# Oxford Street 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 the Oxford Street Surgery on 18 October 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to promoting the safety of patients and staff and, an effective system for reporting and recording significant events. The staff team took the opportunity to learn from all internal and external incidents.
- Services were tailored to meet the needs of individual patients and were delivered in a way that ensured flexibility, choice and continuity of care. All staff were actively engaged in monitoring and improving quality and patient outcomes. Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- The QOF data, for 2014/15, showed the practice had performed very well in obtaining 98.6% of the total points available to them, for providing recommended care and treatment. This was above the local clinical commissioning group (CCG) average of 96.8%, and the England average of 94.8%. (Just before we published the report, the QOF data for 2015/16 was released.
- Risks to patients and staff were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations when planning how services were provided, to ensure patients' needs were met.
- Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The leadership, governance and management of the practice helped ensure the delivery of good quality person-centred care, supported learning and promoted an open culture.

However, there were also areas where the provider needs to make improvements. The provider should:

- Carry out a yearly review of significant events, to help identify common themes and patterns.
- Put in place a formal system for updating the practice's clinical guidelines, and carry out checks to make sure they are being implemented.

**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?**

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement.
- There was an effective system for dealing with safety alerts and sharing these with staff.
- The practice had clearly defined systems and processes that helped keep patients safe. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place. Required employment checks had been carried out for staff recently appointed by the practice.
- The premises were clean and hygienic, and there were good infection control processes in place.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Staff were consistent in supporting patients to live healthier lives, through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing.
- The QOF data, for 2014/15, showed the practice had performed very well in obtaining 98.6% of the total points available to them, for providing recommended care and treatment. This was above the local clinical commissioning group (CCG) average of 96.8%, and the England average of 94.8%. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance).
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance. However, the practice did not have a formal system for updating the practice's clinical guidelines, or for checking that they were being implemented.
- Quality improvement activities were carried out to help improve patient outcomes.

# Summary of findings

- Staff worked effectively with other health and social care professionals, to ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and the majority of those who had completed a Care Quality Commission (CQC) comment card, were very happy with the care and treatment they received.
- Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and their involvement in decision making, was either above, or broadly in line with, the local CCG and national averages.
- Information for patients, about the range of services provided by the practice, was available and easy to understand.
- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment.

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

Good

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example, the practice had collaborated with the other practices in Workington, to form a local GP federation and establish the Workington Primary Care Centre (WPCC), to manage the demand for same day/urgent appointments. Patients at the practice were able to access pre-bookable, same day urgent appointments at the WPCC, Monday to Friday, 8am to 8pm. They were also able to access a walk-in service for minor injuries, illnesses and ailments, at the WPCC from 8am to 8pm, seven days per week (excluding public holidays).
- The majority of patients who provided feedback on CQC comment cards were satisfied with telephone access to the practice and appointment availability. Results from the NHS GP Patient Survey of the practice, published in July 2016, showed that patient satisfaction levels with the convenience of

# Summary of findings

appointments, telephone access and appointment availability, were either above, or broadly in line with, the local CCG and national averages. Patients were less satisfied with appointment waiting times.

- 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. There was evidence the practice responded in a timely manner to issues raised, and treated them with seriousness.

**Are services well-led?**

Good

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

- The practice had good governance and performance management arrangements. They had clearly defined and embedded systems and processes that helped to keep patients safe. There was a clear leadership structure and staff felt well supported by the GPs and the practice management team.
- The practice actively sought feedback from patients via their patient participation group and the surveys they had carried out. They had acted on this feedback by making improvements to the quality of care patients received.
- There was a strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.

# 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

Good

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

- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed above most of the local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance).
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. Staff worked in collaboration with the local Frail and Elderly Assessment Team, to help ensure patients with complex needs received the support they needed. Older housebound patients had access to influenza vaccinations, foot examinations, phlebotomy services and urinalysis, in their own homes.
- The practice had participated in the local enhanced service aimed at avoiding unplanned admissions into hospital. They had exceeded the targets for reviewing the needs of older patients on their case management register.

