Alston Medical Practice

Quality Report

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Date of inspection visit: 3 December 2015
Date of publication: 18/02/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alston Medical Practice on 3 December 2015. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice had clear evidence of the learning opportunities taken as a result of the monitoring of 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.
- Staff were encouraged to keep up to date and to take training opportunities whenever they came along.
- Patients said they found it easy to get through to the practice on the telephone, and felt they were treated with compassion, dignity and respect by all staff. Feedback from patients and stakeholders was continually positive about the way staff treated them.
- There was a clear leadership structure and staff felt well supported by the management team and GP's.
- The provider had an effective policy in place for Duty of Candour and was open and transparent in its dealings with patients.
- The practice had a multi-skilled workforce with all staff being able to support each other flexibly in different roles as and when needed.
- A practice Patient Participation Group (PPG) had been in place since 2013 and had managed to attract a wide age range of members.
- Patients were truly respected and valued as individuals and were empowered as partners in their care.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good 

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events with regular learning shared and embedded into practice
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. All staff were aware of the process and had been trained in relation to alerting safeguarding risks for both children and adults.
- All staff were multi skilled and able to provide cover across different areas in the event of staff shortages.

Are services effective?

Good 

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement but there was as yet no formal audit programme in place although this was planned.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all members of staff.
- Staff enjoyed good relationships and worked extremely well with the multidisciplinary team in order to ensure that they were able to meet the range and complexity of people's needs.

Are services caring?

Outstanding 

The practice is rated as outstanding for providing caring services.

- People were truly respected and valued as individuals and were empowered as partners in their care
- Patient feedback showed the practice rated higher than others for all the questions relating to caring on the GP patient survey, on the CQC comment cards and on interview.
- 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.

Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff responded compassionately when patients needed help and support and went out of their way to help and support patients seeing their emotional and social needs as being as important as their physical needs.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with emergency appointments available the same day.
- The service was tailored to meet the needs of the patients and delivered in a flexible way ensuring continuity and choice in care, for example there was an appointment system which took account of the availability of buses arriving in the town from outlying villages.
- If a patient failed to attend for an appointment the receptionists would contact the patient by phone to check that they were okay and deem the reason for the missed appointment.
- If patients could not get to the surgery to pick up prescription medication the practice staff had delivered this direct to the patient themselves.
- The practice had easily accessible facilities and was well equipped to treat patients and meet their needs.
- Patients knew how to complain and felt they would have no worries about talking to anyone in the practice if they needed to as the practice responded quickly to any issues raised.

Are services well-led?

Good

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

- The practice had thought through its succession planning to maintain the service it provided.
- There was a clear leadership structure with lead roles shared between GP's and the management team.
- Staff felt listened to and well supported by the management team.
- The provider was aware of and had an effective policy in place in relation to the Duty of Candour with GP's encouraging a culture of openness and honesty.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice's patient participation group was very well established and worked with the practice to promote the practice activities and challenge where necessary.
- 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

Outstanding ☆

The practice is rated as outstanding for the care of older people because two domains are rated as outstanding.

- The practice offered proactive, personalised care to meet the needs of the older people in its population with a named GP for over 75 year olds.
- Care plans and reviews were in place for the frail and elderly.
- Carers had been identified and referred to the local caring association.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A health care questionnaire was completed for all patients over the age of 83 years.
- Emergency home delivery of medication and arrangement of blister packs through the dispensary was available.
- The community hospital and day care centre were on the same site as the practice with the practice GPs managing the day to day medical care. This enabled a good working relationship between staff and the doctors and day care patients having ease of access to the GP.
- Excellent working relationships with community teams to support patients living independently at home.
- The five year plan for health provision in the area contained a focus on the elderly population and developing services to support their growing needs. For example the practice was currently researching falls in older people. As a result of this they were developing an in-depth falls risk assessment and an algorithm to support this along with the establishment of a falls clinic in the practice.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for the care of people with long-term conditions because two domains are rated as outstanding.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Personalised care plans were in place to meet the needs of individual patients. These promoted self-management and empowerment to manage their conditions through education and information.
- 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.
- The practice completed a continuous review of appointments to ensure they were providing enough appointments to meet patient's need.
- During a review of appointments the practice appointed of a Health Care Assistant to provide more nursing support to patients.
- The practice nurse arranged a DESMOND programme team to visit the surgery and provide sessions locally. (DESMOND is a programme for diabetes education and self-management for on-going and newly diagnosed patients). The practice found that the referral uptake to this team had been poor due to transport issues and the distance to travel. Since the team have been putting on sessions at the surgery the uptake by patients suffering from diabetes had improved with positive feedback from patients. These sessions were funded locally.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people because two domains are rated as outstanding.

