

Market Street Medical Practice

Quality Report

92 Market Street,
Dalton-in-Furness,
Cumbria,
LA15 8AB

Tel: 01229 462591

Website: www.marketstreetmedicalpractice.co.uk

Date of inspection visit: 16 June 2016

Date of publication: 19/08/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Market Street Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Market Street Medical Practice on 16 June 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 safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All staff were actively encouraged to engage in activities to monitor and improve quality and outcomes.
- There was a culture of audit within the practice, and clinical audits had been carried out as a result of the analysis of significant events or following attendance at training courses.

- 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 management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Where results had been below average the practice were able to demonstrate they had responded and improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a culture of audit within the practice, and all staff were actively encouraged to engage in activities to monitor and improve quality and outcomes. Clinical audits were carried out as a result of the analysis of significant events, or following attendance at training courses.
- The practice carried out quarterly reviews of practice performance, involving a range of staff, to look for areas where the practice could improve.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice won an award in 2015 from the local carers' organisation for completing the most referrals to their service from a practice in the Furness area.

Are services responsive to people's needs?

The practice is rated as good 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. For example, the practice worked closely with the local Integrated Care Community (ICC) which provided services for patients, such as a Care Navigator.
- 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.
- A contraceptive and sexual health clinic aimed to improve the sexual health of young people in the area and was open to patients of other practices.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had appointed a compliance manager to support them with this.
- 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 to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were lead clinicians for patients resident in care homes.
- The practice carried out palliative care audits to ensure more patients were able to receive the care they wanted at the end of life.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 90% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (April 2014 to March 2015), compared to the national average of 88%.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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 82%, which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Pupils from a local school were invited to attend the surgery, during which the practice was able to gather feedback from the pupils about how they could improve to meet the needs of children.
- The practice operated a young-persons' contraceptive and sexual health clinic which was open to patients of other practices and operated after school hours.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including patients with a learning disability.
- The practice offered longer appointments for patients who needed them.
- 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.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was better than the national average. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months (April 2014 to March 2015), compared to the national average of 88%.
- 73% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had recently undertaken “dementia friendly” training to increase their awareness.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016 showed the practice was performing above local and national averages. 251 survey forms were distributed and 110 were returned. This represented a 44% response rate and 1.3% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, of which 37 were entirely positive about the standard of care received. Patients felt that the premises were clean and safe and that staff treated them with compassion, dignity and respect. Concerns raised on the cards related to access to appointments and waiting times.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Market Street Medical Practice

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 and a practice manager specialist adviser.

Background to Market Street Medical Practice

Market Street Medical Practice is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 8,500 patients from one location at 92 Market Street, Dalton in Furness, Cumbria, LA15 8AB.

The practice is based in a purpose-built surgery building which is approximately 20 years old and has been extended to its current size. It has level-entry access and all patient services are on the ground floor. There is a designated parking area for patients.

The practice has 30 members of staff, including six GP partners (three male, three female), three practice nurses (female), three healthcare assistants (female), a practice manager and 17 admin/reception staff including an assistant practice manager. The surgery is a training practice and regularly provides training to medical students and junior doctors, as well as offering work experience to sixth form students from local schools.

The practice is part of Cumbria clinical commissioning group (CCG). Information taken from Public Health England

placed the area in which the practice was located in the seventh most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population has fewer patients than average between the ages of 20 and 44 and fewer children under the age of nine than the national average. There are more patients in every age category over 45 than the national average.

The surgery is open at the following times:

Monday: 8am – 6.30pm

Tuesday: 8am – 7.30pm

Wednesday: 8am – 6.30pm

Thursday: 8am – 7.30pm

Friday: 8am – 6.30pm

Weekends: Closed

The practice offers same-day, 24-hour and routine appointments, as well as telephone appointments and home visits. The 24-hour appointment slots are released daily for patients to be seen the next day. Telephones at the practice are answered from 8am until 6.30pm on Monday, Wednesday and Friday afternoons, and from 2pm to 7pm on Tuesday and Thursday. 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 Cumbria Health On Call (CHOC).

The practice provides services to patients of all ages based on a General Medical Services (PMS) contract agreement for general practice.

Detailed findings

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 16 June 2016. 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 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.

