice's website for patients to complete;

these were regularly reviewed. When clinical staff were concerned about the results of the questionnaire patients were contacted and offered an appointment and further support.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

All of the eight patient CQC comment cards we received were positive about the service experienced. We spoke with six patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national average for satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 98% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and the national average of 91%.
- 97% said they found the receptionists at the practice helpful, compared to the CCG average of 91% and the national average of 87%.

The results of the practice's own patient survey and feedback from the NHS Friends and Family Test (FFT) were also positive; 89% of respondents to the FFT said they would be either likely or very likely to recommend the practice.

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 from the comment cards we received was also positive and aligned with these views.

Results from the January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example, of those who responded:

- 88% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 87% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 86% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and the national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 94% said the last nurse they spoke to was good listening to them, compared to the CCG average of 93% and the national average of 91%.
- 95% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 95% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

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. For

Are services caring?

example, there were leaflets with information about counselling services, a drop in drug and alcohol support service, a local meals on wheels service and domestic violence support team.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 65 patients (0.9% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them. Managers told us this may have been an

issue with how patients were coded on the system but they had made attempts to increase the number of carers. The practice had developed strong links with a local carers' support group. A representative from the group attended the practice each week to advise patients on how to register as a carer and inform them of the support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 was situated in North Yorkshire but was part of Cumbria clinical commissioning group (CCG). Some external services were provided by other CCGs or hospital trusts, managers therefore worked closely and engaged with the local community teams to ensure services were accessible for their patients.

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

- The practice offered extended opening hours at least one early morning and one evening per week for working patients who could not attend during normal opening hours. Appointments were available with doctors and nurses.
- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Doctors carried out a weekly ward round and had regular telephone contact with staff at a local nursing home.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The site had level access; however, the external door at the branch surgery did not open automatically and there was no facility for patients who needed assistance to summon support.
- Appointments with GPs could be booked online, in person or on the telephone.
- The practice had taken part in the NHS 'Accessible Information Standard'; this had involved contacting patients with communication difficulties to ask for their preferred method of contact. This was then noted on the patient record so staff could follow the patients' wishes.

- Due to the rural location of the practice, public transport options were limited for patients. The practice part funded a patient transport scheme in conjunction with a national charity; patients were able to book transport to and from the surgeries for a nominal fee.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, with at least one early morning and one evening session per week at both surgeries. Appointments were available at the following times on the week of our inspection:

- Monday - 8.30am to 11.55am; then from 1pm to 7.15pm
- Tuesday - 7am to 11.55am; then from 1.45pm to 8.40pm
- Wednesday - 8.30am to 11.55am; then from 1.45pm to 5.30pm
- Thursday - 8.30am to 11.55am; then from 1.45pm to 5.30pm
- Friday - 8.30am to 11.55am; then from 1.45pm to 5.30pm.

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. The practice operated a triage system every day; patients who requested same or next day appointments were added to the 'triage list', a GP then called the patient back and the GP took the appropriate course of action, either giving advice over the telephone or booking them in for an appointment. Patients told us this system worked well.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Patients we spoke with on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 75%.
- 85% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 80% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 59% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 66% and the national average of 65%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting rooms and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two of the complaints that the practice had received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

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 about a charge being made for a service, arrangements were made to provide clear information to patients where there was a fee for non-NHS services. During the inspection we saw this was advertised in both waiting rooms.

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; this was 'Make the care of patients our first concern. Protect and promote the health of patients and the public. Provide a good standard of practice and care. Treat patients as individuals and respect their dignity. Work in partnership with patients. Be honest and open and act with integrity'.
- The mission statement was documented within the patient information booklet. Staff knew and understood the values of the practice.
- However, managers told us there was no supporting business plan in place; and there were no plans to develop a long term strategy.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions, however, these were not always fully effective. During the inspection we identified concerns in relation to the management of medicines and infection control arrangements.

Leadership, openness and transparency

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

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

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

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

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the 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. For example, the PPG had been involved in reviewing the practice website, and arranged for the kerbs to be lowered at the entrance to both surgeries.

Are services well-led?

Good 

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

A practice newsletter was produced on a quarterly basis. The newsletter was very detailed and included information for patients about the services offered by the practice, results of recent surveys and an update from the PPG.

The practice had also gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not provided in a safe way for service users. The practice did not effectively and safely manage medicines. Some medicines were not securely stored. Vaccines were held in refrigerators, in unlocked rooms at both sites, with the keys in the locks of the refrigerators. The practice did not have effective arrangements to assess the risk of, prevent, detect and control the spread of healthcare related infections. Regulation 12 (1).
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered provider had not ensured that the information specified in Schedule 3 and such other information as is required to be kept was available for each person employed. Regulation 19 (3).