

# Seascale Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Seascale Health Centre on 28 July 2016. Overall the practice is rated as good.

- Our key findings across all the areas we inspected were as follows: Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, and the system for doing so was regularly reviewed by all staff. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how

services were provided to ensure that they meet patients' needs. For example, external specialists were regularly invited to the practice to appraise their systems and offer ideas for improvement.

- The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, after consultation with the PPG, letters inviting patients to review included goals that patients could set themselves and then discuss with the nurse or GP
- 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

We saw some areas of outstanding practice:

# Summary of findings

- The leadership and governance at the practice had allowed them to maintain their objective of offering high quality care despite the number of GPs at the practice reducing. The practice had introduced new models of leadership to help meet the challenge of recruiting in a remote rural area.
- The practice maintained a “weekly patient review” tool which gave them an at-a-glance overview of all the contacts any given patient had had with the practice or secondary care providers (such as out-of-hours providers) within a given timeframe. Data had been collected for the past six years and was updated weekly. All members of the practice and some of the allied healthcare team, such as health visitors, could

add to the tool. It had been used to coordinate and manage the care of patients, such as those with long-term conditions, as well as provide evidence for safeguarding vulnerable adults and children.

The areas where the provider should make improvement are:

- The disposal records of medicines should include the signatures of the two people undertaking the disposal.
- The location of the prescriptions awaiting collection at the branch surgery should be reviewed to ensure patient confidentiality is not breached.
- Staff should complete child safeguarding training to a level relevant to their role.

**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, however loop chords on blinds in areas where patients could access had not been secured.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. However, the practice should consider the location of medicines awaiting collection at the branch surgery, and disposal records of medicines should include the signatures of the two people undertaking the disposal.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example, 96% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (April 2014 to March 2015) compared to the CCG average of 89% and the national average of 88%.

# Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked closely with the Integrated Care Community in the locality to refer patients who required additional care services or social support.
- 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 put a number of initiatives in place to support patients with long-term conditions. These included sending patients a practice letter with advice on how to self-manage health conditions and inviting specialists to the practice to train the nursing team in long-term condition management. They used a "Weekly Patient Review" tool to monitor patient contacts with the practice and other services in order to better coordinate care.
- 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.

# Summary of findings

## Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff well-being was given a high priority and a member of staff was given a lead role for monitoring staff morale.
- The practice gathered feedback from patients using new technology, and they had a very active patient participation group (PPG) which influenced practice development. The PPG had a virtual group as well as group which met regularly.
- There was a strong focus on continuous learning and improvement at all levels. This had led to a number of innovations, such as a “weekly patient review” sheet which the practice had used to coordinate care with other services.
- External agencies were regularly invited to the practice to appraise the service. For example, a review by a clinical pharmacy team result in 477 patients being added to long-term condition registers and invited to review.

**Outstanding**



# 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.
- The practice employed a care co-ordinator whose role was to support the practice's patients who were over the age of 75 years. They worked closely with the practice pharmacist. As such the practice had managed to achieve the highest rate of medication review for this patient group in the locality (28% of eligible patients reviewed, with the second highest practice having achieved 12% of their eligible patients reviewed).
- The practice could use the "Weekly Patient Review" tool to identify patients who have suffered falls and who would benefit from being added to the care co-ordinator's caseload.

### People with long term conditions

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

Outstanding



- Specialist nurses offered clinics in the area where they had specific expertise. The practice invited a national specialist in diabetes care to come to the practice to advise them on how these nurse-led clinics could be improved.
- Performance for diabetes related indicators was better than local and national averages. For example, 96% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (April 2014 to March 2015) compared to the CCG average of 89% and the national average of 88%.
- All appointments were 15-minutes, but 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. These reviews were carried out by specialist nurses with support from a clinical pharmacist.

