Glenridding Health Centre

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

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 Glenridding Health Centre on 20th October 2017. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team.
- The practice proactively sought feedback from staff and patients, which it acted on. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment.

We saw some examples of outstanding practice:

- Since the new provider had taken over the practice a number of new initiatives had been put in place, such as a video consultation pilot for some of their housebound and elderly patients living in more rural locations. This not only allowed patients to access timely consultations with a practice GP but also enabled more socially isolated patients to connect with other users of the system and access video games and puzzles.
- The practice played an integral role in the local community and we saw numerous examples of joint working with other organisations to improve health outcomes, tackle care inequalities and obtain best value for money. The benefits of this reached beyond their own patient group, as they were able to help a nearby practice to improve their access to GP appointments.

There was one area where the provider should make improvements:

- Continue to investigate ways for increasing uptake of health reviews and screening.

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 in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice had achieved 83.7% of the total number of points available from the Quality and Outcomes Framework, compared to the clinical commissioning group (CCG) average of 98.8%, and the national average of 95.3%. However, the practice could demonstrate that systems were in place to offer recalls to patients, and that low patient numbers had an impact on these results.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treated people. Data from the national GP Patient Survey, published in July 2017, showed patients rated the

Summary of findings

practice higher than others for all aspects of care. For example, 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There were carers' leads in the practice and on the patient participation group who offered support, and the practice had identified nine patients as carers (1.2% of the practice list).
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a strong, visible person-centred culture, and staff were highly-motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring and supportive, and these relationships were highly valued by all staff and promoted by leaders. Staff at the practice were actively involved in raising money for local and national charities, and they had received funding from the new provider's Social Enterprise Fund to donate to local causes.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The interior of the practice building had been fully refurbished in 2016.
- The practice offered video consultations to patients in their own homes, due to the number of patients who lived in remote rural areas. At the time of inspection, this intervention was still being trialled among a small group of patients to measure feasibility, but patients we spoke to who used it were positive about its benefits.
- The appointment system had been changed from a walk-in service to pre-bookable appointments to reduce busy periods and improve access. The practice offered 15-minute standard appointments with a GP and 20 minutes with a nurse. Although

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appointments were now pre-bookable, patients could still request urgent on the day appointments. An audit of GP consultations showed 100% of patients who requested these were seen the same day.

- 100% of patients said they could get through easily to the practice by telephone compared to the national average of 71%, and 97% of patients described their experience of making an appointment as good compared to the national average of 73%.
- The practice worked with a nearby surgery to offer appointments for them three afternoons a week, while still being able to offer appointments to Glenridding patients. This helped the neighbouring practice to meet demand. Talks were ongoing about further ways the practice could share skills and resources to benefit patients, such as offering Glenridding patients appointments with some of the specialist staff at the neighbouring practice (such as a women's health nurse).
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities, and obtain best value for money. This was evidenced by the work the practice was doing with a neighbouring practice and with an external company to offer patients video consultations from their own homes.
- There was a clear leadership structure, and leaders in the practice and at the new provider had an inspiring shared purpose, strived to deliver and motivated staff to succeed. There was strong collaboration and support across all staff and a common focus on improving safety, quality of care, and people's experiences.
- Practice specific policies were implemented and were available to all staff. These had been developed with practice staff to align with the policies of the wider organisation while remaining relevant to the work of a GP practice.

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- A comprehensive understanding of the performance of the practice was maintained. The practice had commissioned an audit of their GP consultations to ensure that they were performing well and to look for improvements.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff.
- Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. The practice worked closely with an actively involved patient participation group, and the new provider had promoted the use of the website iwantgreatcare.org to gather patient feedback.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of staff engagement. Staff at all levels were actively encouraged to raise concerns. They had opportunities to meet regularly and share learning.
- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people, as the practice is rated outstanding overall.

- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A toe nail cutting service had been made available from the practice every six weeks, and the practice manager had undertaken training to repair hearing aids, to save patients having to travel to receive this service.
- The practice manager helped to raise funds each year for and organise a Christmas lunch at a local hotel for the over 60's in the village, many of whom were practice patients.
- Performance for conditions associated with older patients in line with national averages. For example, the practice achieved 97% of the total points available for chronic obstructive pulmonary disorder (national average, 96%) and 98% of the total points available for stroke and transient ischaemic attack (national average, 97%).