### People with long term conditions

Good

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

- The QOF data, for 2014/15, showed the practice had performed above most of the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance).
- Nursing staff had lead roles in chronic disease management and patients at risk of an unplanned hospital admission were identified as a priority.
- Patients with long-term conditions were offered annual reviews, to check their health needs were being met and that they were receiving the right medication. Longer appointments and home visits were available when needed.

# Summary of findings

- Clinical staff were good at working with other professionals, to deliver a multi-disciplinary package of care to patients with complex needs.

**Families, children and young people**

Good

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

- There were good systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, monthly multi-disciplinary meetings were held where the needs of vulnerable children and families were discussed, to help manage risk and share information. All the clinical staff had completed appropriate safeguarding training.
- Appointments were available outside of school hours and the practice's premises were suitable for children and babies.
- The practice offered contraceptive and sexual health advice, and information was available about how patients could access specialist sexual health services.
- Children were able to access a full range of childhood immunisations, provided by a town wide childhood immunisation service which serves all GP practices in Workington and is staffed by three experienced nurses. Publicly available information showed immunisation rates for children were above the local CCG averages, with 100% take-up rates for most.
- The practice had a comprehensive screening programme, and their performance was either above, or in line with, national averages. For example, the uptake of breast screening for females aged between 50 and 70, during the preceding three years, was above the national average, 79.5% compared to 72.2%. The uptake of cervical screening for females aged between 25 and 64, attending during the target period, was in line with the national average, 80.5% compared to 81.8%.

**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 practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients.
- The QOF data showed the practice had performed above most of the local CCG and England averages, in providing

recommended care and treatment to this group of patients. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance).

- The practice was open each week day from 8am to 6.30pm. Patients who were unable to attend the surgery during normal opening hours were able to access pre-bookable appointments with a nurse practitioner, at an extended hours service located in the WPCC on a Saturday from 11am to 12.45pm, and on a Sunday from 1pm to 3.30pm. In addition to this, weekend appointments with a named GP were provided intermittently. Patients were also able to access a walk-in service for minor injuries, illnesses and ailments, at the WPCC from 8am to 8pm, seven days per week (excluding public holidays). Clinical staff from the practice covered regular sessions each week at this service, as did staff from the other Workington GP practices.
- Information on the practice's website, and on display in their patient waiting areas, directed patients to the out-of-hours service.

**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.

- There were suitable arrangements for meeting the needs of vulnerable patients. For example, the practice maintained a register of patients with learning disabilities which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen.
- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients.
- Appropriate arrangements had been made to meet the needs of patients who were also carers.

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

Good

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

- There were suitable arrangements for meeting the needs of patients experiencing poor mental health. The QOF data, for 2014/15, showed the practice had performed above local CCG

and national averages, in relation to providing care and treatment to this group of patients. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance).

- Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Staff from a local alcohol and drug recovery service regularly attended the practice, to provide patients who had a range of substance misuse problems with appropriate advice and support.
- Patients with mental health needs were referred to the local Community Mental Health Care Team, if staff thought they would benefit from the services it provided.
- The practice's clinical IT system clearly identified patients with dementia and other mental health needs, to ensure staff were aware of their specific needs.

# Summary of findings

## What people who use the service say

Feedback from patients was positive about the way staff treated them**.** We spoke with four patients from the practice's patient participation group. They said they were given enough time during their consultations, and that their privacy and dignity was respected. They also said they felt listened to and that their treatment choices were explained to them.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 31 completed comment cards, of which the majority were positive about the standard of care provided. Words used to describe the service included: excellent; first class; very helpful; good; good staff and facilities; sincere and genuine care. A small number of patients made less positive comments. These related to: difficulties experienced trying to obtain an appointment; appointment waiting times and the turnover of GPs.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, were broadly in line with the local clinical commissioning group (CCG) and national averages. There were good levels of satisfaction regarding telephone access, appointment convenience and availability. However, patients were less satisfied with appointment waiting times. For example, of the patients who responded to the survey:

- 85% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 91% and the national averages of 87%.
- 93% had confidence and trust in the last GP they saw, compared with the local CCG average of 97% and the national average of 95%.
- 87% said the last GP they saw was good at listening to them, compared to the local CCG average of 92% and national average of 89%.
- 92% said the last nurse they saw or spoke to was good at giving them enough time. This was the same as the national average, but below the local CCG average of 95%.
- 98% had confidence and trust in the last nurse they saw or spoke to. This was the same as the local CCG average, but above the national average of 97%.
- 92% said the last nurse they saw was good at listening to them, compared to the local CCG of 94% and the national average of 91%.
- 80% found receptionists at the practice helpful. This was the same as the local CCG average, but above the national average of 73%.
- 91% found receptionists at the practice helpful, compared with the local CCG average of 90% and the national average of 87%.
- 88% said the last appointment they got was convenient, compared with the local CCG average of 78% and the national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried. This was the same as the national average and just below the local CCG average of 87%.
- 80% found it easy to get through to the surgery by telephone. This was the same as the local CCG average and above the national average of 73%.
- 54% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 67% and the national average of 65%.
- 57% said they usually got to see or speak with their preferred GP, compared to the CCG average of 60% and the national average of 59%.

(244 surveys were sent out. There were 115 responses which was a response rate of 47.1%. This equated to 0.9% of the practice population.)

## Areas for improvement

# Summary of findings

**Action the service SHOULD take to improve**

- Carry out a yearly review of significant events, to help identify common themes and patterns.
- Put in place a formal system for updating the practice's clinical guidelines, and carry out checks to make sure they are being implemented.

# Oxford Street Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector, and included a GP specialist advisor.

## Background to Oxford Street Surgery

Oxford Street Surgery provides care and treatment to 7134 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Cumbria clinical commissioning group (CCG) and provides care and treatment to patients living in the area of Workington. We visited the following location as part of the inspection: Oxford Street Surgery, 20 Oxford Street, Workington, Cumbria, CA14 2AJ.

The practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The percentage of people with a long-standing health condition is just below the England average, but the percentage of people with caring responsibilities is above. Life expectancy for both men and women is lower than the England average. National data showed that 0.9% of the population are from non-white ethnic groups.

The practice occupies premises that have been adapted to meet the needs of patients with disabilities. There is a reception area, six consulting rooms, and two treatment rooms. The largest treatment room is equipped for minor operations, and the other is adapted for simple procedures only. Most of the upper floor consists of office and administration areas; however, there are some clinical rooms. The GP partners are considering the possibility of installing a lift to provide easier access to the first floor. The practice has two GP partners (both female), two salaried GPs (one male and one female), a nurse manager/trainee nurse practitioner (female), two practice/chronic disease nurses (female), one locum nurse practitioner (female), two healthcare assistants (female) and a team of administrative and reception staff including a practice manager, a medicines/reception manager, administrators, receptionists and cleaners.

The practice is open Monday to Friday between 8am and 6:30pm. GP appointment times are Monday to Friday between 8:30am and 11:40am, and between 2:30pm and 5:45pm. In addition, weekend appointments with a named GP are also provided intermittently. The practice is closed at weekends. It closes one afternoon a month, between 1pm and 6:30pm, for staff training.

When the practice is closed patients can access out-of-hours care via Cumbria Health On Call (CHOC), and the NHS 111 service.

## 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008; to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, the nurse manager, the medicines manager, and some administrative staff. We also spoke with four patients from the practice's patient participation group.
- Observed how staff interacted with patients in the reception and waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events, and an effective system for responding to safety alerts.

- Staff had identified and reported on sixteen significant events during the previous 12 months. Significant Event Audits (SEAs) were generated following events occurring within, and outside of, the practice. Copies of significant event reports could be accessed by all staff on the practice intranet system. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. Staff had made improvements to prevent the reoccurrence of significant events. For example, following a recent SEA, a designated member of staff now hand delivers Do Not Attempt Resuscitation documentation to the appropriate person, to help ensure key professionals have access to these. However, we identified that the practice did not carry out a yearly review of significant events, to help identify common themes and patterns.
- The practice's approach to the handling and reporting of significant events ensured the provider complied with their responsibilities under the Duty of Candour regulation. (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 system for recording, investigating and learning from incidents, and this was known by the staff we spoke with. Where relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer, to a central monitoring system, so that the local CCG can identify any trends and areas for improvement.)
- All safety alerts, including those covering medicines, were received into a secure email box and forwarded to clinicians by a designated member of staff, so that appropriate action could be taken within the required timescales. There was evidence that safety alerts had been handled appropriately.