- New patient registration for children followed safeguarding guidelines – GPs understood the family structure and informed health visitors of new family registrations and systems were in place to identify and follow up children living in disadvantaged circumstances who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Excellent feedback was received on collaborative working with midwives and health visitors.
- Childhood immunisation rates were comparable or higher than CCG averages.
- All GPs arrange suitable follow up for emergency contraception, termination of pregnancy and sexually transmitted diseases.

Summary of findings

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding for the care of working-age people (including those recently retired and students) because two domains are rated as outstanding.

- 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.
- The practice website was accessible and very detailed.
- Nurses provided a full travel vaccine service (excluding yellow fever).
- GPs managed their own choose and book referrals so patients could usually leave the surgery with a booked appointment for a consultant without having to attend again to make a booking.
- GPs mostly did their own bloods and electrocardiograms (ECG's) within an appointment time so that a quick assessment could be made, reducing the number of attendances necessary to get a diagnosis.
- Although extended access is not offered at the practice patients are accommodated as and when requested with early or late appointments.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable because two domains are rated as outstanding.

- Longer appointments were offered for people with a learning disability, and learning disability health checks were able to be done in surgery or at home depending on the patient's choice.
- Patients whose circumstances identified them as vulnerable were recorded in a register and recall systems were in place.
- 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. A multidisciplinary approach with community teams was embedded in practice in the case management of vulnerable patients and families.
- Carers were actively identified and referred to the local carers association.

Summary of findings

People experiencing poor mental health (including people with dementia)

Outstanding 

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia) because two domains are rated as outstanding.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice liaised with counselling services local the mental health team and the crisis team.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Longer appointments were available when someone was in need of extra support.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 260 survey forms were distributed and 117 were returned. This was a response rate of 45%. The majority of results were above the clinical commissioning group (CCG) and national averages, with a small amount comparable to the CCG and national averages.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 80.3% and a national average of 73.3%.
- 96.3% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 99.4% 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%).
- 98.9% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).
- 98.1% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 92.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards all of which were overwhelmingly positive about the standard of care received. They showed that all staff from the receptionists to the GPs were consistently compassionate and understanding of changing circumstances, whether health related or socially. Patients felt they were treated with dignity and respect and were never rushed or made to feel they were a nuisance.

The friends and family test which asks how likely are you to recommend your GP practice to your family and friends if they needed similar care or treatment showed 95.5% of patients would recommend the practice to their family and friends.

An independent patient experience survey was completed in 2015 with 146 patients providing detailed feedback on areas such as access, complaint management, information available, seeing practitioner of choice, privacy, self-care, explanations, confidentiality and respect shown. All scores were above the national average for practices of a similar size with 55% rating the practice as excellent, 26% as very good, 12% as good (in total 93% good and above). Two percent were rated fair. Five percent of questionnaires were returned blank.

We spoke with four patients during the inspection. All four patients commented that they were satisfied with the GP's, nurses, staff and services. Patients stated they felt respected by staff and liked the local friendliness of all there.

