

Peninsula Medical Practice Grange over Sands Health Centre

Quality Report

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Date of inspection visit: 04 August 2015

Date of publication: 19/11/2015

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Peninsula Medical Practice on 04 August 2015. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses;
- Risks to patients and staff were assessed and well managed;
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and responsibilities;
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand;
- Patients said they were treated with compassion, dignity and respect. Most patients told us they received a good service. However, findings from the

National GP Patient Survey for the practice showed that the levels of patient satisfaction were lower in some areas, such as appointment waiting times, when compared to the local Clinical Commissioning Group (CCG) and national averages;

- Information was provided to patients to help them understand the care available to them. Although most patients said access to appointments was generally good, some told us appointment waiting times were too long;
- The practice had made changes to the way it delivered services as a consequence of feedback received from patients;
- There was a clear leadership structure and staff felt supported by the management team. Overall, good governance arrangements were in place;
- Staff had a clear vision for the development of the practice and were committed to providing their patients with good quality care.

However, there were areas of practice where the provider should make improvements:

- Reduce appointment waiting times;

Summary of findings

- Ensure all new staff, including locum GP staff, receive an induction relevant to their role and responsibilities.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place and staff recruitment was safe. The premises were clean and hygienic and there were good infection control processes.

Good



Are services effective?

The practice is rated as good for providing effective services. Nationally reported Quality and Outcomes Framework data showed the practice had performed well in providing recommended care and treatment, for all but one of the clinical and public health indicators. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health, and providing advice and support to patients to manage their health and wellbeing. Staff worked with multidisciplinary teams to help ensure patients' needs were met, although one of the GP partners told us they did not have an effective working relationship with local health visitors. There was evidence of completed clinical audit cycles, as well as evidence demonstrating how these had been used to improve patient outcomes. Staff had been provided with opportunities to complete the training they needed to carry out their duties.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they confirmed they were involved in decisions about their care and treatment. Patients who completed Care Quality Commission comment cards also reported high levels of satisfaction. Nationally reported data showed that patient satisfaction levels, regarding the quality of the care and treatment they received from the nurse working at the practice, were higher than the local Clinical Commissioning Group (CCG) and national averages. However, patient satisfaction levels regarding other areas

Good



Summary of findings

covered by the survey were lower, for example, with regards to how good their GP was with explaining tests and treatments. Information for patients about the services provided by the practice was available and easy to understand.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Staff had reviewed the needs of their local population and were providing services to meet them. This included referring patients to, and working with 'Case Manager' and 'Care Navigator' staff to help prevent unplanned hospital admissions and to provide support for those at risk of poor health.

Patients we spoke with on the day of the inspection, and most of those who completed Care Quality Commission (CQC) comment cards, were satisfied with access to appointments. Results from the National GP Patient Survey of the practice showed that patient satisfaction with their experience of making appointments was higher than the local CCG and national averages. However, patients reported less satisfaction with the practice's opening hours and appointment waiting times. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

Good



Are services well-led?

The practice is rated as good for being well-led. Staff had a clear vision about how they wanted the practice to develop and were taking steps to deliver this. The practice had good governance processes, and these were underpinned by a range of policies and procedures that were accessible to all staff. There were systems and processes in place to identify and monitor risks to patients and staff, and to monitor the quality of services provided. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. The practice proactively sought feedback from patients and had an active patient participation group (PPG) whose members were encouraged and supported to comment on how services were delivered.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Staff offered proactive, personalised care which met the needs of these patients. Patients living in local care homes received routine GP visits. Staff had arranged for patients who were at risk of losing their independence to access extra help and support, arranged by the 'Case Manager' and 'Care Navigator' staff based at the health centre. The practice offered home visits and longer appointment times, where these were needed by their older patients. Nationally reported data showed the practice had performed well in providing recommended care and treatment for the majority of the clinical conditions commonly associated with this population group. For example, the data showed the practice had achieved 100% of the total points available to them, for providing the recommended care and treatment to patients with chronic obstructive pulmonary disease. (This was 3% above the local Clinical Commissioning Group (CCG) average and 4.8% above the England average.)