# Summary of findings

- The practice invited a team of clinical pharmacists to review their care of patients with long-term conditions. This resulted in 477 additional patients being added to registers related to QOF domains and invited for review.
- The practice used the “Weekly Patient Review” tool to coordinate care for patients with long-term conditions and enable them to attend appointments
- Letters inviting patients to reviews for their long-term conditions were used to encourage self-management in patients where this was appropriate.
- The practice also worked with the PPG to produce health promotional material and to encourage patients with long term conditions to be able to self manage these. As a result, letters inviting patients to review now included goals that patients could set themselves and then discuss with the nurse or GP.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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).

Good



- 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.



# Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national averages of 82%.

## People whose circumstances may make them vulnerable

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

Good



- The practice showed they provided effective support for patients who were also carers and had identified approximately 3% of their patients as being carers.
- The practice offered 15-minute appointments to all patients, and longer ones for those who required them.
- A wheelchair user had appraised the premises to identify ways to make the practice more wheelchair accessible, and changes had been made as a result.
- The practice was able to identify vulnerable patients from their "weekly patient review" tool. This data was useful for safeguarding vulnerable children by highlighting repeated attendances at accident and emergency departments or recurrent non-attendance of appointments, and had been used in safeguarding investigations carried out by the local children's safeguarding board.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.

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

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

Good



- Performance for mental health related indicators was similar to the local and national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other

# Summary of findings

psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months (April 2014 to March 2015) compared to the CCG average of 90% and the national average of 88%.

- 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.
- 72% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 showed the practice was performing above local and national averages. 217 survey forms were distributed and 140 were returned. This represented a response rate of 65%, and 2.5% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Commonly used words were 'excellent', 'polite', 'friendly' and 'helpful'. Patients said they felt staff were committed to caring for them and very willing to listen to their concerns. Four of the cards, while positive about the standard of care, stated they felt it was difficult to get an appointment.

We spoke with five patients during the inspection, and received feedback from eight more via the CQC Share Your Experience online portal. All 13 patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The disposal records of medicines should include the signatures of the two people undertaking the disposal.
- The location of the prescriptions awaiting collection at the branch surgery should be reviewed to ensure patient confidentiality is not breached.
- Staff should complete child safeguarding training to a level relevant to their role.

## Outstanding practice

- The leadership and governance at the practice had allowed them to maintain their objective of offering high quality care despite the number of GPs at the practice reducing. The practice had introduced new models of leadership to help meet the challenge of recruiting in a remote rural area.
- The practice maintained a "weekly patient review" tool which gave them an at-a-glance overview of all the contacts any given patient had had with the practice or secondary care providers (such as out-of-hours providers) within a given timeframe. Data had been collected for the past six years and was updated weekly. All members of the practice and some of the allied healthcare team, such as health visitors, could add to the tool. It had been used to coordinate and manage the care of patients, such as those with long-term conditions, as well as provide evidence for safeguarding vulnerable adults and children.

# Seascale Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a pharmacist specialist adviser.

## Background to Seascale Health Centre

Seascale Health Centre is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 5,700 patients from two locations:

- Gosforth Road, Seascale, Cumbria, CA20 1PN
- Bootle Surgery, Chapel Lane, Bootle, Cumbria, LA19 5UE

We visited both sites as part of this inspection.

The main surgery site is based in a purpose-built surgery building, while the branch site is in a converted bungalow. Both buildings are owned and managed by the partners. Both have level-entry access and all patient services are on the ground floor. There is a designated parking area for patients at both sites.

The practice has 30 members of staff, including five GPs (three male, two female), two nurse practitioners (both female), a clinical pharmacist (female), six practice nurses (all female), two healthcare assistants (both female), a practice manager, an assistant practice manager and eight

administrative/reception staff. There is also a dispensary manager and five dispensers. Some of the nurses and healthcare assistants at the practice also work as dispensers.

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 eighth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population has fewer patients than average in all age brackets below the age of 45, with particularly lower than average numbers of patients between the ages of 25 and 29. There are more patients in each age bracket over 50, than the national average.