### Overview of safety systems and processes

The practice had a range of clearly defined and embedded systems and processes in place which helped to keep patients and staff safe and free from harm. These included:

- Arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place. Staff told us they were able to easily access these. Safeguarding information was also available on the practice's intranet system and included key contact details. A designated member of the GP team acted as the children and vulnerable adults safeguarding lead, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. Staff maintained registers of children subject to child protection plans, children in need and looked after children, so they could monitor their needs and take this into account during consultations. Monthly multi-disciplinary meetings were held at the practice to monitor vulnerable patients and share information about risks. The GP safeguarding lead attended quarterly locality GP lead meetings, where the needs of children and vulnerable adults were discussed. Staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training.
- Chaperone arrangements to help protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone service was advertised on posters displayed in the waiting area.
- Maintaining appropriate standards of cleanliness and hygiene. The practice employed their own cleaning staff who worked to an agreed schedule. There was a member of staff who was the designated infection control lead. They had recently taken on this role and were in the process of reviewing all the practice's infection control processes. There was an annual infection control statement for 2015/16 and this demonstrated the steps taken by staff to reduce the risk

of infection. There were infection control protocols in place and these could be easily accessed by staff. Staff had completed infection control training. Sharps bin receptacles were available in the consultation rooms and those we looked at had been signed and dated by the assembler. Clinical waste was appropriately handled. An infection control audit had been carried out during 2016, and an action plan had been produced to address the issues identified, such as carpeted floors in a small number of clinical rooms, and the lack of elbow taps in some of these rooms. We advised the nurse manager that they could strengthen their action plan by adding more specific dates by which actions should be completed.

- Appropriate arrangements for managing medicines, including emergency drugs and vaccines. There was a good system for monitoring repeat prescriptions and carrying out medicines reviews. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Appropriate systems were in place to manage high risk medicines. Prescription forms were securely stored.
- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of four staff recruitment files. Appropriate indemnity cover was in place for the clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications, as well as written references. The provider had also carried out DBS checks on each person and had obtained proof of their identity.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire and electrical systems**,** the completion of an up-to-date fire risk assessment and the carrying out of fire drills. Staff had completed fire safety training, and some acted as fire marshals.
- The practice employed a specialist consultant to carry out their health and safety risk assessment, to help keep the building safe and free from hazards. Each group of staff had helped contribute to the assessment of risks within their workplace area. There was a health and safety poster in the practice, to help raise staff awareness.
- A legionella risk assessment had been carried out and the majority of actions identified had been completed. Staff had plans to address the two outstanding actions. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. With the exception of a salaried GP, who was due to return from maternity leave the day after the inspection, the practice had a full complement of GPs. A GP partner told us the return of the salaried GP would help relieve appointment pressure and improve continuity of care. Gaps in the GP rota had been filled by regular locum staff during salaried GP's absence. Due to recent changes in the composition of the nursing team, the practice was short of a nurse practitioner. A locum nurse practitioner was currently covering rota gaps. Wherever possible, rota gaps had been filled by regular GP locums. Administrative staff had allocated roles, but were also able to carry out all reception and office duties.

**Arrangements to deal with emergencies and major incidents**

The practice had made appropriate 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.
- Staff had completed basic life support training, to help them respond appropriately in an emergency.
- Emergency medicines were available in the practice. These were kept in a secure area and staff knew of their location. All of the emergency medicines we checked were within their expiry dates.

Good

# Are services safe?

- Staff also had access to a defibrillator. However, although there were defibrillator pads for adults, there were no pads for children. A supply of oxygen for use in an emergency was available. Regular checks of the defibrillator and oxygen supply had been carried out.
- The practice had a business continuity plan in place for major incidents, such as power failure or building damage. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site by key individuals. The plan included emergency contact numbers for staff and details of other practices that would help in the event of a major incident.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Staff 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. However, the practice did not have arrangements for making sure new guidelines, or changes to existing ones, were discussed with clinical staff and were being implemented. For example, by carrying out audits or random sampling of patients' records.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2014/15, showed the practice had obtained 98.6% of the total points available to them for providing recommended care and treatment. This was above the local clinical commissioning group (CCG) average of 96.8%, and the England average of 94.8%. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance, with an overall achievement of 94.9%, (local CCG average of 96.9%, and a national average of 95.3%), and an overall exception reporting rate of 7.3%.) For example:

- Performance for the diabetes related indicators was either better than, or broadly in line with, the England averages, For example, the percentage of patients with diabetes, in whom the last blood pressure reading, during the period from 1 April 2014 to 31 March 2015, was 150/90 mmHg or less, was higher when compared to the England average (95.8% compared to 91.4%). The data also showed the percentage of patients with diabetes, with a record of a foot examination and risk classification, in the same period of time, was broadly in line with, the England average (88.5% compared to 91.3%).
- Performance for the mental health related indicators was above the England averages. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2014 to 31 March 2015, was higher when compared with the England average (95.7% compared to 88.4%). The data also showed that the percentage of patients with dementia, whose care had been reviewed in a face-to-face review, in the same period of time, was also higher when compared to the England average (97.9% compared to 84%).

The practice's exception reporting rate, at 8.7%, was 1.4% below the local CCG average and 0.5% below 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.)

Staff were proactive in carrying out quality improvement activities, including clinical audits, to help improve patient outcomes. These were relevant and demonstrated what action staff had taken to ensure patients were receiving care and treatment that was in line with local and national guidelines. Clinical audit outcomes had been shared with staff during practice clinical meetings, to help promote shared learning. Recent clinical audits included the investigation of lumber-spine problems, the results of which had been shared with the local CCG and their peers. A clinical audit had been carried out to review patients' over-use of asthma inhalers. Patients identified as part of the audit had their clinical history reviewed, and staff had made decisions about how best to support them, including the drawing up of holistic and hospital admissions avoidance care plans.

Publicly available information identified a large variation in the average daily quantities of hypnotics prescribed by clinical staff at the practice. (The data covered the period 01/07/2014 to 30/06/2015.) Staff were clear about the reasons for this, and had put plans in place to address this issue. For example, staff were auditing all patients receiving this type of medicine, using locally available guidelines. Patients' clinical histories were being reviewed, following which staff contacted them to explain that a review of their medicines was taking place. Clinical guidance had been added to the practice's GP locum pack, to help ensure consistency of prescribing. The guidelines had also been discussed and agreed at a clinical team meeting.

**Effective staffing**

Good

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for newly appointed staff. Those staff we spoke with told us they had received an appropriate induction which had met their needs.
- The practice could demonstrate how they ensured staff had received role specific training. For example, nursing staff had completed additional post qualification training to help them meet the needs of patients with long-term conditions. During the previous two years, one of the nurses had undertaken training in diabetes, cardiovascular and respiratory care, hypertension, and prescribing. Nursing staff had also completed immunisation and cervical screening updates. Staff made use of e-learning training modules, to help them keep up to date with their mandatory training, and the practice held a monthly training and education session.
- Staff had received an annual appraisal of their performance during the previous 12 months. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

**Coordinating patient care and information sharing**

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- This information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Clinical staff used 'special patient forms' to record important information about vulnerable patients with complex needs, so this could be shared with out-of-hours emergency professionals in a timely manner.
- Appropriate systems were in place which helped ensure that the medical records of patients seen by the out-of-hours service were promptly reviewed by the on-call GP.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

**Consent to care and treatment**

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

- Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005).
- When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome. Relevant staff had completed training in the use of the MCA.

**Supporting patients to live healthier lives**

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Patients had access to appropriate health assessments, checks and support. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. For example, of the 19% of patients on the practice patient list who smoked, 93% had received counselling or an offer of cessation support in the last 24 months.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. Nationally reported information showed the practice's performance was in above, or in line with, the national averages.

- The uptake of breast screening, by females aged between 50 and 70, during the preceding three years, was above the national average, 79.5% compared to 72.2%.
- The uptake of bowel cancer screening, by patients aged between 60 and 69, during the preceding 30 months, was above the national average, 61.9% compared to 57.9%.

Good

# Are services effective?

## (for example, treatment is effective)

- The uptake of cervical screening, by females aged between 25 and 64, attending during the target period, was in line with the national average, 80.5% compared to 81.8%. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.