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 practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. They also carried out an analysis of all significant events annually to look for themes and trends, and addressed these where required.

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, the practice developed a card for patients to keep with them to remind them to stop taking certain medications when they felt unwell. This card had been developed and introduced as a result of the analysis of significant events at the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD). (A PSD is a written instruction, signed by a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

Are services safe?

- We reviewed four 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.
- 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.

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 up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 95.4% of the total number of points available (clinical commissioning group (CCG) average 96.8%, national average 94.7%) with 7.3% exception reporting (CCG average 10.1%, national average 9.2%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 90% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (April 2014 to March 2015), compared to the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months (April 2014 to March 2015), compared to the national average of 88%.

This practice was an outlier for one national clinical target for prescribing a higher percentage of antibiotic items which can cause diarrhoea and sickness. However, the practice was aware of this and had taken steps to reduce it. For example, the practice set up a system on their electronic patient record which prompted the clinician to consider alternative treatment when they were prescribing one of these antibiotics. Since introducing the system the practice had audited its impact and were able to show a sustained drop in the prescription of these medications. Furthermore, although the percentage of these medications being prescribed was high, the practice was one of the lowest prescribers of antibiotics as a whole in the county.

There was evidence of quality improvement including clinical audit. There was a strong culture of audit within the practice, and all staff were actively encouraged to engage in activities to monitor and improve quality and outcomes.

- There had been six clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- The practice kept a log of all audits completed back to 2010, as well as an agenda and timetable for future audits. Results of audits were discussed at meetings and practice training days, as were ideas for future audits.
- Clinical audits were carried out as a result of the analysis of significant events, or following attendance at training courses. For example, the practice undertook an audit of amiodarone prescribing following a significant event in which lung problems caused by the medication were missed in two patients (amiodarone is a medicine used to treat irregular heartbeats). The audit resulted in a change to the repeat prescribing policy at the practice and the production of an annual symptom questionnaire which is now given to patients to reduce the risk of this happening again in the future.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an increase of patients attending the practice for timely medication reviews.

Information about patients' outcomes was used to make improvements such as:

Are services effective?

(for example, treatment is effective)

- The practice carried out quarterly reviews of practice performance, involving a range of staff. These looked at data in a number of areas including the patient list size, the uptake of immunisations and health reviews and the number of patients on the high risk and learning disabilities registers, and looked for areas where the practice could improve.
- Palliative care audits were carried out. These included an analysis of place of death in order to improve the delivery of patients' wishes and ensure more patients were able to receive the care they wanted at the end of life. These audits were discussed at the quarterly palliative care meetings.
- The practice participated in the CCG's Quality Improvement Scheme which aimed to reduce inequalities in healthcare provision across the county.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 access to on line 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.

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 on a monthly basis when 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. Guidelines relating to the assessment of the capacity of young people and children were embedded in the protocols used at a sexual health clinic aimed at young people.
- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support, for example those 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.

The practice operated a young-persons' contraceptive and sexual health clinic which was open to patients of other practices. This operated as a drop-in clinic and was timed to take place later in the afternoon to allow people who worked or attended college to access it.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. 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.

The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Data from NCIN showed that:

- 87% of female patients aged between 50 and 70 had been screened for breast cancer in the past 36 months. This was higher than the national average of 72%
- 66% of patients aged between 60 and 69 had been screened for bowel cancer in the past 30 months, compared to the national average of 58%.

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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 98% (CCG average 83.3% to 96.7%) and five year olds from 68.2% to 100% (CCG average 72.5% to 97.9%).

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.

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.

All but one of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The one negative comment related to difficulties in getting an appointment.

We spoke with eight patients, including four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 96% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average of 97%, national average 95%).

- 98% of patients said the last nurse they spoke to was good at listening to them (CCG average 93%, national average of 91%).
- 95% of patients said they found the receptionists at the practice helpful (CCG average 91%, national average of 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice website contained a wealth of information for patients, including health promotion material and practice policies.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 104 patients as carers (approximately 1.2% of the practice list). They worked closely with a local carers' organisation, who came to the practice monthly to see patients. Three members of staff acted as Carers Champions, who were designated contacts for carers at the practice, and could be identified by posters showing their names and their photographs in

the waiting area. They provided information to carers and directed them to support services. They also liaised with the carers' organisation to ensure that the practice had an up-to-date register of carers. The practice won an award in 2015 from the local carers' organisation for completing the most referrals to their service from a practice in the Furness area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 worked closely with the local Integrated Care Community (ICC) which provided services for patients such as a Care Navigator. This was a person to whom patients could be referred and who would direct patients to services which would help them meet their health and social care needs.