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Staff offered proactive, personalised care to meet the needs of these patients. Staff had adopted the model of care promoted by the local CCG, to provide patients with diabetes, asthma, coronary heart disease and chronic obstructive pulmonary disease with access to a programme of regular reviews. These reviews focussed on patient involvement, education and self-management. Staff personally contacted patients to invite them to attend for their review. Nursing staff told us they had received the training they needed to manage the needs of patients with long-term conditions. Nationally reported data showed the practice had performed well in providing recommended care and treatment for most of the clinical conditions commonly associated with this population group. For example, the data showed the practice had achieved 100% of the total points available to them, for providing the recommended care and treatment to patients with diabetes. (This was 7.2% above the local CCG average and 9.9% above the England average.)

Good



Families, children and young people

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

Good



Summary of findings

There were systems in place to identify and follow up children who were at risk. For example, the practice maintained a register of vulnerable children and contacted a child's family if they had failed to attend a planned appointment. Where comparative data was available to us, this showed immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the practice premises were suitable for children and babies. Staff provided extended family planning services, including the fitting and management of contraceptive devices. Child health screening services were offered in-house by practice staff, and maternity services were provided jointly with the district midwifery team.

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 practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this age group. Early and late appointments were offered to make it easier for families and working-age patients to obtain convenient appointments. Nationally reported data showed staff were good at providing recommended care and treatment for this group of patients, and promoting their health and wellbeing.

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 maintained a register of patients with learning disabilities and offered extended healthcare review appointments. Where appropriate, clinical staff referred vulnerable patients so they could benefit from the support offered by the 'Case Manager' and 'Care Navigator' staff based at the health centre. Staff held regular palliative and end-of-life multi-disciplinary meetings. Systems were in place to protect vulnerable children. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. They knew how to contact relevant agencies.

Good



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).

Good



Summary of findings

Nationally reported data showed the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with dementia. (This achievement was 4.4% above the local CCG average and 6.6% above the England average.) In 2014/15, 97.7% of patients with dementia received a face-to-face review of their health and wellbeing. Screening and assessment was offered to patients at risk of dementia. In the same year, 96% of patients with mental health needs had received a depression severity assessment. The data also showed that the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with mental health needs other than dementia. (This achievement was 8.8% above the local CCG average and 9.6% above the England average.) Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations. They were also able to access 'talking therapies' which provide help with a range of common mental health problems.

Summary of findings

What people who use the service say

The National GP Patient Survey of the practice, published in July 2015, showed the practice's performance was varied when compared to the local Clinical Commissioning Group (CCG) and national averages. (There were 112 responses to this survey, which was a response rate of 46%.) For example, of the patients who responded to the survey:

- 91% found the receptionists at the surgery helpful, compared with the local CCG average of 90% and the national average of 87%;
- 96% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%;
- 81% described their experience of making an appointment as good, compared with the local CCG average of 79% and the national average of 73%;
- 97% found the last nurse they saw or spoke to was good at listening to them, compared with the local CCG average of 94% and the national average of 91%;
- 99% said they had confidence and trust in the last GP they spoke to, compared with the local CCG average of 94% and the national average of 91%;
- 84% said they usually got to see or speak to their preferred GP, compared with the local CCG average of 62% and the national average of 60%.

However, there were some indicators that showed the practice to be performing less well than others:

- 81% of patients found the GP they last saw treated them with care and concern, compared with the local CCG average of 89% and the national average of 85%;
- 82% described their overall experience of the surgery as good, compared to the local CCG average of 88% and the national average of 85%;
- 69% said they would recommend the surgery to someone knew in the area, compared to the local CCG average of 80% and the national average of 78%; and
- Only 47% of patients said they usually waited 15 minutes or less to be seen after their appointment time, compared to the local CCG and national averages of 65%.