Outstanding practice

- The practice was considered outstanding in terms of their caring approach with the whole practice team providing a service that put caring and patient safety at its heart. The practice had achieved consistently high rates of patient satisfaction through the GP patient survey, the friends and family test, and independent patient survey and the CQC comment card uptake. Generally patients did not default on their appointments so when any patient did not arrive for their appointment reception staff would ring the individual to see if anything was wrong. This process had helped identify patients who were more ill than envisaged and therefore required a home visit or emergency intervention.
- The practice proactively encouraged people to register as a carer with the local carers association. When the service was set up initially the practice had atraining session with the carers association which was extended to include the community multidisciplinary team. This resulted in continuing good communications with the association. The

practice actively promoted carers leaflets, Mindfulness courses and social events with all leaflets being made available in the GP and Nurses consulting rooms, reception, waiting rooms and new patient welcome packs. All information updates were also forwarded to the community nurse team. All staff were aware of the carer's service and were confident in providing patients including young carers with the necessary informationandadvice.

- As the practice is set in a very rural location isolated at times during bad weather, the practice had implemented an appointment system which took into account the availability of buses arriving in the town from outlying villages. This enabled people who did not drive to access services without relying on friends and family to take them to the surgery. Staff told us that they knew all their patients and would book appointments around their needs.
- As a result of the NHS emergency ambulance being removed from the area, the practice and North West Ambulance Service (NWAS), was involved with local volunteers in developing a community ambulance to support people in the community. This ambulance was staff with trained volunteers with medical support from the GP's.

Alston Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a second CQC inspector and a pharmacy inspector.

Background to Alston Medical Practice

The Alston Medical Practice is situated in Cumbria close to the centre of Alston. It sits within the locality district of Eden. Due to the rural nature of the practice boundary the practice provides a dispensing service to its patient population.

Alston is the highest market town in England and can be quite an isolated rural community especially in adverse weather conditions with the nearest A&E some distance away and journey times of over an hour for an emergency ambulance to reach the town. There is limited social care provision in the local community with no nursing home beds and difficulty recruiting carers due to travelling distances which can have an effect on the services provided by the practice in terms of them being able to manage medical and social care problems swiftly and locally.

The practice provides services to 2400 patients and to a diverse rural population. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is on par with the England average for males at 79 years and 82 years for females (England average 79 and 83 respectively).

There is a very small percentage of the practice population whose first language is not English.

There are three partner GPs two male and one female. There is a practice nurse, a health care assistant, a practice manager, three receptionists and two dispensers. The practice is a GP training practice with the next GP Registrar starting on 03 February 2016. Dr Hanley is the GP trainer. Other healthcare professionals such as district nurses, health visitors, palliative care nurses and midwives are in regular contact with the practice, with the midwife undertaking an antenatal session once a week in the practice.

The practice is open between 8am and 6.30pm Monday Wednesday and Friday, and until 4.30pm Tuesday and Thursday. Appointments are from 9am until 11am and 2pm – 4pm daily, with appointments available until 6.30pm Monday, Wednesday and Thursday. On Tuesday and Friday from 4.30pm until 6.30pm a duty doctor from the practice is available for anyone who rings in needing to talk to or see a GP. The practice is very flexible with its opening times on top of this and will see patients before and after the last published appointment time if needed and goes out of its way to accommodate patients who may need an appointment early or late on in the day due to work commitments.

Out of hours provision is provided by the 111 service and Cumbria Health On Call (CHOC).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. The practice had been inspected in May 2014 as part of our piloting of the new methodology. No concerns were identified at that inspection.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 03 December 2015. During our visit we:

- Spoke with a range of staff including the partner GPs, the practice manager, practice nurse, dispensing and administration staff and spoke with four patients who used the service. We spoke on the telephone with other professionals who liaise with the practice such as district nurses, health visitors and midwives. We also spoke with a local care home where the GP's provide care and treatment to some of the residents.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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)

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

Good

Are services safe?