- The practice offered extended hours on a Tuesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was the only one in the Furness area to offer Yellow Fever vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- The practice allowed other services to use rooms at the surgery to offer services that would benefit their patients. For example, a local carers' organisation held a monthly clinic at the practice.
- A contraceptive and sexual health clinic aimed to improve the sexual health of young people in the area and was open to patients of other practices. This operated as a drop-in clinic and was timed to take place later in the afternoon to allow people who worked or attended college to access it. The practice worked with local schools and school nurses to promote the service to sixth form students.
- Staff and patients at the practice were actively involved in raising money for charity to help people in the local

area and further afield. Each year staff organised money-raising events, with the most recent event raising money to help people affected by the floods in Cumbria in December 2015.

Access to the service

The surgery was open at the following times:

Monday: 8am – 6.30pm

Tuesday: 8am – 7.30pm

Wednesday: 8am – 6.30pm

Thursday: 8am – 7.30pm

Friday: 8am – 6.30pm

Weekends: Closed

Appointments were from 8.30am to 11.30am every morning and from 2pm to 6.30pm on Monday, Wednesday and Friday afternoons, and from 2pm to 7pm on Tuesday and Thursday. The practice offered same-day, 24-hour and routine appointments, as well as telephone appointments and home visits. The 24-hour appointment slots were released daily for patients to be seen the next day.

Telephones at the practice were answered from 8am until 6.30pm on Monday, Wednesday and Friday afternoons, and from 2pm to 7pm on Tuesday and Thursday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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 in the waiting area at the practice and on the practice website.
- The practice kept a log of informal complaints as well as those submitted formally in writing.

We looked at the three most recent of the 14 complaints recorded in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the process for patients to receive details of test results was improved as a result of a complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and was regularly discussed and monitored at practice meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. An “improvement space” in the staff area was updated monthly with a “policy of the month” to ensure staff kept up to date.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had appointed a compliance manager on a part-time basis to ensure that they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look for improvements in practice. They had created a compliance index, which charted activity at the practice against the five key questions and the key lines of enquiry used by the Care Quality Commission (CQC) to inspect services. This had led to a number of improvements, for example an improved process for raising and recording significant events and updates to a number of practice policies.

Leadership and culture

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

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

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the practice had made improvements to the waiting area as a result of feedback from the PPG. There was information about the PPG on the practice website and in the packs for new patients, including a request for new members. Representatives from third-party services, such as local charities, regularly attended the PPG meetings to give talks to patients.

- Staff at the practice had undertaken work to implement a governance framework for the PPG to enable it to be as effective as possible. They did this with input from members of the PPG, as well as through consultation with other patient participation groups nationally and with a medical indemnity provider. PPG members we spoke to on the day told us this work was appreciated by the group and had given them a more formal structure within which to represent the whole patient population.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. There was also an “improvement space” in the staff kitchen where staff were encouraged to write their suggestions for improving the practice. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice carried out quarterly reviews of practice performance, involving a range of staff. These looked at data in a number of areas including the patient list size, the uptake of immunisations and health reviews and the number of patients on the high risk and learning disabilities registers, and looked for areas where the practice could improve.
- Clinical audits were carried out as a result of the analysis of significant events, or following attendance at training courses.
- An “improvement space” in the staff area was updated monthly with policies to read, a quality improvement area to focus on, and one of the CQC Mythbusters, which were developed to help practices ensure they were acting in line with current guidance and legislation. There was also a space for staff to suggest their own improvements to practice.
- Pupils from a local school were invited to attend the practice as part of a project connecting schools with local businesses. The visit allowed staff to promote general practice in the community and build community links, and to gather feedback from the pupils about how the practice could improve to meet the needs of children.
- The practice was a training practice for medical students and junior doctors. The practice also offered work experience placements to sixth form students. Through training GPs the practice had managed to maintain a stable workforce.