Prior to our inspection we asked the practice staff to invite their patients to complete Care Quality Commission (CQC) comment cards. We received 40 completed comment cards, these were all positive about the standard of care received. Words used to describe the service included: excellent; brilliant; exceptionally accommodating; warm, friendly and professional. Members of the Patient Participation Group (PPG) told us they received a good service which they valued highly. They told us staff made every effort to provide them with the care and treatment they needed.

Areas for improvement

Action the service **SHOULD** take to improve

- Reduce appointment waiting times;
- Ensure all new staff, including locum GP staff, receive an induction relevant to their role and responsibilities.

Peninsula Medical Practice Grange over Sands 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.

Background to Peninsula Medical Practice Grange over Sands Health Centre

Peninsula Medical Practice is a busy town practice providing care and treatment to 3018 patients of all ages, based on a General Medical Services (PMS) contract agreement for general practice. The practice is part of NHS Cumbria Clinical Commissioning Group (CCG) and provides care and treatment to patients living in the Cartmel Peninsula area, including Grange over Sands and Flookburgh. The practice serves an area where deprivation is lower than the England average, and the practice population has a significant number of patients aged 65 years and over. The district within which the practice is located has the second highest life expectancy in Cumbria. The average person lives to 81.1 years of age, with 73.4% of them being in good health.

The main surgery is based in Grange over Sands and there is a small branch located in the village of Flookburgh. We visited the following locations as part of inspection:

Grange Health Centre, Kents Bank Road, Grange over Sands, Cumbria, LA11 7DJ;

Fairfield Surgery, Station Road, Flookburgh, Grange over Sands, Cumbria, LA11 7JY.

The main premises are located in a purpose built health centre and they provide fully accessible treatment and consultation rooms for patients. The Flookburgh branch surgery occupies a residential building which has been adapted to meet patients' needs.

The Peninsula Medical Practice provides a range of services and clinics including, for example, services for patients with asthma, diabetes and coronary heart disease. The practice consists of two GP partners (one male and one female), a practice manager, a practice nurse, a medicines manager and a small team of administrative and reception staff. The partners also employ a salaried GP. The registered manager, who is also a doctor and a partner, did not provide any patient appointments.

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

The main practice opening hours were 8am to 6:30pm, except for Wednesdays when it closed at 1pm. The Flookburgh branch surgery opening hours were 8am to 6:30pm on Monday, Wednesday and Friday, and between 8am to 1pm on a Tuesday and Thursday. Core

Detailed findings

appointment times were between 8:30am to 12:30pm and 15:30pm and 6:30pm. These times varied according to practice opening hours. Staff also provided extended hours appointments starting at 7:30am and ending at 19:30pm.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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 Care Quality Commission (CQC) at that time.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 04 August 2015. During our visit we spoke with a range of staff, including all three GP partners, the salaried GP, the practice manager, the practice nurse, the medicines manager and staff working in the administrative and reception team. We also spoke with three members of the practice's patient participation group (PPG). We observed how people were being cared for and reviewed a sample of the records kept by staff. We reviewed 40 Care Quality Commission (CQC) comment cards on which patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify potential risks and to improve quality in relation to patient safety. This information included, for example, significant event audit reports and safety alerts. All safety alerts, including those relating to medicines, were received by one of the GP partners and distributed to the relevant staff so they could, where necessary, take appropriate action. We were told relevant patient safety incidents were reported to the local Clinical Commissioning Group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). This system enables GPs to flag up any issues via their surgery computer to a central monitoring system so that the local CCG can identify any trends and areas for improvement. The patients we spoke with raised no concerns about safety at the practice.