People with long term conditions

Outstanding ☆

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

- One of the GPs had a lead role and specialist training in chronic disease management, and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was slightly below the national average. The practice achieved 84% of the total points available, compared to the national average of 91%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Outstanding ☆

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

- 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 higher than national average 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.
- The practice's uptake for the cervical screening programme was 72%, which was below the national average of 77%.
- Appointments were available outside of school hours, and some were embargoed specifically for patients who attended school during the day. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice maintained close links with the local school, and pupils were invited to attend the surgery to learn about healthy living and healthcare. Pupils with an interest in a career in nursing had attended for work experience.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were embargoed in the late afternoon/evening for patients who worked during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding ☆

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who needed them.
- Due to the rural area where the practice was situated there were a number of isolated patients. As such, the practice was trialling a system of offering patients teleconferencing equipment to be installed in their own homes so that they could have video consultations with the practice when required. The system could also be used by patients to hold video calls with family.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff at the practice collected food to donate to the local food bank.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a carers' lead at the practice and on the Patient Participation Group who offered support, and the practice had identified nine patients as carers (1.2% of the practice list).

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- In 2016/17, 100% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was above the national average of 84% and an increase from 80% the previous year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Performance for mental health related indicators was significantly lower than the national average. The practice achieved 55% of the total points available, compared to the national average of 94%. However, they had low numbers of patients who were eligible for these interventions, and had not

reported any exceptions for these indicators which allow for patients who cannot attend for review to be discounted from the numbers. The national average for exception reporting in mental health was 13%.

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

Summary of findings

What people who use the service say

The National GP Patient Survey results, published in July 2017, showed the practice was performing well above local and national averages. 225 survey forms were distributed and 101 were returned. This represented a 45% response rate and approximately 13% of the practice's patient list.

- 100% of patients said they could get through easily to the practice by telephone compared to the national average of 71%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 84%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 99% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 77%.

The practice had promoted the use of the website 'iwantgreatcare.org' to collect patient feedback. At the time of inspection the practice had a five star (out of five) rating from 64 reviews (61 of which had been received since the current provider took over).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Commonly used words included 'excellent', 'kind', helpful', 'professional', 'great care' and 'considerate'.

We spoke with six patients during the inspection. All of these patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. A number of patients we spoke to or who completed comment cards noted that they felt very lucky to have this service available to them in a small, rural village.

Areas for improvement

Action the service SHOULD take to improve

- Continue to investigate ways for increasing uptake of health reviews and screening.

Outstanding practice

- Since the new provider had taken over the practice a number of new initiatives had been put in place, such as a video consultation pilot for some of their housebound and elderly patients living in more rural locations. This not only allowed patients to access timely consultations with a practice GP but also enabled more socially isolated patients to connect with other users of the system and access video games and puzzles.
- The practice played an integral role in the local community and we saw numerous examples of joint working with other organisations to improve health outcomes, tackle care inequalities and obtain best value for money. The benefits of this reached beyond their own patient group, as they were able to help a nearby practice to improve their access to GP appointments.

Glenridding Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser. A medicines inspector provided remote support, but did not attend the inspection.

Background to Glenridding Health Centre

Cumbria Health on Call is registered with the Care Quality Commission to provide primary care services from:

- Glenridding Health Centre, Glenridding, Penrith, Cumbria, CA11 0PD.

We visited this location on this inspection. The practice provides services to approximately 765 patients.

The practice was registered with CQC previously and was rated as good. They changed their registration in February 2016 when the GP who was operating the practice retired and the service changed provider. The practice is now operated by Cumbria Health on Call (CHoC), who also provide the out of hours GP service for Cumbria. This is the only GP practice currently operated by CHoC.

The practice is located in a purpose-built surgery in the centre of Glenridding, which is owned and managed by NHS Property services. It is a single storey building with all patient facilities on the ground floor. The interior of the building was fully refurbished after the new provider took over in 2016. There are disabled toilet facilities, and wheelchair and step-free access to the three consulting and treatment rooms in the building. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from a pharmacy.

The practice has eight members of staff, consisting of three GPs (two male, one female) one practice nurse (female), a practice manager, and three receptionists (one of whom is also the dispenser). One of the GPs is the medical director for CHoC.