Our findings

Safe track record and learning

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

Staff told us they would inform the practice manager of any incidents and there was also a recording form available for everyone to use. The practice had an open and honest approach to significant events and they were relished as a learning opportunity.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice had evidence of significant event analysis, and we saw that 13 of these had been collected in the last year. Lessons were shared across the practice to make sure action was taken to improve safety in the practice. For example, there was no stock of an antibiotic for a baby with a rash. This was reviewed by the practice and a small bag containing all such medications was made up for use and the contents were monitored on a more regular basis. The practice also developed a risk assessment for such cases.

The practice had in place an understanding and an effective policy on their responsibility with regards to the Duty of Candour. This means that providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

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. A safeguarding noticeboard was accessible to all staff and was kept up to date with relevant information and contact details. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. The practice was able to explain and show us how vulnerable families and safeguarding concerns were highlighted on the practice IT system. Staff demonstrated they understood their responsibilities and all had received training both on line and in house from the lead GP. The lead GP for safeguarding was trained to Safeguarding level 3 as well as the other GP partners.
- Patients were aware they could ask for a chaperone if needed and information on asking for one was available to patients. All staff who acted as chaperones were trained for the role by the GPs and all staff whether chaperones or not had received a disclosure and barring service check (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). When a chaperone was used the GP and the chaperone recorded this in the patient record.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners and a practice nurse took responsibility as the leads for infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we were given information where action had been taken to address issues following the audits. Enough protective clothing was available when needed and all instruments used were disposable.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use.
- Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. Staff involved in the dispensing process had received appropriate training.

Good

Are services safe?

- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- 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 the production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations.
- There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were suitable arrangements in place for the destruction of controlled drugs.

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. All health and safety requirements were managed by the practice's landlord the local NHS Trust. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out monthly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated and 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 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. We were told staff seldom went off sick but if this should happen or when certain areas were busy such as in the run up to Christmas then a number of staff were multi skilled and had been trained to assist safely and effectively in other departments.

Arrangements to deal with emergencies and major incidents

The practice had 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 and equipment available in the treatment room. All medicines and equipment was checked regularly.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had other designated premises that could be used if needed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Safety alerts and other clinical updates were received by the practice business manager who distributed those that were relevant to the appropriate clinician for action. Regular clinical and staff meetings were used as an opportunity to discuss new guidance that had been received.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results (2014-2015) showed the practice had achieved 93.5% of the total number of points available, (national average 94.2%) with a 4.4% clinical exception reporting rate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was above the clinical commissioning group (CCG) average and the national average.
- Performance for mental health related indicators was 3.1% points lower than the CCG average and 0.5% points below the national average.
- Performance for secondary prevention of coronary heart disease was 3.8% points below the CCG average and 1.7% points below the national average.
- Performance for the asthma related indicators was 0.7 % points below the CCG and 0.4% points above the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 1.1 % points above the CCG and 2.2% points above the national average.

The practice explained that if targets were missed this was because there was a vacancy for a nurse in the practice. Because of this in May 2015 a healthcare assistant was recruited and this recruitment had improved performance figures.

With the recent appointment of a new GP partner a programme of clinical audits was in the planning stage. The practice had undertaken a number of full cycle audits such as medication optimisation, the number of emergency admissions, urinary incontinence in women and ophthalmology referrals. There was on going work regarding a falls audit. As a result of this the practice were implementing 'STEADI' guidelines, developing an algorithm for falls risk assessment and interventions supported by a falls risk assessment. (STEADI (Stopping Elderly Accidents, Deaths, and Injuries), is a fall prevention tool kit that contains an array of health care provider resources for assessing and addressing fall risk in elderly people).