The main surgery is open for appointments from 8am to 6.30pm Monday to Friday, with extended opening until 7pm offered on Mondays. The dispensary at this site is open from 8.45am to 1pm Monday to Friday, and 3pm to 6pm on Monday, Wednesday and Friday, and 2pm to 6pm on Tuesday and Thursday.

The branch surgery at Bootle is open from 9am to 1.30pm Monday, Wednesday and Thursday, and occasionally from 2pm to 4.30pm on Thursdays. The dispensary operates during the morning opening hours.

The practice offers urgent and routine appointments, as well as telephone appointments and home visits. Telephones at the practice are answered from 8am to 6.30pm. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health On Call (CHOC).

# Detailed findings

The practice provides services to patients of all ages based on a General Medical Services (PMS) 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 28 July 2016.

During our visit we:

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

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice protocol for reviewing the International Normalised Ratio (INR) results of patients was improved following a significant event. (INR is a test used to determine the dose of medication given to patients who are taking warfarin.)

### Overview of safety systems and processes

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

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

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. On the day of the inspection we found that some clinical staff at the practice were only trained to child safeguarding level one. The Intercollegiate Guideline (ICG) "Safeguarding Children and Young People: roles and competences for health care staff" (2014) which sets out the minimum training requirements of staff, states that the minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers is level two. However, despite this staff demonstrated they understood their responsibilities with regard to safeguarding children and vulnerable adults.

- The practice maintained a "weekly patient review" tool which gave them an at-a-glance overview of all the contacts any given patient had had with the practice, out-of-hours and secondary care providers within a given timeframe. This data was useful for safeguarding vulnerable children by highlighting repeated attendances at accident and emergency departments or recurrent non-attendance of appointments, and had been used in safeguarding investigations carried out by the local children's safeguarding board.
- 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.

## Are services safe?

- 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. They also included a review by the practice pharmacist who monitored medication usage (both under- and over-usage) for all patients on two-, three- and six-monthly repeat prescriptions. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named 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). However, it was noted that records that were kept of the disposal of expired medicines did not always include the signatures of the two people undertaking the disposal. Also, medicines awaiting collection at the branch site were visible from the reception area, potentially allowing patients to see details of other patients' prescriptions.
- 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 two 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 up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements 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.

## Are services safe?

- 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 were 98.8% of the total number of points available (CCG average 96.8%, national average 94.7%). The exception reporting rate for the practice was 6.1%, which was lower than the CCG average of 10.1% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than local and national averages. For example, 96% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (April 2014 to March 2015) compared to the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators was similar to the local and national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive,

agreed care plan documented in the record in the preceding 12 months (April 2014 to March 2015) compared to the CCG average of 90% and the national average of 88%.

- 87% of patients with hypertension had a most recent blood pressure reading of 150/90mmHg or less in the preceding 12 months (April 2014 to March 2015) compared to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three two-cycle clinical audits completed in the last two years where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the process for calling patients to ensure they attend for cervical screening.

The practice was committed to working collaboratively to ensure that all patients whose conditions required monitoring and managing were identified. They invited a team of clinical pharmacists to review their care of patients with long-term conditions. This resulted in 477 additional patients being added to registers related to QOF domains and invited for review. Reviews for patients with long-term conditions were carried out by a nurse with specialist training in a specific condition. Clinics were arranged to avoid the need patients to visit the practice repeatedly if they suffered from two or more conditions. The practice also invited a national specialist in diabetes care to come to the practice to advise them on how these nurse-led clinics could be improved.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions. The practice pharmacist was also available to provide in-house training to clinical staff regarding safe prescribing and medicines management.