The practice is part of North Cumbria clinical commissioning group (CCG). Information taken from Public Health England places the area in which the practice is located in the fifth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice covers a large, rural and mountainous area in the north-eastern Lake District. Glenridding is a small village next to Lake Ullswater, popular with tourists and hill walkers, and as such the practice population fluctuates as tourists and people who come to work in the area during the summer months join as temporary patients. The nature of the landscape also means that journeys to visit patients in their own homes can take a long time. Patients aged over 40 account for 61% of the practice patient population. Patients between the ages of 50 and 59, and 60 and 69 are the most represented age groups.

The surgery is open from 9am to 11am, Monday to Friday, then again from 3pm to 5.30pm on Monday and Friday. Urgent appointments with a GP can be booked on Tuesday, Wednesday and Thursday afternoons. Telephones at the practice are answered from 8.30am until 11.30am and 3pm to 6pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects

patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and CHoC.

The practice provides services to patients of all ages based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20th October 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a 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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the CHoC computer system, which the practice had access to. This form was escalated to senior management at the provider, and all practice significant events were investigated in line with their procedures. 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.
- The practice carried out a thorough analysis of the significant events together with the provider.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event, the practice made changes to their staffing rota to ensure that there was a member of staff to cover reception and another member of staff to cover the dispensary. Previously there had been occasions where receptionists who were trained dispensers carried out both roles at the same time.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. As there was a low number of safeguarding cases at the practice, the provider brought case studies from the out of hours service to practice meetings to help keep staff up-to-date.
- Notices in the waiting room and consulting/treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior clinical nurse manager for CHoC was the overall infection control clinical lead, while the practice nurse and practice manager oversaw infection control standards within the practice on a day-to-day basis. They all 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- There was a 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 procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The new provider had commissioned an audit by a pharmacist to ensure that processes in the dispensary were safe, that the policies in place were fit for purpose, and that the stocks of medicines kept were appropriate. Recommendations made following the audit had been actioned.
- 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. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The provider employed an office manager who put in place systems to check that all new employed and sessional staff had the relevant documents and training in place.

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 which identified local health and safety representatives. The practice had employed an external company to complete a full health and safety risk assessment of the building, and we saw that where improvements had been recommended these has all been made. The practice had an up-to-date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice manager was trained as a first responder and therefore had training in advanced life support.
- The practice had a defibrillator available on the outside of the premises, which could also be used by the public in an emergency, and oxygen with adult and children's masks was kept in the treatment room.
- 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 stored securely.
- The service 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. This plan had proved effective during the severe flooding suffered in Glenridding in December 2015. The service was able to continue supporting patients and other people in the area during this time, due to close working with the local fire brigade and mountain rescue teams. We saw that the plan had been reviewed thoroughly following this event to look for further improvements.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results relate to the 12-month period after the new provider took over the practice. These showed the practice had achieved 83.7% of the total number of points available, compared to the clinical commissioning group (CCG) average of 98.8%, and the national average of 95.3%. The practice exception reporting rate was in line with local and national averages at 9.8% (CCG average 10.5%, national average 9.9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

While results for QOF appeared below average, the lower patient numbers at the practice meant that each patient who did not attend for review had a bigger impact on the overall percentage of points achieved for each area. For example, the practice had no patients who were eligible for lithium monitoring, which impacted on the results for mental health, and only 26 patients eligible for an asthma review and 45 patients eligible for diabetic review.

Data from 2016/17 showed:

- Performance for diabetes related indicators was slightly below the national average. The practice achieved 84% of the total points available, compared to the national average of 91%.
- Performance for mental health related indicators was significantly lower than the national average. The practice achieved 55% of the total points available, compared to the national average of 94%.
- Performance for asthma related indicators was below the national average. The practice achieved 74% of the total points available, compared to the national average of 97%.
- Performance for conditions associated with older patients in line with national averages. For example, the practice achieved 97% of the total points available for chronic obstructive pulmonary disorder (national average, 96%) and 98% of the total points available for stroke and transient ischaemic attack (national average, 97%).

The overall results were in line with the practice's QoF performance over the past three years, when the practice was managed by the previous provider. Staff we spoke to at the practice were aware that the results were below local and national averages, but were able to demonstrate that there were systems in place to offer reviews to patients and they encouraged them to attend. They noted that the lower patient numbers at the practice meant that each patient who did not attend for review had a bigger impact on the overall percentage of points achieved for each area. We also noted that in the areas where the practice was most below average they had reported fewer exceptions, which may have contributed to the results appearing low. For example, the practice had not reported any exceptions for mental health related indicators, compared to a national average of 13%.