Children were able to access a full range of childhood immunisations, provided by a town wide childhood immunisation service which serves all the GP practices in Workington and was staffed by three experienced nurses. Publicly available information showed immunisation rates for children were above the local CCG averages, with 100% take-up rates for most. For example, immunisation rates for the vaccinations given to children under 12 months were at 100% (the local CCG averages ranged from 95.8% to 97.3%). For children under five, rates ranged from 98.8% to 100% (the local CCG averages ranged from 92.6% to 95.1%).

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Staff were highly motivated to offer care that was kind and which promoted patients' dignity. Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms, so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. Reception staff said that a private area would be found if patients needed to discuss a confidential matter.

Feedback from patients was positive about the way staff treated them**.** We spoke with four patients from the practice's participation group. They said they were given enough time during their consultations, and that their privacy and dignity was respected. They also said they felt listened to and that their treatment choices were explained to them.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 31 completed comment cards of which the majority were positive about the standard of care provided. Words used to describe the service included: excellent; first class; very helpful; good; good staff and facilities; sincere and genuine care.

Data from the practice's Friends and Family Test survey, for the period October 2015 to September 2016 (363 completed returns), indicated that 71.6% of patients were extremely likely or likely to recommend the practice to their friends and families. Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations and the reception team, were broadly in line with the local clinical commissioning group (CCG) and national averages. For example, of the patients who responded to the survey:

- 85% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 91% and the national averages of 87%.
- 93% had confidence and trust in the last GP they saw, compared with the local CCG average of 97% and the national average of 95%.
- 87% said the last GP they saw was good at listening to them, compared to the local CCG average of 92% and national average of 89%.
- 92% said the last nurse they saw or spoke to was good at giving them enough time. This was the same as the national average, but below the local CCG average of 95%.
- 98% had confidence and trust in the last nurse they saw or spoke to. This was the same as the local CCG average, but above the national average of 97%.
- 92% said the last nurse they saw was good at listening to them, compared to the local CCG of 94% and the national average of 91%.
- 80% found receptionists at the practice helpful. This was the same as the local CCG average, but above the national average of 73%.

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

Patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff involved them in decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patient satisfaction levels, regarding involvement in decision-making were broadly in line with the local CCG and national averages. Of the patients who responded to the survey:

- 86% said the last GP they saw was good at explaining tests and treatments. This was the same as the national average, and below the local CCG average of 90%.
- 83% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 86% and the national average of 82%.
- 86% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.

Good

# Are services caring?

- 83% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 89% and the national average of 85%.

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

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations.
- Where patients had experienced bereavement, staff would contact them to offer condolences and support, and usually offered a bereavement visit. The practice's information leaflet contained good advice and information about what to do in the event of a death.

The practice was committed to supporting patients who were also carers. Staff maintained a register of these patients, to help make sure they received appropriate support, such as an annual influenza vaccination. There were 96 patients on this register, which equated to 1.3% of the practice's population. A local carers' organisation visited the practice fortnightly to carry out a face-to-face needs assessments of patients who were also carers, to help them access appropriate support and care, such as advocacy and benefits advice. Evidence provided at the inspection showed that, during the previous 12 months:

- The West Cumbria Carers organisation had identified 21 patients who were also carers and their details had been included on the practice's carers' register.
- Five patients had been referred onto local social services, to help them access advice and support.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Staff understood the needs of their key population groups. They emphasised the importance of 'case-finding' as a means of identifying patients with long-term conditions (LTCs), so they could benefit from appropriate treatment. Examples of the practice being responsive to, and meeting patients' needs included:

- The practice working in collaboration with the other practices in Workington, to form a local GP federation and establish the Workington Primary Care Centre (WPCC), to manage the demand for same day/urgent appointments.
- Staff worked in collaboration with the local Frail and Elderly Assessment Team, to help ensure patients with complex needs received the support they needed. Patients over 75 years of age were provided with a named GP who was responsible for their care. Older housebound patients had access to influenza vaccinations, foot examinations, phlebotomy services and urinalysis, in their own homes. The practice had participated in the local enhanced service aimed at avoiding unplanned admissions into hospital. They had exceeded the targets for reviewing the needs of older patients on their case management register.
- Providing nurse-led LTCs clinics. The nursing team offered a full range of health promotion clinics, including smoking cessation clinics, well person and new patient checks. The practice's 'call and recall' system helped to ensure patients were invited to attend for their healthcare review. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice, as well as telephone calls to encourage attendance.
- Providing children with access to a full range of childhood immunisations, provided by a town wide childhood immunisation service which served all of the GP practices in Workington. Publicly available information showed immunisation rates for children were above the local CCG averages, with 100% take-up rates for most vaccinations. Appointments were available outside of school hours and ill children were provided with access to same day care, either at the practice or at the Workington Primary Care Centre. The practice premises were suitable for children and babies, and staff told us that a private space would be found for mothers to breastfeed, if requested. The practice offered contraceptive services, and sexual health information was available within the practice. Patients were able to access midwife-led ante-natal care as well as post-natal check-ups carried out by a GP.
- Providing patients who were experiencing poor mental health with information about how to access various support groups and voluntary organisations. Staff from UNITY, a NHS run alcohol and drug recovery service, regularly attended the practice, to provide patients who had a range of substance misuse problems with appropriate advice and support. Patients with mental health needs were also referred to the local Community Mental Health Care Team, if staff thought they would benefit from the services it provided.
- Clinical staff actively carrying out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe. Where appropriate, staff referred patients to the local memory clinic and the psychological wellbeing service.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of working age patients. Patients were able to access a walk-in service for minor injuries, illnesses and ailments, at the WPCC from 8am to 8pm, seven days per week (excluding public holidays). Patients were also able to benefit from additional services such as 24-hour ECG/BP monitoring, a tissue viability and dressing service, and weekend x-rays. Information on the practice's website, and on display in their patient waiting areas, directed patients to the WPCC service as well as the local out-of-hours service.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. disabled toilet which had appropriate aids and adaptations. Disabled car parking was available.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

**Access to the service**

The practice was open Monday to Friday between 8am and 6:30pm. GP appointment times were Monday to Friday between 8:30am and 12:30pm (including telephone consultations), and between 2:30pm and 6pm. The practice was closed at weekends. It also closed one afternoon a month, between 1pm and 6:30pm, for staff training.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day appointments, as well as routine pre-bookable appointments in advance. Patients could book telephone consultations, and same-day telephone triage appointments were also available. The practice had a designated GP on call each day, to deal with emergency home visits and emergency telephone triage.

The practice was open each week day from 8am to 6.30pm. Patients who were unable to attend the surgery during normal opening hours were able to access pre-bookable appointments with a nurse practitioner, at an extended hours service located in the WPCC on a Saturday from 11am to 12.45pm, and on a Sunday from 1pm to 3.30pm. In addition to this, weekend appointments with a named GP were provided intermittently. Patients were also able to access a walk-in service for minor injuries, illnesses and ailments, at the WPCC from 8am to 8pm, seven days per week (excluding public holidays). Clinical staff from the practice covered regular sessions each week at this service, as did staff from the other Workington GP practices.

The majority of patients who provided feedback on Care Quality Commission (CQC) comment cards raised no concerns about telephone access to the practice or appointment availability. However, a small number of patients made negative comments. These related to: difficulties experienced trying to obtain an appointment; appointment waiting times and the turnover of GPs. The practice manager told us their regular salaried GP was due back from maternity leave the day after our inspection. They said this would help to increase the number of face-to-face and telephone consultations they currently offered to 84 consultations per thousand patients. (The national average is 72 consultations per thousand patients.)

Results from the NHS GP Patient Survey of the practice, published in July 2016, showed that patient satisfaction levels with the convenience of appointments, telephone access and appointment availability, were broadly in line with, the local CCG and national averages. Patients were less satisfied with appointment waiting times. Of the patients who responded to the survey:

- 88% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 85% were able to get an appointment to see or speak to someone the last time they tried. This was the same as the national average, but just below the local CCG average of 87%.
- 80% found it easy to get through to the surgery by telephone. This was the same as the local CCG average, but above the national average of 73%.
- 54% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 67% and the national average of 65%.
- 57% said they usually got to see or speak with their preferred GP, compared to the CCG average of 60% and the national average of 59%.