Staff we spoke to were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. There was a structured system in place for reporting and recording significant events. Staff had identified and reported on 16 significant events during the previous 12 months. Significant events were discussed between the partners, and the salaried GP if they were on duty, as and when they happened. Following each incident, we found staff had completed significant event review reports which provided details of what had happened, what staff had done in response and what had been learnt as a consequence. The salaried GP we spoke with confirmed that when required, changes had been introduced to help avoid the reoccurrence of the same significant event. Copies of significant event reports could be accessed by all staff on the practice intranet system. Overall, the sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. However, staff could strengthen their practice by including review dates for those significant events where changes had been made so that the effectiveness of these could be evaluated. Including more detail in the practice's significant event records would also provide a permanent record of the in-depth analysis that took place at the time of the event.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices which helped to keep patients safe. These included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice had safeguarding policies and procedures which were accessible to all staff and patients. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners acted as the practice's safeguarding lead and the staff we spoke with knew who held this role. We found clinicians had easy access to safeguarding contact telephone numbers. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Systems were in place which ensured that staff contacted the families of any child who missed planned appointments to find out why this had happened;
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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.) Members of the practice's Patient Participation Group (PPG) confirmed that a chaperone would be provided if requested. Information about the chaperone service was displayed on television screens located in the health centre;
- There were procedures in place for monitoring and managing risks to patient and staff safety. For example, a fire risk assessment for the health centre in which the main practice was located had been carried out by Cumbria Partnership NHS Foundation Trust in June 2015. We were told the other GP practice based in the health centre was responsible for following up any concerns identified in this risk assessment. A fire risk assessment had also recently been completed for the branch surgery. This included details of the action taken to address shortfalls identified in the previous risk assessment. Fire drills and fire checks were carried out by the other GP practice based at the health centre. We were told they had also completed a risk assessment of



Are services safe?

the premises to which Peninsula staff had access. All electrical and clinical equipment had recently been checked to ensure it was safe to use and working effectively;

- Appropriate standards of cleanliness and hygiene were followed. Both the main practice and the branch surgery were visibly clean and hygienic. A NHS Cumbria health protection specialist nurse had carried out a detailed infection control audit of the main practice and the branch surgery in May 2013. We saw action had been taken to minimise the potential infection control issues identified at the branch surgery by the May 2013 audit. For example, the audit identified that the branch surgery only had domestic waste sinks and carpets in the rooms allocated for clinical practice. To minimise potential risks to patients and staff the provider had taken steps to minimise potential risks by ensuring that all invasive procedures were carried out in a dedicated minor surgical suite located at the main practice. Staff had also completed a standardised self-assessment tool to help them audit their minor surgery procedures and identify any improvements that might be needed. The practice had an infection control policy which provided staff with guidance about expected standards of hygiene. The member of staff who acted as the infection control lead had the training and experience needed to carry out this role effectively. Other staff had completed training to help them prevent the spread of infection. A legionella risk assessment had been completed and staff carried out regular monitoring of water temperatures to reduce the risk of legionella developing. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal);
- Arrangements for managing medicines, including vaccines, kept patient safe. For example, suitable arrangements had been made to monitor vaccines. These included using a vaccine refrigerator, and carrying out daily temperature checks recording the outcome in a log book. The practice employed a medicines manager to help them optimise their use of medicines and ensure clinical staff followed the local CCG prescribing guidelines. We found there was a clear audit trail in place for the management of information about changes to patients' medicines. Prescription forms were

kept secure and staff were complying with relevant guidance. Patients' medicines were reviewed either every six monthly or 12 months. When patients had received the authorised number of repeat prescriptions staff consulted a GP so they could decide whether to continue to issue repeat prescriptions;

- Required staff recruitment checks were carried out. The staff files we sampled showed that appropriate checks had been undertaken prior to their employment. These included: checks that staff were registered with the appropriate professional body; obtaining references from previous employers; checking that staff had obtained the qualifications they needed to carry out their roles and responsibilities; carrying out a DBS check to make sure new staff were suitable to care for vulnerable adults and children;
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for the different staffing groups to ensure there were enough staff on duty.