The practice had commissioned an audit into consultations at the practice. A number of possible ways to increase uptake of health reviews had been identified as a result, such as offering patients appointments with specialist nurses at a neighbouring practice as part of a collaborative project the two surgeries were carrying out, or by offering a "one-stop" appointment for chronic disease management which would ensure that patients with multiple conditions would not have to attend multiple appointments.

Good

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- We saw three examples of clinical audits completed in the last two years where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- An external audit of consultations had been commissioned to ensure that clinician time was being used effectively. The findings had been used to drive improvements, such as collaboration with a local practice to share expertise.

Findings were used by the practice to improve services, such as changes to systems used to recall patients for annual reviews and improving GP protocols for ordering blood tests.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Since taking over, the new provider had also invited all new and existing staff at the practice to their corporate induction, to gain an understanding of how the organisation worked as a whole. Staff we spoke to who had been on this induction told us it was not only useful for their job, but helped the practice to feel part of the overall CHoC team.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by accessing online resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The provider also ran their own training academy, which staff at the practice could access.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Other services, such as podiatry, were available on the premises.

Data for 2016/17 showed the practice's uptake for the cervical screening programme was 72%, which was below the CCG of 79% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were better than national averages. For example, data from NHS England for 2016/17 showed the practice had immunised 100% of eligible one year olds and between 87.5% and 100% of two year olds. They also immunised 100% of five year olds on their register (national average from 87.7% to 93.9%).

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

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Commonly used words included 'excellent', 'kind', helpful', 'professional', 'great care' and 'considerate'.

We spoke with six patients during the inspection. All of these patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. A number of patients we spoke to or who completed comment cards noted that they felt very lucky to have this service available to them in a small, rural village.

Results from the National GP Patient Survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treated people. The practice performed well above average for satisfaction scores on consultations with GPs and nurses, and the scores were higher than when we previously inspected the practice in 2014. The practice was the only one of 41 practices in the CCG area to achieve 100% for patient satisfaction with reception staff, while patients rated them the joint highest in the county for overall satisfaction and confidence in the nursing team and joint second highest for confidence in the GPs. Of those who responded to the survey:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 100% of patients 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%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

There was a strong, visible person-centred culture, and staff were highly-motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring and supportive, and these relationships were highly valued by all staff and promoted by leaders. Many of the staff and patients we spoke to referred to the practice being the "hub of the community". The practice manager helped to raise funds for and organise a Christmas lunch at a local hotel for the over 60's in the village, many of whom were practice patients. Staff had supported charitable events in their own time, which benefitted both the local community and people further afield. The new provider offered a "social enterprise fund" through which CHoC staff could apply for funds to donate to local causes. Staff at the practice had been successful in applying for a grant from this fund to help the local community centre, which organised and hosted a number of events for locals. Other charitable activity included a book swap in reception, where patients could exchange books or pay a small fee to buy one. All the money raised was donated to a breast cancer charity. Staff also regularly donated food to the local food bank.

Care planning and involvement in decisions about care and treatment

Outstanding ☆

Are services caring?

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 National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were much higher than local and national averages. For example, of those who responded:

- 97% of patients 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%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified nine patients as carers (approximately 1.2% of the practice list). Patients were asked if they were carers or had a carer when they joined the practice. The practice had a carers' lead within the practice, while a member of the Patient Participation Group also took a lead role in advocating for carers and helping to find support. They liaised with the local carers organisation. Other written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the 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. There was a system in place so that all members of staff were aware when a patient had suffered a bereavement.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the CCG's Quality Improvement Scheme aimed at reducing health inequalities across the county by setting all the practices in the area certain quality targets.