The practice was aware of its performance in relation to appointment waiting times and was taking action to address this. For example, in relation to appointment times for nurses and healthcare assistants, these had been adjusted to allow for increased time for certain types of procedures, such as carrying out of smears. Each day an on-call GP dealt with requests for urgent appointments, home visits and prescription requests, to help minimise disruption for those GPs carrying out routine surgeries. The on-call GP did not have any pre-booked appointments.

**Listening and learning from concerns and complaints**

The practice had a system in place for managing complaints.

- The practice manager was responsible for handling any complaints and a complaints policy provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website, in their patient leaflet and was also on display in the patient waiting areas.

The practice manager was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice had received fifteen complaints during the previous 12 months. Significant event audits (SEA) were held in response to any complaints received. The SEA we looked at provided clear evidence of the learning that had taken place as a result. We looked at how one complaint had been addressed in detail. We saw staff had offered an apology as well as an open invitation to meet with the key staff. The practice had responded promptly to the patients' concerns and had treated the issues they raised seriously. Contact details for the Parliamentary and Health Service Ombudsman (PHSO) had been included in the response letter sent to the complainant.

# 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 leadership, governance and culture at the practice actively encouraged and supported the delivery of good-quality, person-centred care.

- The practice had a clear vision to deliver high quality care and promote good outcomes for their patients. Staff had prepared a statement of purpose as part of their application to register with the Care Quality Commission, and all had contributed to the development of the practice's mission statement. They had also devised a 'Standards of Care' charter (included as part of the practice leaflet), which set out what staff wanted to achieve for their patients, and what they expected from them in return. Although the practice did not have a documented business development plan, staff had a clear understanding of where their strengths, weaknesses and challenges lay.
- The GP team was committed to improving the quality of care and treatment they provided to patients.
- All of the staff we spoke to were proud to work for the practice and had a clear understanding of their roles and responsibilities.

**Governance arrangements**

The practice had an overarching governance framework which supported the delivery of the partners' strategy and the provision of good quality care. This ensured that:

- There was a clear staffing structure and staff understood their roles and responsibilities.
- Quality improvement activities, including clinical audits, were used to monitor quality and to make improvements.
- Regular planned meetings were held to share information and manage patient risk.
- Staff were supported to learn lessons when things went wrong, and the practice actively supported the identification, promotion and sharing of good practice.
- Staff had access to a range of policies and procedures, which they were expected to implement.
- Patients were encouraged to provide feedback on how services were delivered and what could be improved.

**Leadership, openness and transparency**

On the day of the inspection, the GPs, practice manager and nursing staff, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality, compassionate care. There was a clear leadership and management structure, underpinned by strong teamwork and good levels of staff satisfaction.

The provider had complied with the requirements of the Duty of Candour regulation.

- The partners encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice, and regular meetings took place to help promote their participation in developing the service.
- A culture had been created which encouraged and sustained learning at all levels.
- There were effective systems which ensured that when things went wrong, patients received an apology and action was taken to prevent the same thing from happening again. (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).

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

The practice encouraged and valued feedback from patients and staff. They had an active patient participation group (PPG), consisting of four to six members. The PPG provided a patient's perspective on issues, concerns and proposed developments. We spoke with some of the PPG members, who told us they felt their views and opinions were welcomed by the practice. They said the group was still in the early stages of development.

Staff had also gathered feedback from patients through the practice's Friends and Family Test survey. Details of the feedback received was available on their website. The practice had also carried out an in-house survey of patients with long-term conditions, and they had taken action to address areas of concern that had been identified.

It was evident that the GP partners and practice manager valued and encouraged feedback from their staff.

# Are services well-led?

Good

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

Arrangements had been made which ensured that staff had received an annual appraisal. Regular meetings were held which promoted staff participation in the day-to-day running of the practice, and the development of the service.

**Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice. The GP partners and the practice manager were forward thinking and, actively encouraged and supported staff to access relevant training. The team demonstrated their commitment to continuous learning by:

- Carrying out a range of quality improvement audits, to help improve patient outcomes.
- Learning from any significant events that had occurred and any complaints received, to help prevent them from happening again.