Arrangements to deal with emergencies and major incidents

Staff had made arrangements to deal with emergencies and major incidents. For example, there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice nurse regularly checked the expiry dates of emergency medicines and medicinal gases to make sure they remained effective and were safe to use. We checked these medicines and found all were within their expiry date. The staff we spoke with were aware of where these medicines were kept. Staff confirmed they had access to emergency equipment, including a defibrillator and oxygen supply. We looked at these and saw regular checks had been carried out to make sure they were in good working order.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice used these guidelines to develop how care and treatment was delivered to meet patients' needs. There were arrangements for ensuring all clinical staff were kept up-to-date with any changes to national and local guidelines. The practice's clinical system updated the assessment and care plan templates used by clinical staff when there were any changes to guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice.) The practice used the information collected for the QOF, and information about their performance against national screening programmes, to monitor outcomes for patients. QOF data, for 2013/14, showed the practice had obtained 99.7% of the total points available to them for providing recommended care and treatment for specified clinical conditions and for meeting public health targets. (This was 4.8% above the local Clinical Commissioning Group (CCG) average and 6.2% above the England average). For example:

- Performance for the cancer related indicator was better than the local CCG average (3.2% higher) and the England average (4.5% higher);
- Performance for the asthma related indicator was better than the local CCG average (2% higher) and the England average (2.8% higher);
- Performance for the rheumatoid arthritis related indicator was better than the local CCG average (3.8% higher) and the England average (7% higher).

The data showed the practice had obtained all of the points available to them for delivering care and treatment aimed at improving public health. For example, the QOF data showed the practice had monitored the prevalence of obesity within their population. Staff maintained a register of those patients who met the criteria for being identified

as obese and had recorded details of their body mass index in their medical record during the preceding 12 months. Their performance was in line with the local CCG and England averages.

The practice's exception reporting rate was 10.2% for 2013/14. This was 1.5% above the local CCG average and 2.3% above the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

Complete clinical audits had been carried out to help improve patient outcomes. For example, staff had carried out an audit of the effectiveness of 'near-patient testing' (point of care testing) for patients requiring Warfarin therapy. An action plan arising out of the clinical audit had identified that staff would benefit from refresher training on clinical issues relating to the use of anticoagulants (medicines that have been designed to help prevent blood clots), and that the system for recording whether patients had received appropriate education materials could be improved. Staff had also carried out a number of other audits in conjunction with drug companies. For example, one audit had looked at the benefits of prescribing Calcium and Vitamin D3 to patients at risk of developing osteoporosis. A clinical audit had also been carried out to identify the prevalence, cause and management of heavy menstrual bleeding (HMB). As part of the audit, staff had checked to see whether patients with HMB were receiving treatment in line with National Institute for Health and Care Excellence and guidance. At the time of our inspection staff had not yet carried out a re-audit.

QOF data, for 2013/14, showed the practice participated in external peer reviews which enabled comparison with the performance of other local practices.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. However, a salaried GP, who regularly worked at the practice to cover the partners' leave, told us they had not received an induction;

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through, for example, staff meetings, clinical audits, and significant event reviews. We found staff had access to appropriate training which met their learning needs. This included: medicines management training for the medicines manager; relevant training for the practice nurse to support them to deliver the practice's chronic disease management programme; training for other staff that was relevant to their role. For example, the practice's phlebotomist had completed training provided by a local hospital trust. Initially staff experienced difficulty accessing the evidence they needed to demonstrate that staff had received the training they required to carry out their role and responsibilities. The practice management team told us they would review their current system to make sure all staff training information could be easily accessed at all times.

Coordinating patient care and information sharing

The practice's patient record and intranet systems enabled clinical staff to easily access the information they needed to plan and deliver patient care and treatment. This included, for example, care plans, medical records and test results. Information, such as NHS patient information leaflets, was also available. Staff shared relevant information with other services in a timely way, for example, when patients were being referred to another service. Members of the patient participation group (PPG) told us that whenever the GPs made a referral, they did this promptly, and always advocated on behalf of their patients to ensure they '...did not get lost in the system'. Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs, and to assess and plan on-going care and treatment.

Consent to care and treatment

Staff told us patients' consent to care and treatment was sought in line with legislation and guidance. They understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When providing care and treatment for children and young people, staff told us assessments of their capacity to consent were carried out in line with relevant guidance. Where a patient's mental

capacity to consent to care or treatment was unclear, we were told the GP or nurse would assess the patient's capacity and, where appropriate, record the outcome of the assessment.