Services at the practice were tailored to meet the needs of individual people in a rural area and were delivered in a way to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients who needed them, including those with a learning disability. The new provider had changed the appointment system to manage demand, and as a result patients could be offered 15-minute appointments with a GP and 20-minute appointments with a nurse as standard.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- As well as telephone appointments, the practice was currently running a pilot to offer video consultations with patients from their own homes. Patients could be seen by a doctor without leaving their home, allowing the clinician to decide whether a home visit was appropriate and adding a level of detail above that provided by telephone consultation. The practice was keen to expand this service, as they had a number of patients who lived in remote rural areas, and this system allowed them to make contact with them easily, as well as allowing them to better triage home visits and managed their time effectively. The system could also be used as a way of keeping socially isolated patients engaged, as it could be used by the patients to contact friends and family. Eight patients (approx. 1% of the patient list) were involved in the pilot. As this was a pilot at the time of inspection, there was no data available to measure the impact this service would have for patients. However, we spoke with one patient via the system on the day of inspection who spoke highly of its benefits.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were reserved later in the day for patients who worked or who attended school or college.
- Text messages were sent to patients to remind patients of their appointment times, as well as to send patients news about the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The surgery offered an International Normalised Ratio (INR) clinic for patients prescribed warfarin. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose). This meant patients did not have to make a journey to hospital for this service.
- Patients could order repeat prescriptions and book GP appointments online.
- Other services used rooms at the practice site to offer services that would benefit their patients, such as podiatry.
- The practice provided medical care to tourists and seasonal staff in the area as temporary residents. One of the GPs told us they had been taking Polish classes, as a number of seasonal staff used this as their first or second language. They told us that this seemed to be appreciated by patients. At the time of inspection there were 109 non-UK national patients on the practice list (approximately 14% of the total list size).
- The practice maintained close links with the local school. A class was invited to attend the surgery annually to learn about healthy living and careers in healthcare. The practice had offered work experience to pupils who had an interest in pursuing a career in nursing or medicine.
- There was a walking group in the local area which met regularly to undertake short, low level walks. The practice was active in promoting this group to patients to improve their physical and mental wellbeing.
- The practice had been highly responsive to the requests for additional services put forward by the Patient Participation group. They had organised for a toe nail cutting service to be available from the practice every six weeks, and the practice manager had undertaken training to repair hearing aids. Previously patients from Glenridding had to travel to Carlisle to use this service; a

journey of 50 minutes by car and difficult to undertake by public transport from the village. At the time of inspection, 15 patients (approximately 2% of the practice list) used the service to get new batteries or repairs.

- The practice manager was trained as a first responder. This a voluntary role for people trained in advanced life support, who can begin resuscitation on patients while waiting for an ambulance to arrive. They told us they had originally started this role in Glenridding as the ambulance response time in the village was 20 minutes, as opposed to eight minutes nationally. For the same reason, the defibrillator at the practice was located in a locked cabinet outside the practice so that it could be used by members of the public in an emergency when the practice was closed.
- Glenridding was one of the worst affected areas during the widespread flooding in Cumbria in December 2015, and staff at the practice and CHoC responded by working closely with other local services, such as the mountain rescue team, to ensure patients could still be reached by clinicians.

The new provider at the practice was also keen to look for ways to work with other services to improve care for their own patient group and those at other practices. They had started a trial with a local practice to offer GP appointments to their patients three afternoons a week, whilst still being able to offer appointments to Glenridding patients. This allowed patients at the neighbouring practice to have face-to-face appointments with a GP at a time when that practice was struggling to recruit. The provider has since continued this system with another nearby practice, offering face-to-face GP appointments for their patients whilst still providing access to Glenridding patients. Service level agreements were in place between the practices to ensure all appropriate safety standards were met by both parties, and a GP we spoke to at the neighbouring practice told us they felt this system was safer and more beneficial to patients than recruiting locum GP cover. The provider commissioned an audit of their GP consultations at Glenridding to ensure that their own patients were still being seen appropriately, and to identify ways the agreement could lead to further improvements, such as specialist staff from the neighbouring practice (physiotherapists or a women's health nurse, for example) offering services to Glenridding patients in the future.

Access to the service

The surgery was open from 9am to 11am, Monday to Friday, then again from 3pm to 5.30pm on Monday and Friday. Reception was open on Tuesday and Thursday afternoon but there were no GP appointments. There was an on call service on Wednesday afternoons, whereby urgent appointments were available. Telephones at the practice were answered from 8.30am until 11.30am and 3pm to 6pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate.

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. We checked the appointment system in real time on the afternoon of the inspection and saw that urgent appointments were available the same day. Appointments were also embargoed later in the day for patients who worked or were at school.