Effective staffing

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

The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The learning needs of staff were identified through a system of appraisals and training included e-learning and face to face training opportunities. Generally if a member of staff identified something that added value to the practice then they were supported to undertake the training. Protected learning time sessions were well supported by all staff. All staff had undertaken an appraisal within the last 12 months. There was facilitation and support for the revalidation of doctors.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

GPs used choose and book to refer patients to secondary care (hospital trusts) but where necessary they rang individual consultants themselves for a discussion. Urgent cancer appointments (2 week rules) were faxed, acknowledgments were obtained once the fax had arrived and a note made on the patient record showing it had been sent.

Staff worked very well 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 spoke with a local care home about their relationship with the practice who found the practice very supportive. Every service user had a named GP and the continuity of care was extremely good. Patient's medications were reviewed regularly by GPs who knew the service users. As a future challenge the practice were looking to form the Alston Health and Social Care Partnership. This project was, due to the isolation of some patients, looking at developing a home care service which incorporated health, housing and social aspects of the patients care.

We spoke with members of the multi-disciplinary team that included district nurses, health visitors and midwives who told us they had excellent relationships with the practice and that the practice was quick to respond to concerns and were very supportive. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that patient held care plans were routinely reviewed and updated by the whole multi-disciplinary team. Midwife led clinics were delivered on site and this provided easy exchange of information, advice and the ability to prescribe on the day.

The practice holds registers that identify patients with learning disabilities, mental health needs, and palliative care needs along with names of patients who are also carers.

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.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, those at risk of developing diabetes and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service as needed.

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 84.63%, which was higher than the national average of 81.88%. 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 comparable to or higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to 2 year olds ranged from 80% for infant Men C to 100% however the rate for five year olds receiving a PCV booster was 57.1% compared to the national average of 72.5%. Flu vaccination rates for the over 65s were 74.72%, and at risk groups 67.08%. These were both above the CCG and national averages.

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

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice is very much part of the local community with its attachment to the community hospital and minor injuries clinic. A large majority of the staff live and work in Alston and relationships between them were seen to be strong. Staff knew the patient population and their needs very well and often went the extra mile for them on a regular basis. Feedback from patients we spoke with told us this and it was evident in the comments on the various patient surveys we looked at.

We saw that patients were truly respected and valued as individuals and were empowered as partners in their care. This was evidenced by the overwhelmingly positive comments from the GP patient survey, the CQC comment cards, patient participation group (PPG) surveys, the independent surveys patients' comments and the interaction between staff and patients that we saw on the day.

All 35 CQC comment cards were extremely 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. Patients said they could always see a GP when required; they listened and gave them enough time.

We spoke with a member of the practice's patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, and staff went the extra mile. The PPG was active helping and supporting new services provided by the practice and gathering patient views. The PPG talked about issues highlighted from the recent patient survey which they were currently reviewing, for example, the reintroduction of music in the waiting room to help with patient confidentiality, and the establishment of a social care provision.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable and in some cases above average for all its satisfaction scores. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 89% said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 97% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

An independent patient experience survey was completed in 2015 with 146 patients providing detailed feedback on areas such as access, complaint management, information available, seeing practitioner of choice, privacy, self-care, explanations, confidentiality and respect shown. All scores were above the national average for practices of a similar size with 55% rating the practice as excellent, 26% as very good, 12% as good (in total 93% good and above). Two percent were rated fair. Five percent of questionnaires were returned blank.

We found that 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. Receptionists went out of their way to reduce the chance of personal information being overheard at the reception desk. If there were sensitive issues that needed to be discussed or patients appeared distressed receptionists were able to find some where more private to discuss their needs. Telephone calls from patients were taken in an area where confidentiality could be maintained.

GPs we spoke with regularly visited palliative care patients out of hours despite the service having a contracted out of hours service.

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

Are services caring?

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:

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

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 that translation services were available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room signposted patients on how to access a number of support groups and organisations including the local cares association, bereavement and counselling services.

