

# The Surgery Kirkby-in-Furness

## Quality Report

The Surgery,  
Askew Gate,  
Kirkby in Furness,  
Cumbria,  
LA17 7TE

Tel: 01229 889247

Website: [www.duddonvalleymedicalpractice.nhs.uk](http://www.duddonvalleymedicalpractice.nhs.uk)

Date of inspection visit: 16 June 2017

Date of publication: 16/08/2017

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?

**Outstanding**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Good**



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to The Surgery Kirkby-in-Furness	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery, Kirkby-in-Furness (also known as Duddon Valley Medical Practice) on 16th June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients we spoke to said the practice felt like "family".

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw some examples of outstanding practice:

- The practice set up a service called Duddon Valley Volunteers to offer extra support to patients who needed it. The practice identified patients who might be in need of extra input due to frailty or social isolation, for example. These patients would then receive a phone call and/or a visit at home from one of

# Summary of findings

the practice staff to offer them a “friendly face” to talk to. Patients who spoke to us told us how important this service was to them, and that the holistic approach taken by staff at the practice made them feel valued.

- The leadership drove continuous improvement and staff were accountable for delivering change. The management of the practice was shared across the whole team, to meet the demands of a small, rural practice and the challenge of transitioning to be a

single-handed GP practice. This had resulted in a marked improvement in the Quality and Outcomes Framework performance, as well as allowing the practice to implement a new appointment system to manage demand. There was a high level of staff satisfaction, and staff were proud of the organisation and spoke highly of the culture.

**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.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved in the past 12 months. For example, the percentage of the total points obtained for asthma-related indicators rose from 83.4% (national average 97.4%) in 2015/16 to 100% in 2016/17.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the National GP Patient Survey, published in July 2016, showed patients rated the practice higher than others for all aspects of care.
- Patients were truly respected and valued as individuals and were empowered as partners in their care. Patients we spoke to

# Summary of findings

said the practice felt like “family”. We saw examples of practice staff performing duties beyond their remit to support patients with their care, such as attending appointments with them at external clinics.

- The GP gave their personal contact details to patients who were undergoing palliative care, and we saw examples of times the GP had attended to patients outside of practice hours to offer support.
- There were four carers’ leads who offered support, and the practice had identified 53 patients as carers (2% of the practice list).
- The practice did work in their own time for local and international charities.
- The practice had set up the Duddon Valley Volunteers scheme to offer additional support to any patients who needed it, either due to medical or social needs. Staff members regularly called or visited patients identified by the scheme to ensure they were doing well.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice worked particularly well with the local community.
- The practice had responded to the loss of a GP partner by putting a new appointment system in place to meet demand. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure, and leadership responsibility was shared across the team. This was welcomed by staff and had led to a number of improvements regarding the appointments system and the practice's performance in the Quality and Outcomes Framework.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 for notifiable safety incidents and ensured this information was shared with staff.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an patient participation group.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for some conditions associated with older patients, such as heart failure, was better than the national average. The practice achieved 99.1% of the total points available for this condition, compared to the national average of 95.9%.
- The practice had set up a service called Duddon Valley Volunteers to offer extra support to patients who needed it. The practice identified patients who might be in need of extra input due to, for example, frailty or social isolation. These patients would then receive a telephone call and/or a visit at home from one of the practice staff to offer them a “friendly face” to talk to.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma-related indicators rose from 83.4% of the total points available (national average 97.4%) in 2015/16 to 100% in 2016/17.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher than national average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was in line with the local and national averages of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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 reflected 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 those with a learning disability.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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**





# Summary of findings

- There were four carers' leads who offered support, and the practice had identified 53 patients as carers (2% of the practice list).
- Staff at the practice contacted any patients who might require additional support as part of their Duddon Valley Volunteers system.

## People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators had improved to 100% of the total points available in 2016/17, compared to 52.5% of the total points available in 2015/16 (national average 92.8%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- In 2015/16, 75% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was lower than the national average of 84%.
- The practice achieved 100% of the total points available for depression, having achieved no points in this domain in 2015/16.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in July 2016, showed the practice was performing above local and national averages. 213 survey forms were distributed and 115 were returned. This represented a 54% response rate and approximately 5% of the practice's patient list. Of those surveyed:

- 99% of patients found it easy to get through to this practice by telephone, compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good, compared to the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who had just moved to the local area, compared to the national average of 78%.