Under the previous provider, the practice had operated a walk-in service whereby no pre-booked appointments were available. The current provider, in consultation with the Patient Participation Group, changed this to a pre-bookable appointment system. This was in response to data that showed patients often came to the practice at the same time, creating very busy periods and very quiet periods throughout the day. Staff and patients we spoke to on the day told us they were now in favour of this new system, which also meant that 15-minute appointments with a GP and 20-minute appointments with a nurse could be offered as standard.

Results from the National GP Patient Survey, published in July 2017, showed that patients' satisfaction with how they could access care and treatment was well above the local CCG and national averages in most cases. Out of 41 practices in the CCG area, Glenridding Health Centre came joint highest for patient satisfaction regarding telephone access and experience of making an appointment, and joint second highest for convenience of appointments. Of those who responded:

- 100% of patients said they could get through easily to the practice by telephone compared to the national average of 71%.
- 97% of patients described their experience of making an appointment as good compared to the national average of 73%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients said the last appointment they got was convenient compared to the national average of 81%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 84%.
- 77% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The audit into GP consultations that was commissioned by the provider found that 100% of patients who requested a same-day appointment were seen.

Listening and learning from concerns and complaints

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

- Their 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, such as a summary leaflet.

We looked at the two complaints logged during 2016/17, and found that lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. All complaints were presented at the provider's bi-monthly clinical governance meeting so that lessons learned could be shared with the wider organisation, if appropriate.

Are services well-led?

Outstanding ☆

(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 were used to drive and improve the delivery of high-quality, person-centred care. The service had a clear vision to achieve this and to promote good outcomes for patients.

The provider had four core values, these were:

- Clinically focused - Everything every one of us does is for the patient
- Responsive - We listen and we respond quickly in a patient focussed way
- One Team - We work together to provide a high quality service which is organised and consistent, and in partnership with both the local Acute and Community Trusts
- High Standards - We provide skilled professionals working to the highest standards who are passionate about improving patient care

Staff we spoke to were extremely positive about their experience of working for the practice and of being part of the wider CHoC team. They knew and understood the values. The practice had a comprehensive strategy and supporting business plans that reflected the vision and values and were regularly monitored. The strategy had been devised with staff at a company away day, at which members of the practice were present, and it had meeting the needs of patients in a rural, sparsely-populated community as their main aim. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities, and obtain best value for money. This was evidenced by the work the practice was doing with a neighbouring practice to offer face-to-face GP appointments to their patients three afternoons a week to help with access, while still being able to offer appointments to Glenridding patients. Talks were ongoing about further ways the practice could share skills and resources to benefit patients, such as offering Glenridding patients appointments with some of the specialist staff at the neighbouring practice (such as a women's health nurse). The practice was also trialling the use of video consultations for patients in their own homes, as they had a number of patients who lived in remote rural areas and this system allowed them to make contact with them easily. A patient we spoke with on the day of inspection via the system spoke highly of its benefits.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice. The governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, as well as those of others.
- Practice specific policies were implemented and were available to all staff. These had been developed with practice staff to align with the policies of the wider organisation while remaining relevant to the work of a GP practice.
- A comprehensive understanding of the performance of the practice was maintained. The practice had commissioned an audit of their GP consultations to ensure that they were performing well and to look for improvements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were governance arrangements in place to ensure the provision of video consulations was safe. The provider had agreements with the company who provided the telehealth equipment to ensure that it was maintained to a safe standard, and clinicians told us they would still see patients face-to-face if the video consulation led them to believe it was necessary.

Leadership and culture

On the day of inspection, the management in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed. There was strong collaboration and support across all staff and a common focus on improving safety, quality of care, and people's

Are services well-led?

Outstanding ☆

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

experiences. Staff told us the managers were approachable and always took the time to listen to all members of staff. Staff reported they felt they were part of a family, and were respected and valued by managers.

There was concern among staff and the patient population when the previous provider retired that, due to its small size, the practice may be closed down and merged with another surgery further away. We were told by staff and patients at the practice on the day of inspection that the management team at the new provider had worked closely with them, being open and honest about the situation and involving them in the process. A number of patients we spoke to or who completed comment cards told us they felt extremely lucky to have the service they received in Glenridding and were complimentary about the role the management at the provider had played in ensuring it remained.