The practice's computer system alerted GPs if a patient was also a carer. Eighty carers had been identified by the practice. The practice proactively encouraged people to register as a carer with the local carers association. When the service was set up initially the practice had a training session with the carers association which was extended to include the community multidisciplinary team. This resulted in continuing good communications with the association. The practice actively promoted carers leaflets, Mindfulness courses and social events with all leaflets being made available inthe GP and Nurses consulting rooms, reception, waiting rooms and new patient welcome packs. All information updates were also forwarded to the community nurse team. All staff were aware of the carer's service and were confident in providing patients including young carerswith the necessary information and advice. We were told of examples such as a patient was receiving end of life care and the husband was encouraged by the receptionist to become registered as a carer and as a result referred him to the carers association to get him additional help and support; also a receptionist recently advised a new family of the young carers service for their daughter. Patients were also advised to seek the support of the local Age Concern representative who helped them complete forms and advised on further services available often visiting them in their homes and the community hospital. During the flu campaign each year all carers were offered the flu vaccination and annual health checks.

Patients told us that staff went out of their way to help and support them with their health and social wellbeing seeing their emotional and social needs as being as important as their physical needs. We were given examples where staff had taken shopping or medication out to a patient when they could not get in to the practice and where staff rang any patient who did not turn up for an appointment to see if anything was wrong. This process had helped identify patients who were more ill than envisaged and where a home visit was required or where emergency intervention was needed. Because staff knew the patient population well they helped them through the bad times such as serious illness and bereavement and visited patients in the community hospital and day centre when they were admitted. Patients commented on the comment cards and in surveys that the GPs and staff knew them well and were caring, reassuring and supportive.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. We saw that telephone consultations were available so patients did not have to attend surgery.

Longer appointments were available for particular procedures and where patients felt they required extra time. The receptionists were aware what consultations required a longer appointment time. Appointments were available on the day or the following day so patients did not have to wait long to see a GP.

If a patient failed to attend for an appointment the receptionists would contact the patient by phone to check that they were okay and deem the reason for the missed appointment. This process has helped identify patients who were more ill than envisaged and therefore required a home visit.

The practice nurse arranged a DESMOND programme team to hold sessions within the practice. (DESMOND is a programme for diabetes education and self-management for ongoing and newly diagnosed patients). The practice found that the referral uptake to this team was poor due to transport issues and the distance to travel. Since the practice nurse initiated the DESMOND programme team to put the sessions on at the surgery the uptake by patients suffering from diabetes has improved.

Access to the service

The practice is open between 8am and 6.30pm Monday Wednesday and Friday, and until 4.30pm Tuesday and Thursday. Appointments are from 9am until 11am and 2pm – 4pm daily, with extended appointment times until 6.30pm three times per week. On Tuesday and Friday from 4.30pm until 6.30pm a duty doctor from the practice is available for anyone who rings in needing to talk to or see a GP. Although extended access is not offered at the practice working patients were accommodated as and when requested with early or late appointments. We saw examples where the GPs had seen patients before and after the end of clinic times or if they have just presented themselves at the surgery without an appointment.

The practice constantly reviewed its appointment access and could evidence this over the last three years showing how it changed its access to meet the needs of patients. For example as a result we saw that a health care assistant had been employed. One of their roles was to support patients with long term conditions.

The practice was in the same building as the nurse led emergency assessment unit and community hospital. GP's managed the medical care and treatment of the patients who were admitted as patients (both local people and people from outside their catchment area) and who attended the day hospital. GPs were also called upon to review patients who attended the emergency assessment unit if the nurse required extra help or needed advice and they undertook daily ward rounds and attended multidisciplinary meetings.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently above the CCG and national averages. People told us on the day that they were able to get appointments when they needed them and everyone liked the choice of being able to book appointments in advance and use the open access clinics if needed. Of those who responded to the survey:

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 100% of patients said they could get through easily to the surgery by phone (CCG average 80% and national average 73%).
- 98% patients described their experience of making an appointment as good (CCG average 79% and national average 73%).
- 99% of patients said the last appointment they got was convenient (CCG average 94% and national average 92%).
- 91% patients felt they don't normally have to wait too long to be seen (CCG average 61%, national average 58%).