The practice had promoted the use of the website 'iwantgreatcare.com' to collect patient feedback. At the time of inspection the practice had a five star (out of five) rating from 355 reviews. The practice had been awarded a "certificate of excellence" by the website for the number of five-star ratings they had received.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Commonly used words included 'excellent', 'kind', 'helpful', 'caring' and 'considerate'.

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

## Outstanding practice

- The practice set up a service called Duddon Valley Volunteers to offer extra support to patients who needed it. The practice identified patients who might be in need of extra input due to frailty or social isolation, for example. These patients would then receive a phone call and/or a visit at home from one of the practice staff to offer them a "friendly face" to talk to. Patients who spoke to us told us how important this service was to them, and that the holistic approach taken by staff at the practice made them feel valued.
- The leadership drove continuous improvement and staff were accountable for delivering change. The management of the practice was shared across the whole team, to meet the demands of a small, rural practice and the challenge of transitioning to be a single-handed GP practice. This had resulted in a marked improvement in the Quality and Outcomes Framework performance, as well as allowing the practice to implement a new appointment system to manage demand. There was a high level of staff satisfaction, and staff were proud of the organisation and spoke highly of the culture.

# The Surgery Kirkby-in-Furness

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.  
The team included a GP specialist adviser.

## Background to The Surgery Kirkby-in-Furness

The Surgery, Kirkby-in-Furness (also known as Duddon Valley Medical Practice), is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 3,400 patients from two locations:

- Kirkby Surgery, Askew Gate, Kirkby-in-Furness, Cumbria, LA17 7TE.
- Broughton Surgery, Foxfield Road, Broughton-in-Furness, Cumbria, LA20 6EZ.

We visited these locations on this inspection.

Both practice sites are located in purpose built health centres, one of which is owned by the practice, the other is rented. All patient facilities are situated on the ground floor in both buildings. There are disabled toilet facilities, wheelchair and step-free access to all consulting and treatment rooms. There is a car park available at both sites.

The practice has 19 members of staff, including the lead GP/practice manager (male) and one salaried GP (female),

five practice nurses (female), an assistant practice manager, an administrative manager, a practice support and training consultant, a lead dispenser, a lead receptionist and seven reception, administration, and/or dispensing staff.

The practice was inspected in 2015 while it was a GP partnership and registered with CQC as Duddon Valley Medical Practice. Overall the practice was rated as Good. The practice was registered with a new provider on 9 March 2016. The other member of the former GP partnership, and other staff, continue to work at the practice carrying out the same roles and responsibilities.

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 third (Kirkby in Furness) and fourth (Broughton in Furness) least deprived deciles. In general, people living in more deprived areas tend to have greater need for health services. The practice population profile shows that the number of patients between the ages of 50 and 79 is higher than average, while there are fewer patients than the national average in all age groups under 45.

The surgery is open from 8am to 6.30pm, Monday to Friday. Extended hours access is provided on a flexible basis to patients who are unable to attend during core hours. Telephones at the practice are answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call Ltd (CHoC).

# Detailed findings

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

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2017. During our visit we:

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

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event, the practice changed to their end of life care planning processes to ensure that all family members were included from an early stage.

### Overview of safety systems and processes

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

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

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

## Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up-to-date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 87.2% of the total number of points available, compared to the clinical commissioning group (CCG) average of 97.7%, and the national average of 95.3%. The practice exception reporting rate was lower than the local and national averages at 7% (CCG average 10.2%, national average 9.8%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). However, these results relate to the period from 1 April 2015 until 30 March 2016, and therefore mostly show performance under the previous provider. The new provider has been in place since 6 March 2016.

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. The practice achieved 87.6% of the total points available, compared to the national average of 89.8%.
- Performance for mental health related indicators was significantly below the national average. The practice achieved 52.5% of the total points available, compared to the national average of 92.8%.

- Performance for asthma related indicators was below the national average. The practice achieved 83.4% of the total points available, compared to the national average of 97.4%.
- Performance for some conditions associated with older patients, such as heart failure, was better than the national average. The practice achieved 99.1% of the total points available for this condition, compared to the national average of 95.9%.

