

Westcroft House Surgery

Quality Report

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Egremont

Cumbria

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westcroft House Surgery on 17 November 2015. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- 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 the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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 there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people 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 showed patient outcomes were in line with averages for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Cumbria clinical commissioning group to secure improvements to services where these were identified.
- They employed a care co-ordinator to help reduce hospital admissions, and a clinical interface manager to review referrals.
- The practice had close links with West Cumbria carers, who were invited to run clinics from the surgery.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- There was 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 this.
- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 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 to manage notifiable safety incidents.
- 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 its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a care co-ordinator to help older people avoid unplanned hospital admissions.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients on warfarin and those being treated for prostate cancer could receive interventions at the surgery, reducing the need to travel to hospital.

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.
- 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 94%, which was well above the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 travellers and those with a learning disability.
- They offered longer appointments for people who needed them, such as those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- They had told vulnerable patients about how to access various support groups and voluntary organisations. They also kept a folder of information specifically related to services for homeless patients.
- The practice worked closely with services such as West Cumbria Carers and Unity drug and alcohol service. These organisations ran clinics from the surgery.
- 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.

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They 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.
- They 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 people with mental health needs and dementia.
- The practice had achieved 100% of the Quality and Outcomes Framework points for patients with depression (CCG average 94.6%, national average 92.3%).
- However, only 70.6% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (CCG average 83.8%, national average 84%).

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. 257 survey forms were distributed and 114 were returned (44.4% response rate).

- 89.4% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 80.3% and a national average of 73.3%.
- 94% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 90.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.8%, national average 85.2%).
- 95.4% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 84.1% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 89.5% described their overall experience of this surgery as good (CCG average 88%, national average 84.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Words commonly used to describe the staff and the service were “caring”, “kind” and “professional”. Patients said they felt listened to and that they were able to access the service easily

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

Westcroft House Surgery

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 advisor and a practice manager specialist advisor.

Background to Westcroft House Surgery

Westcroft House Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 4,600 patients from one location at 66 Main Street, Egremont, Cumbria, CA22 2DB

The practice is based in a former convent which was converted into a doctors surgery and is owned by the GP partners. Doctors' consultation rooms are on the ground floor and there is ramp access to the building. The practice is in the centre of Egremont.

The practice has 22 members of staff, including three (one female, two male) GP partners, one (female) GP registrar, one (female) nurse practitioner, three (female) practice nurses, one healthcare practitioner, one healthcare assistant, a practice manager, a medicines manager, a clinical interface manager, and several reception and administrative staff. The practice team also included a care co-ordinator and an administration apprentice.

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

fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population reflects the national average in terms of age distribution.

The surgery is open from 8.00am to 6.30pm on Monday and Friday, and 7.30am to 6.30pm from Tuesday to Thursday. There is open surgery every weekday morning from 8.45am to 10am with a GP, and from 7.30am (8.30am on Monday and Friday) with a nurse. Pre-bookable appointments are available in the afternoon from 1.30pm to 6.30pm. Home visits and telephone appointments are also offered.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

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. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 17 November 2015. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had recorded an incident in which a patient received a prescription with an incorrect dose, but due to a communication error there was a delay in informing the patient. Since then the administration team were tasked to follow up all issues with prescriptions. Medication reviews were also carried out in person or over the telephone with the patient.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. All of the GPs had completed child safeguarding training to level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff

who acted as chaperones were trained for the role and had received a disclosure and barring (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 lead practice nurse was the infection control clinical lead and 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that 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 DBS checks.
- The practice carried out regular reviews and risk assessments of the safety of fixtures and fittings within the building. This had resulted in the installation of a baby gate at the top of the stairway and the removal of all loop cords from blinds.

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 on

Are services safe?

display in reception. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- 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 that enough staff were on duty. The practice was able to call on part-time staff to change shifts as required.

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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use, with the exception of one ampoule of adrenaline in one of the doctor's bags. This had recently past its expiry date and was disposed of by the surgery.

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 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 peoples' 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 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 achieved 94.8% of the total number of points available, with 9.2% exception reporting (CCG average 10.1%, national average 9.2%). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients with hypertension having regular blood pressure tests was slightly better than the clinical commissioning group (CCG) and national averages. 85.4% of patients had their blood pressure measured in the last 12 months, compared to the CCG average of 84.4% and the national average of 83.6%.
- The practice performed slightly better than average for respiratory conditions. They achieved 100% of the total points related to chronic obstructive pulmonary disease (COPD) (CCG average 97.6%, national average 96%) and 100% for asthma (CCG average 98.5%, national average 97.4%).
- Performance for diabetes related indicators was slightly below the CCG and national average. The practice achieved 87.2% of the available points across 11 indicators for diabetes (CCG average 93.6%, national average 89.2%).
- Performance for mental health related indicators was below the CCG and national average (76.9% of points

achieved, compared to the CCG average of 95.4% and the national average of 92.8%). However, the practice recorded no exceptions against all but one of these indicators. Exception reporting allows the practice to exclude patients from their data who do not attend reviews, or who cannot receive interventions (for example, due to side effects of a medication). Excluding such patients from this data may have resulted in a higher number of points achieved.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits carried out in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action had been taken following an audit which included increasing the number of patients who were monitored when taking steroids to ensure that they were also prescribed medication to prevent bone weakness (a side effect of steroid use) and therefore fractures.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they arranged role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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.
- 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, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A diabetic podiatrist was available on the premises and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 94%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97.5% (CCG average 83.3% to 96%) and five year olds from 76.5% to 100% (72.5% to 97.9%). The practice advertised its flu vaccination programme with posters in the local area and an advert in the local newspaper. The flu vaccination rate for the over 65s was 78%, and for at risk groups it was 61%. These were above the national averages of 73% and 52% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission (CQC) 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.