The practice is the highest market town in England and due to its rural nature the practice had implemented an appointment system which took into account the availability of buses arriving in the town from outlying villages. This enabled people who did not drive to access services without relying on friends and family to take them

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

to the surgery. Due to the majority of staff being part of the local population staff told us that they knew all their patients and would book appointments around their needs.

If patients could not get to the surgery to pick up prescription medication the practice staff had delivered this direct to the patient themselves.

The practice had a comprehensive website which also gave access to other useful community links for patients which helped signpost them not just medically but socially.

With the reorganisation of the North West Ambulance service (NWAS) the emergency ambulance was removed from the Alston area. It was found that it could take up to an hour for a blue light ambulance to reach the area which had an impact on the community as a whole. As a result of this the practice and local volunteers in collaboration with NWAS developed a community ambulance to support people in the community. This ambulance was staffed with trained volunteers with medical support from the GP's.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system within the practice's information leaflet and on the practice's website. The practice had a complaints poster in the waiting room. Patients spoken with told us they would have no problem if they needed to make a complaint and staff told us they would help patients resolve any issues in the first instance or pass the complaint through to the practice manager if they were unable to help. The practice had not received a complaint in the last 12 months but staff were able to tell us exactly what they would do if someone made a complaint. Patients told us they knew what they would do if they were unhappy about anything and felt that they could approach anyone at the practice if they needed too.

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 work together to provide a high quality responsive service that put caring and patient safety at its heart. Its aim was to provide the kind of care that they themselves would like for their families and themselves. Staff told us they were dedicated and loyal and would always go 'the extra mile' for their patients and the community.

The GP partners were able to show us how it had started to plan for the future of the practice with its work on succession planning. The practice had taken on a new experienced GP as a partner and a health care assistant. They were aware of future challenges to staff recruitment in the future and were developing plans to attract new staff to the practice.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities with clearly defined leads for the management team.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks.

Leadership, openness and transparency

The GP partners in the practice had experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management team had an open door policy, were always available, approachable and took the time to listen to all members of staff. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service using the protected learning times (PLT) as well as staff questionnaires to make improvements.

When there were unexpected or unintended safety incidents, there was a clear leadership structure in place and staff felt supported by the management team. Staff told us that the practice held regular team meetings and we were able to review minutes from the meetings. Staff said they felt respected, valued and supported, particularly by the GP partners.

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

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

- The practice's patient participation group (PPG) has been established since 2013 and meet four times a year. The PPG was made up of a variety of patient ages including those of working age; they were actively encouraging teenagers and other age groups to join the group. PPG names were available to patients on the practice website, and on the surgery noticeboards for patients to contact if they needed too. It was through patient feedback to the PPG that the practice was looking at a medication delivery service.
- The practice had developed a newsletter. This newsletter contained information about changes in the practice, for example the use of telephone consultations and the use of the internet to book appointments and request repeat medication. It also told patients about the change in out of hours medical treatments by ringing 111.
- The practice was open to ideas from its staff and welcomed their opinion on the way the practice was running and changes that could be made. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning times and access to online training materials.
- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.

Are services well-led?

Good

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

- The practice was proactive in its succession planning as evidenced by its recent GP and health care assistant recruitment. It continued to look at this with the realisation that other staff were likely retire over the next few years.
- The practice regularly reviewed its patient's needs and the patient participation group (PPG) alongside this was looking at the deployment of a community vehicle which would take people to and from the practice for appointments, or to appointments further afield, if they had no other means of transport.
- The PPG was also looking at developing a prescription delivery service in the locality to help those people who had difficulty getting to the surgery to pick up their medication.
- The practice was looking to increase meetings where serious events and lessons learnt were discussed with the whole multidisciplinary team as well as looking at referral patterns.