Health promotion and prevention

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40–74. Arrangements had been made to follow up any concerns or risk factors identified during these checks.

Staff had identified patients who might be in need of extra support. These included patients in the last 12 months of their lives, patients who were at risk of developing a long-term condition, and those requiring advice about their diet or smoking cessation. These patients were then signposted to the relevant services. Information for patients about how to access help and support was available on the practice website.

The practice had a comprehensive screening programme. For example, nationally reported QOF data, for 2013/14, showed the practice had obtained 100% of the overall points available to them for providing recommended care and treatment to patients who smoked. (This was 5.7% above the local CCG average and 6.3% above the England average.) The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy. The QOF data showed the practice had obtained 100% of the overall points available to them for providing cervical screening services. (This was 0.3% above the local CCG average and 2.5% above the England average.) The data showed the practice had protocols that were in line with national guidance. This included protocols for the management of cervical screening, and for informing women of the results of these tests. The QOF data also showed the practice had obtained 100% of the overall points available to them for providing contraceptive services to women. (This was 5.8% above the local CCG average and 5.6% above the England average.) The practice also provided patients with access to Level 1 sexually transmitted infection services. For example, patients were able to access Chlamydia screening as well as advice and support about whether they needed to be referred to other appropriate sexual health services.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were observed to be courteous and helpful to patients who attended the practice or who contacted it by telephone. We saw that patients were treated with dignity and respect, and members of the patient participation group (PPG) said staff were always compassionate and understanding. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during their consultations. We noted that consultation and treatment room doors were closed when patients were being seen and that conversations taking place in these rooms could not be overheard. Staff told us a private space would be found if patients indicated that they needed to discuss a confidential matter.

As part of our inspection we invited patients to complete Care Quality Commission (CQC) comment cards. We received 40 completed cards and these were all positive about the standard of care and treatment received. Words used to describe the service included: excellent; very good, attentive; very caring; efficient; helpful and respectful. We also looked at the 'iWantGreatCare' website where patients can leave any comments they wish to make about the services they have received. This initiative is supported by the local Clinical Commissioning Group (CCG.) Numerous comments had been made by patients, the majority of which indicated they had been satisfied with their care and treatment. Nationally reported data showed that patient satisfaction levels, regarding the quality of the care and treatment they received from the nurse working at the practice, were higher than the local Clinical Commissioning Group (CCG) and national averages. Of patients who responded to the survey:

- 91% of patients said they found the receptionists at the practice helpful, compared to the local CCG average of 90% and the national average of 87%.
- 97% found the last nurse they saw or spoke to was good at listening to them, compared with the local CCG average of 94% and the national average of 91%;
- 99% said they had confidence and trust in the last GP they spoke to, compared with the local CCG average of 94% and the national average of 91%.

However, 81% of patients found the GP they last saw treated them with care and concern, compared with the

local CCG average of 89% and the national average of 85%. The registered manager told us the team was aware that some of their National GP Patient satisfaction scores fell below the local CCG and national averages, and were considering what they could do to improve them.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who completed CQC comment cards, told us that health issues were discussed with them and that they felt staff involved them in making decisions about their care and treatment. Feedback from the National GP Patient Survey indicated that patient satisfaction levels with their involvement in decisions about their care and treatment provided by the nursing team were higher when compared to the local CCG and national averages. However, patients reported lower levels of satisfaction in this area with regards to the GPs they saw, when compared to the local CCG and national averages. Of patients who responded to the survey:

- 72% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 89% and the national average of 86%;
- 71% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 85% and the national average of 81%.

The registered manager told us the management team was aware that some of their National GP Patient satisfaction scores fell below the local CCG and national averages, and was actively considering what could be done to improve them.