The practice could demonstrate that these results had occurred during a time when the practice was in transition from being provided by a partnership to a single-handed GP. Since that period, they had implemented a system whereby the task of recalling patients with long-term conditions was shared out among the practice team, rather than being the responsibility of only one member of staff. Blood test results were also shared with diabetic patients prior to their annual health check in order to encourage uptake. Unverified results, relating to the 2016/17 QOF performance showed that the practice had improved significantly in all areas. For example:

- Overall performance had improved to 90.6% of the total points achieved, while the exception reporting rate had dropped to 6.3%.
- The practice achieved 100% of the total points available for asthma and mental health, as well as for a number of other domains.
- They achieved 100% of the total points available for depression, having achieved no points in this domain in 2015/16.
- They continued to score well for conditions associated with older patients, achieving 100% of the points for heart failure.

(As these results have not yet been published nationally we are unable to compare them to local and national averages.)

There was evidence of quality improvement including clinical audit.

- We saw seven examples of clinical audits completed in the past 12 months since the new provider took over. Changes had been made as a result of these audits, and their impact was due to be reviewed.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.



# Are services effective?

## (for example, treatment is effective)

Findings were used by the practice to improve services, such as ensuring that patients were taking medications as prescribed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A newly-appointed salaried GP was helping the practice to improve their locum GP induction pack.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice has held meetings with the local district nursing team in order to improve working relationships. From this a new communication form was developed by the practice to ensure that the district nurses have all the information they need when visiting patients while the practice is closed.

### 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

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



# Are services effective?

(for example, treatment is effective)

The most recently-available data showed the practice's uptake for the cervical screening programme was 82%, which was in line with the CCG and national averages of 81%. However, this figure was achieved before the previous partner left and the practice became a single-handed GP practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England from 2014/15 showed that:

- 79% of females, 50-70, were screened for breast cancer in last 36 months, compared to the national average of 72%.
- 64% of people, 60-69, were screened for bowel cancer within six months of invitation, compared to the national average of 56%.

Again, these figures were obtained before 6 March 2016, and therefore relate to performance prior to the change of provider.

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

Childhood immunisation rates for the vaccinations given were better than national averages. For example, the practice achieved a score of 9.8 for childhood immunisation rates for the vaccinations given to under two year olds (national average 9.1) and had vaccinated 100% of five year olds (national average from 87.7% to 93.9%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We spoke with seven patients, including one member of the patient participation group (PPG). They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke to described the practice as being "like a family", and told us that they were made to feel welcome to visit the surgery for advice and help at any time, not only when they had an appointment. We were also given examples of times when practice staff had helped patients in the village outside of working hours when they had seen they needed assistance, such as when an ambulance was called to their house, for example.

Results from the National GP Patient Survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above average for satisfaction scores on consultations with GPs and nurses. For example, of those who responded:

- 95% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients said the GP gave them enough time, compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw. This was the same as the CCG average and above the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern. This was the same as the CCG average and above the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 94% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 90% and the national average of 87%.

Staff had supported charitable events in their own time, which benefitted both the local community and people further afield. This included undertaking fundraising walks to raise money for local charities, and raising money as a practice to support refugees in Lesbos. The GP and a nurse from the practice also travelled to Lesbos to offer medical support to refugees.

### Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 94% say the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

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

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



## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (2% of the practice list). Patients were asked if they were carers or had a carer when they joined the practice. The practice had four carers' leads who liaised with the local carers organisation. Other written information was available to direct carers to the various avenues of support available to them. There was a poster in the waiting area so that patients knew who they could contact for support.

The GP had undertaken a diploma in palliative care and offered personalised care to patients at end of life. We were told by staff and patients that the GP gave their personal contact details to patients at the end of their lives so they could be contacted if needed when the surgery was closed. We were given several examples of times when the GP had visited families at weekends and outside of working hours to offer support.

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

The practice had set up a service called Duddon Valley Volunteers to offer extra support to patients who needed it. The practice identified patients who might be in need of extra input due to, for example, frailty or social isolation. These patients would then receive a telephone call and/or a visit at home from one of the practice staff to offer them a "friendly face" to talk to. Patients who spoke to us told us how important this service was to them, and that the holistic approach taken by staff at the practice made them feel valued.

The practice told us their motto was "If we can, we will" and we saw examples of occasions when staff had "gone the extra mile" for patients. For example, a nurse supported a patient who was nervous about healthcare by taking them to appointments at an external clinic. This resulted in the patient becoming more confident about receiving care and has led to an increase in them engaging with care services.