- 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. 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. The practice manager had recently undertaken a number of leadership courses to help support the delegated leadership system used by the practice. They had also completed a degree in Leadership and Management in Health and Social Care which had been part funded by the locality, with the expectation that they would share the learning from this course with other practices in the area.
- 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 systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for people who use services. The practice maintained a "weekly patient review" tool which gave them an at-a-glance overview of all the contacts any given patient had had with the practice or out-of-hours providers within a given timeframe. Data had been collected for the past six years and was updated weekly. While a member of the administration team had overall responsibility for maintaining the review tool, it could be updated and added to by all members of the practice team and some of the wider healthcare team members, such as health visitors and palliative care nurses. This data could be sorted and filtered and was reviewed at the weekly practice meetings to identify vulnerable patients and those most in need of input. They also used this tool to coordinate care with other services.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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. Many external services, such as podiatry, physiotherapy and counselling services, held clinics at the practice which were coordinated to best suit the needs of the patients.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 91.4% to 100% (CCG average 83.3% to 96.7%) and five year olds from 67.2% to 100% (CCG average 72.5% to 97.9%).

Letters inviting patients to reviews for their long-term conditions were used to encourage self-management in patients where this was appropriate. They included goals that patients could set themselves and then discuss with the nurse or GP.

The practice employed a clinical pharmacist to carry out a range of duties to reduce workload on the GPs. These included medication reviews and holistic reviews of patients with long-term conditions, alongside the nursing team. They worked closely with the practice care coordinator, whose role was to support the practice's patients who were over the age of 75 years, especially those who did not attend the practice regularly. The care coordinator contacted these patients and with their permission, visited them in their own homes to complete an assessment. At the time of inspection the care coordinator had 216 patients on their caseload. Of these, 206 were eligible for a medication review by the pharmacist, and 57 of these patients (28%) had had their medication reviewed. This was the highest rate of medication review in the locality, with the second highest practice having achieved 12% of their eligible patients reviewed. The clinical pharmacist also reviewed the recall system for patients with long term conditions to ensure that all patients were offered a review and that the care and treatment they had in place was appropriate for their condition.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards and feedback via the CQC Share Your Experience online portal highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 97% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had liaised with a national specialist with regard to developing a questionnaire to ensure patients who requested access to their medical records were fully informed about the process and the type of information that could be accessed.

## 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 157 patients as carers (approximately 3% of the practice list). A member of staff acted as the "carers champion". They liaised with a local carers' charity to identify carers and direct them to the

various avenues of support available to them. There was a variety of information in the waiting area for carers and young carers, as well as posters about the carers champion, so that people who wanted support knew who to speak to. Workers from the local carers' charity visited the practice monthly to raise awareness and provide support to patients.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the CCG's Quality Improvement Scheme aimed at reducing health inequalities across the county by setting all the practices in the area certain quality targets. They also worked closely with the Integrated Care Community in the locality to refer patients who required additional care services or social support.

- The practice offered extended opening hours on a Monday evening until 7pm for working patients who could not attend during normal opening hours.
- The practice offered 15-minute appointments, and there were longer appointments available for patients who needed them, such as those with a learning disability.
- The practice had introduced a "Weekly Patient Review" tool which allowed them to coordinate patient care and keep patients safe. This tool showed all contacts patients had with the practice and other services during a six year period and could be updated by all practice staff and other members of the healthcare team, such as health visitors.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered services to a number of temporary residents, such as tourists and workers at a nearby power plant.
- There were disabled facilities, a hearing loop and translation services available at both the main surgery and the branch site.
- The practice had continued to offer a service from their branch practice in Bootle, 13-miles away from the main surgery, to ensure that patients in this area had access to healthcare. Public transport in the rural area covered by the practice would make it difficult for some patients to attend appointments without the service at Bootle.
- The practice had sent patients a practice letter with advice on how to self-manage health conditions. The letter was developed in conjunction with the patient participation group. It also aimed to improve access by telling patients the days and times when there was least demand for appointments. Patients who required a non-urgent appointment could then request these times.
- The practice provided a newsletter for patients which had been published for the last 13 years.
- The surgery offered an International Normalised Ratio (INR) clinic for patients on warfarin. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose.) By being able to go to the clinic, patients no longer had to travel to hospital for the test, with the closest being a 45 minute journey from the main surgery on public transport.
- Minor injury care was offered by the practice, to avoid the need for patients to attend the local Accident and Emergency department. Patients could call the practice, who would advise them if the injury could be dealt with at the surgery and ask them to attend.
- GPs from the practice visit patients at a local care home approximately once a fortnight to provide medical care.
- The practice had requested funding from NHS England to improve the technical infrastructure in the practice to enable telehealth and telemedicine services to be provided. This request had been supported by the clinical commissioning group as a strategic priority. The aim was to improve access for patients who struggled to reach the practice due to a lack of public transport in the area, and to enable alternative methods for people who prefer use of online services.
- The practice employed a pharmacist to be able to offer additional support to both staff and patients. One of their roles was to oversee repeat prescribing to ensure it was safe and appropriate.
- The practice and the PPG had also collaborated to produce a brochure which explained to patients how best to access services and to promote online services to ensure that patient and clinician time was used efficiently.