Patient and carer support to cope emotionally with care and treatment

Notices in the practice's waiting room told patients how to access a range of support groups and organisations. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had received a certificate of excellence in 2015 for their commitment to meeting the needs of carers in the South Lakeland area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Patients living in local care homes received routine weekly or fortnightly GP visits depending on their needs. A care home provider we spoke with told us they received a good service from the practice team;
- Arranged for those patients who were at risk of losing their independence to access extra help and support from the 'case manager' and 'care navigator' professionals based at the health centre;
- Identified the most vulnerable 2% of their patients who were likely to be at risk of an unplanned admission into hospital. We were told care plans, completed in collaboration with the 'case manager' and local community nurses, had been put in place for each of these patients. Where any of these patients had had an unplanned admission into hospital, staff had followed these up within three days of them being discharged home;
- Provided all patients over 75 years of age with a named GP who was responsible for looking after their care. Clinical staff undertook home visits for patients who would benefit from these;
- Adopted the model of care promoted by the local Clinical Commissioning Group (CCG) to provide patients with diabetes, asthma, coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) with access to a programme of regular reviews, which focussed on patient involvement, education and self-management. Staff personally contacted patients to invite them to attend for their review. We were told this approach had improved patient attendance rates;
- Taken steps to proactively identify patients at risk of developing particular long-term conditions, such as CHD and COPD. We were told this meant that more patients were able to access the care and treatment they required at an earlier stage;
- Set up services for families, babies and young people. Staff provided extended family planning services, including the fitting and management of contraceptive devices. Child health screening services were offered

in-house by practice staff, and maternity services were provided jointly with the district midwifery team. Staff told us they had taken steps to improve their cervical screening rates by operating an active contact system. We were told this had resulted in improved screening rates, from 78% in 2012 to 85% in 2014/15;

- Taken steps to meet the needs of the working age population. For example, health checks were offered for newly registered patients, and these covered such lifestyle issues as smoking and drinking. In-practice minor surgery, family planning and dermatology services reduced the need for working patients to travel to secondary care services;
- Made arrangements to meet the needs of vulnerable patients, including those with learning disabilities and mental health needs. For example, all patients with learning disabilities were offered an annual review. Regular palliative and end-of-life multi-disciplinary meetings were held to help make sure patients were receiving the care and support they needed. Clinical staff opportunistically carried out memory tests for patients who might be at risk of dementia. In 2014/15, 97.7% of those patients with dementia received a face-to-face review of their health and wellbeing. Aloes, in the same year, 96% of patients with mental health needs had received a depression severity assessment.

Access to the service

The main practice was open Monday to Friday between 8am and 6:30pm, and until 1pm on a Wednesday. The Fairfield Branch Surgery was open Monday to Friday between 8am and 6:30pm, and until 1pm on a Tuesday and Thursday. Two GPs provided core appointment times each week which ran from 8:30am to 12:30pm and 15:30pm and 6:30pm. These times varied according to practice opening hours and whether staff were providing extended hours appointments which usually began at 7:30am and finished at 7:30pm. The practice provided approximately ten out-of-hours 15 minute appointments per week on average. The registered manager told us that the uptake for extended hours appointments was over 95%.

All of the patients we spoke to on the day of our inspection were either satisfied with the access to appointments, or raised no concerns about their experience in obtaining one. The response was the same for 39 of the 40 patients who had completed Care Quality Commission comment cards. The practice manager told us patients presenting with

Are services responsive to people's needs?

(for example, to feedback?)

urgent same-day needs would be seen, wherever possible, on the day. Members of the patient participation group said they felt confident that, if they needed to see a GP urgently, staff would do their best to fit them in.

Results from the National GP Patient Survey of the practice, published in July 2015, showed that patient satisfaction with appointments was varied. Of patients who responded to the survey:

- 96% said the last appointment they got was convenient, compared to the local CCG average of 94% and the national average of 92%;
- 81% described their experience of making an appointment as good, compared to the local CCG average of 79% and the national average of 73%.

However, there were some indicators that showed the practice to be performing less well than others:

- 69% were satisfied with the practice's opening hours, compared to the local CCG average of 78% and the national average of 75%;
- 47% said they usually waited 15 minutes or less after their appointment time compared to the local CCG and national averages of 65%.