# 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.

- Although the practice opened from 8am to 6.30 pm, we were told by staff and patients that appointments could be made outside of these hours if necessary, and the clinical staff would be flexible to fit them in.
- The practice had implemented a new system for booking appointments when one of the GP partners left the practice, leaving only one other GP in place. This had helped to improve access to appointments and reduce the strain on the remaining GP.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The surgery offered an International Normalised Ratio (INR) clinic for patients prescribed warfarin. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose). This meant patients did not have to make a journey to hospital for this service. The nearest hospitals to the Kirkby in Furness surgery were between 30 and 45 minutes away on public transport.
- Patients could order repeat prescriptions and book GP appointments online.
- Other services were based at the practice site to offer services that would benefit their patients, such as a dispensary.
- The practice had close links with the local community, and visited schools to provide health education and

advice. They were involved in community activities, such as a "Garden Observation Competition" which encourages families and children in the village to be more active.

- The practice offered more home visits to patients in response to challenges faced by local services.

### Access to the service

The surgery was open from 8am to 6.30pm, Monday to Friday, but was flexible to provide appointments outside these times to patients who could not attend during working hours. Telephones at the practice were answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. After one GP partner left the practice, leaving only one other GP in place, a new system was put in place to ensure that the demand for appointments could still be met. Any patients who called requesting a same day appointment were put on a triage list, which was accessed by the GP after each appointment. The GP then called the patients back to assess whether a same day appointment was required or, if another service or a routine appointment would be more appropriate. Appointments were embargoed each day to ensure that urgent appointments were available if required. Staff and most of the patients we spoke to or, who left comments, felt that this system was an improvement on the previous way of booking appointments. This system was set to continue now a second GP had been appointed.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was above the local CCG and national averages. Of those who responded:

- 99% of patients said they could get through easily to the practice by telephone, compared to the national average of 73%.
- 85% of patients were satisfied with the practice's opening hours, compared to the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 85%.

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

## **Listening and learning from concerns and complaints**

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, such as a summary leaflet.

We looked at one complaint logged during 2016/17, and found this was dealt with in a timely way, with openness and transparency.. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.

# 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. This had been developed with staff during a practice away day.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection, the management in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

We saw that the practice had responded to the challenges of rural practice, and of transitioning to being a single-handed GP practice. While the GP remained as practice manager, the day-to-day management of the practice was shared across the team. There was an assistant practice manager and lead staff members for each area of the practice (such as nursing or reception). The practice also used non-traditional roles to cover any

gaps, such as an office manager to oversee the administration side of the practice, and a practice support and training consultant, who helped to run the Patient Participation Group and oversee patient engagement. This way of management was working well for staff, who all felt involved in the running of the practice, and described the culture as being “like a family”. It had allowed them to reduce the workload of the GP, which in turn had allowed them to implement a new appointment system to ensure demand was still met while they had only one GP available.

The practice nursing team was expanded from three to five, and the responsibility for recalling patients for annual reviews was shared among the team instead of being the responsibility of one nurse. This had resulted in an upturn in the practice’s performance against the indicators of the Quality and Outcomes Framework in the past twelve months.

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

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

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

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

# Are services well-led?

Good 

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

of staff to identify opportunities to improve the service delivered by the practice. Staff also told us they felt supported in their careers and were able to request training to support their roles.

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

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

- The practice had set up a patient participation group (PPG) to gather feedback from patients. They also carried out surveys and looked for feedback in the compliments and complaints received. The PPG had approximately seven members who met regularly and submitted proposals for improvements to the practice management team.
- The practice had promoted the use of the website 'iwantgreatcare.com' to collect patient feedback. At the time of inspection the practice had a five star (out of five) rating from 355 reviews. The practice had been awarded a "certificate of excellence" by the website for the number of five-star ratings they had received.

- The practice had 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 were given lead roles across the practice, and were actively encouraged to take ownership of how the practice was run. Staff told us they felt involved and engaged to improve the practice.

## Continuous improvement

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

- At the time of inspection, the practice were actively planning two projects aimed at improving health outcomes for their community. These were "Health Parties" which aimed to provide activities which would encourage people to live more active lifestyles, and "Fitter Fridays" which would involve regularly-held walks, attended by staff and patients, between the two practice sites. The practice were also investigating ways in which these walks could also be used to raise money for charity.