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 and 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and at CHoC, and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of staff engagement. Staff at all levels were actively encouraged to raise concerns. They had opportunities to meet regularly and share learning.
- Staff said they felt respected, valued and supported by the management in the practice and CHoC. They were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice manager had been made a part of the CHoC management team and was included in management-level meetings, and all practice staff were invited to attend the CHoC corporate induction following the takeover by the new provider. Staff we spoke to told us this helped them feel a part of the wider team and gave them a greater understanding of the organisation and who they could approach for support. The practice manager told us the support offered by CHoC in areas such as recruitment and monitoring of policies meant she had more time to focus on day-to-day matters in the practice, such as supporting new staff, as well as other activities which benefitted patients such as the hearing aid repair service. All staff told us they felt supported in their careers and were able to request training to support their roles.

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

Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. The service encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

· There was a highly active patient participation group (PPG) which the practice used to gather feedback from patients. The new provider and practice management worked closely with the PPG to allay any concerns the patients had during the takeover of the practice, and to discuss ways the practice could be improved. There were 12 members of the PPG (approximately 2% of the patient population) who met on a regular, three-monthly basis with members of the practice team and CHoC, and additional meetings had been held during the takeover and at other times when it was considered beneficial, such as during the changes to the appointment system. Members of the PPG told us they felt able to give feedback to the practice and felt that they were listened to, and that the management at the practice and CHoC had been completely transparent with them regarding developments

Are services well-led?

Outstanding ☆

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

with the practice contract. There told us all improvements they suggested, large or small, were put in place following feedback from the PPG, such as changing the display boards and chairs in the reception area or changes to the way the practice carried out the pilot scheme they were running with a nearby surgery. They also carried out surveys and looked for feedback in the compliments and complaints received.

· The provider actively promoted the use of the website I Want Great Care (www.iwantgreatcare.org) to gather feedback from patients. At the time of inspection the practice had a five star (out of five) rating from 64 reviews, 61 of which had been received since the current provider took over.

· The service had gathered feedback from staff through meetings and one to one discussions, as well as a staff survey. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

· Several initiatives had been put in place in response to the staff survey, which staff at the practice were involved with. These included "20 days of 20" where staff were encouraged to take part in activities, and social events and award ceremonies. These events were intended to improve staff morale and well-being.

Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment, and during the inspection we saw multiple examples of improvements which the new provider had put in place since taking over the practice.

- The practice was currently running a pilot to offer video consultations with patients from their own homes. Patients could be seen by a doctor without leaving their home, allowing the clinician to decide whether a home visit was appropriate and adding a level of detail above that provided by telephone consultation. The practice was keen to expand this service, as they had a number of patients who lived in remote rural areas
- The practice had started a trial with a local practice to offer GP appointments to their patients three afternoons a week, whilst still being able to offer appointments to Glenridding patients. This allowed patients at the neighbouring practice to have face-to-face appointments with a GP at a time when that practice was struggling to recruit. The provider has since continued this system with another nearby practice, offering face-to-face GP appointments for their patients whilst still providing access to Glenridding patients. Talks were ongoing about further ways the practice could share skills and resources to benefit patients, such as offering Glenridding patients appointments with some of the specialist staff at the neighbouring practice (such as a women's health nurse).
- The practice had commissioned an audit into consultations at the practice, and a number of possible ways to increase uptake of health reviews had been identified as a result.
- The new provider, in consultation with the Patient Participation Group, changed the appointment system from walk-in appointments to pre-bookable time slots. This was in response to data that showed patients often came to the practice at the same time, creating very busy periods and very quiet periods throughout the day. Staff and patients we spoke to on the day told us they were in favour of this new system, which also meant that 15-minute appointments with a GP and 20-minute appointments with a nurse could be offered as standard.
- After taking over the practice the new provider installed a video conferencing programme on practice computers so that staff at the practice could attend provider-level meetings remotely and removing the need for them to travel to Carlisle.
- The provider used their experience of out of hours care to help improve the skills of staff at the practice. For example, due to the low levels of safeguarding cases at the practice, case studies from the out of hours service were brought to practice meetings to increase staff awareness of this topic.
- The new provider had commissioned an audit by a pharmacist to ensure that processes in the dispensary were safe, that the policies in place were fit for purpose, and that the stocks of medicines kept were appropriate. Recommendations made following the audit had been actioned.