We also spoke with one member of the practice's patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said when they attended as a patient 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 scores were in line with or above national and local averages for their satisfaction scores on consultations with doctors and nurses. For example:

- 91.5% said the GP gave them enough time (clinical commissioning group (CCG) average 90.2%, national average 86.6%).
- 96.8% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 88.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.7%, national average 85.1%).
- 98.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.5%, national average 90.4%).

- 98.3% say the last nurse they saw or spoke to was good at listening to them (CCG average 93.6%, national average 91.0%).
- 94% said they found the receptionists at the practice helpful (CCG average 89.9%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 90.9% said the last GP they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 89.1% and national average of 86.0%.
- 95.8% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 92.5%, national average 89.6%).

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.

Patient and carer support to cope emotionally with care and treatment

Nursing staff told us they wore fancy dress to put children at ease during vaccinations. They also told children that they could "text Santa" at Christmas, or text Disney characters at other times of the year, in order to distract them and help them relax when visiting the surgery and undergoing treatment.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients (3% of the practice list) as carers. The practice had established good links with a local charity who provided carer support.

Are services caring?

A worker from the charity held a weekly drop-in clinic at the surgery. Workers were also invited to attend other clinics held by the practice, such as flu clinics. The practice's care co-ordinator was able to identify people who were caring for patients in the community, but who had not considered themselves carers. They were then able to signpost them to support services and financial aid. Written information at the surgery was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them when appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by referring them to the care co-ordinator or 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 worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the CCG funded a care co-ordinator to work at the practice. They worked primarily with the practice's Clinical Interface Manager to assess patients' needs with the aim of preventing unplanned hospital admissions. The care co-ordinator offered patients visits in their own home to assess their needs and to put care plans in place to ensure these were met.

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

- The practice offered an open surgery every morning from 8.30am to 10am for anyone to attend. Patients who had trouble arriving before 10am (for example, due to public transport) were given appointments after this time.
- Appointments were available outside of normal working hours. The practice offered appointments until 6.30pm every weekday. Appointments with a nurse were available from 7.30am from Tuesday to Thursday.
- There were longer appointments available for people who needed them, such as patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The surgery offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to go to the clinic, patients no longer had to travel to hospital for the test. Patients in the most of the villages surrounding Egremont needed to catch two buses to reach the hospital, but only one bus to come to the surgery.
- The practice also administered injections for patients with prostate cancer, thereby removing the need for these patients to travel to hospital.

- Weekly clinics run by external services were hosted by the practice. These included a local carers association, diabetic podiatry, counselling and mental health services, and drug and alcohol services.
- Food vouchers could be issued at the practice to patients who needed them.
- The practice kept a folder of information relating to homeless services in the area, which staff could access if required. This was started when the practice had a homeless patient registered with them and was kept and updated once the patient had found accommodation. The practice registered homeless patients by using the practice address.

Access to the service

The surgery was open from 8.00am to 6.30pm on Monday and Friday, and 7.30am to 6.30pm from Tuesday to Thursday. There was open surgery every weekday morning from 8.45am to 10am with a GP, and from 7.30am (8.30am on Monday and Friday) with a nurse. Pre-bookable appointments were available in the afternoon from 1.30pm to 6.30pm. Home visits and telephone appointments were also offered. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Appointments with the nurse practitioner could be booked online, and the practice had plans to extend this service to GP appointments.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 95.9% patients said they could get through easily to the surgery by phone (CCG average 88.4%, national average 76.9%).
- 84.1% patients described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 95.4% say the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there were posters and leaflets in the reception area, as well as information about the complaints procedure on the surgery website.
- Staff received an annual summary of all complaints received in the last 12 months and the action taken as a result of these.

We looked at the five complaints the practice had received in the last 12 months and found were satisfactorily handled

and dealt with in a timely way. The practice had displayed openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint had been received from a patient who had been asked to de-register immediately after moving out of the practice catchment area. The patient felt that as they were currently receiving treatment, remaining with the practice would give them greater continuity of care. As a result of this, patients who were receiving on going treatment were given a "grace period" in which to find a new practice when moving out of area, if it was considered that asking them to transfer immediately would impact on their treatment. Their care was continually reviewed during this period and handed over to a new practice when medically appropriate.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Management had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen.

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 managing notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- They had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG were contacted on a regular basis, were consulted on patient surveys and submitted proposals for improvements to the practice management team. For example, they had recommended that the practice do more to advertise the role of the nurse practitioner through their newsletter. They suggested highlighting which conditions they could treat and giving some information on their clinical background to encourage more patients to see them instead of a GP.
- The practice had started playing music in reception as a result of feedback from a patient survey.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. 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.

Are services well-led?

Good 

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

Continuous improvement

There was a strong 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 had joined 1st Care Cumbria, a federation of 34 surgeries which had been established to share clinical expertise and eventually develop new services.