Staff told us they were aware of their performance in this area and were actively looking at how they could make improvements. A GP partner said the whole team tried hard to keep to appointment times. However, they said they always balanced this against the need to make sure that every patient received the help and treatment they needed, when they attended for their appointment.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints received by the practice, and a complaints policy which provided staff with guidance about how to handle complaints. The complaints policy could be accessed via the practice's website and complaints information was also available in the patient waiting area. The policy advised patients how to escalate their complaint externally if they were dissatisfied with how the practice had responded.

The registered manager told us the practice had not received any complaints during the previous 12 months. We were, therefore, unable to make a judgement about how effectively staff had implemented their system for managing formal complaints. We were told that staff handled minor concerns informally and made every effort to deal with these to prevent them from becoming a formal complaint. A GP partner said informal concerns would be recorded on patients' medical records, with details of how they were addressed. During the feedback session, the inspection team advised that this was not an appropriate way to record patients' concerns, and that they should reconsider how they recorded such information. A GP partner told us this would be addressed following the inspection.

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 good quality care and promote good outcomes for patients. Staff had prepared a statement of purpose which set out their aims and objectives. The statement described the practice's commitment to providing: enhanced NHS services to all patients; suitable and appropriate diagnostic and screening procedures; maternity and family planning services and extended hours and specialist clinic services. The practice website included information about the team's commitment to providing patient-focussed healthcare to the highest possible standard. The practice's vision was supported by a business development plan. The GP partners and practice management team were able to clearly describe the arrangements they had put in place to meet the needs of their patient population groups.

Governance arrangements

We saw evidence of good governance arrangements. The practice had policies and procedures to govern their activities and there were systems in place to monitor and improve quality and identify areas of risk. One of the GP partners acted as the clinical governance lead, with other partners acting as leads for other areas, such as clinical policies and Quality and Outcomes Framework (QOF) performance. Regular partner, practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. However, we were told minutes were not kept of the GP partner meetings that were held. The practice team responded positively to our suggestion that these should be minuted, as decisions were sometimes made which affected the day-to-day running of the practice. Arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification and sharing of good practice. The practice proactively sought feedback from patients and had an active patient participation group (PPG). Good arrangements had been made which ensured the health centre premises were maintained in a safe condition and equipment used by staff was satisfactorily maintained. There was a clear staffing structure and staff understood

their own roles and responsibilities. A programme of clinical audits had been carried out and staff were able to demonstrate how these led to improvements in patient outcomes.

Leadership, openness and transparency

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They had created a culture which encouraged and sustained learning at all levels in the practice, and had, through their partnership working with other agencies, promoted quality and continuing improvement. Staff told us the practice was well led and they said they would feel comfortable raising issues, as they knew they would be addressed in a positive manner.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through their PPG and the Family and Friends Survey (FFS) which they were able to complete using the 'iWantGreatCare' website. The practice had a PPG which regularly met face-to-face. The practice website contained advice about how to join the group. The PPG members told us they felt supported by staff and encouraged to raise issues they thought were important. They also told us practice staff listened to their views and acted on their suggestions for improvement. Feedback from patients who had completed the FFS was mostly positive. A total of 255 patient responses had been received during the previous six months, and 85% (217) of patients said they would be 'extremely likely' or 'likely' to recommend the practice to their friends and family. Excluding 'don't know' responses, 4% (10) of patients had expressed that they would be 'extremely unlikely' or 'unlikely' to recommend the practice. The registered manager told us they were looking at how they could reduce such adverse ratings to under 2%.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was committed to providing a good service to their patients. Staff were providing a range of services which helped to deliver clinical care closer to the Grange over Sands and Flookburgh communities within which patients lived. They demonstrated their commitment to providing more patient focussed care by working in collaboration

Are services well-led?

Good 

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

with the 'Case Manager' and 'Care Navigator' professionals based within the healthcare centre. However, staff did not actively engage with their local CCG which limited their ability to influence, improve and develop patient care in their locality.