# Are services responsive to people's needs?

(for example, to feedback?)

- The practice invited external specialists to visit the practice to suggest ways in which care could be improved. This had led to a number of changes, including 477 patients with long-term conditions being added to the register and invited for review.
- A number of external services were available to patients at the practice site, including physiotherapy, counselling and drug and alcohol dependency services.
- A patient who used an electric wheelchair had been invited to appraise the premises to identify ways to make the practice more accessible to patients, and changes had been made as a result.

## Access to the service

The main surgery was open for appointments from 8am to 6.30pm Monday to Friday, with extended opening until 7pm on Mondays. The dispensary at this site opened from 8.45am to 1pm Monday to Friday, and 3pm to 6pm on Monday, Wednesday and Friday, and 2pm to 6pm on Tuesday and Thursday. The branch surgery at Bootle opened from 9am to 12.30pm Monday to Friday, and from 4pm to 6pm on Thursdays, while the dispensary operated during the morning opening hours from Monday to Friday. 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.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had invited external organisations to appraise access at the practice. As a result changes were made to clinician's schedules to allow dedicated time for clinical work other than seeing patients, such as reviewing test results. The practice also offered 15-minute appointments to all patients. Longer appointments were available to people who 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 complaints leaflet and information on the practice website.

We looked at two of the complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, and that there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, steps had been taken to reduce confusion when accessing records of patients who had similar names.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. There was a strong focus on using innovative practice, such as use of new technology to communicate with patients, and on staff performing non-traditional roles to help meet the challenge of recruiting in a remote rural area.

### Governance arrangements

The leadership, governance and culture of the practice were used to drive and improve the delivery of high-quality person-centred care. This outlined the structures and procedures in place and ensured that:

- The practice had responded well to the challenges of providing high-quality care to a large, rural area while facing difficulty in recruiting staff to the area. When a number of GP partners left the practice, the leadership was highly proactive in looking for alternative ways to manage the additional workload. This resulted in staff across all areas of the practice taking on lead roles, and staff being recruited to non-traditional roles in order to reduce the workload of the GPs. For example, the practice employed a clinical pharmacist, who was able to undertake a number of roles including medication and health reviews, as well as overseeing the safety of medication management in the practice. This practice was the first in the county to do this.
- While leadership had been delegated across the practice team, there was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These arrangements were also reviewed to ensure that they remained effective.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. Staff were key given roles in the management of the practice, and had input into a number of systems which kept patients safe. For example, all staff were involved in reviewing the process for reporting and analysing significant events.
- There was a high level of staff satisfaction, and staff spoke highly of the open culture within the practice. They told us they were actively encouraged to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Outstanding



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

involved in discussions about how to run and develop the practice, and the leadership encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice encouraged their staff to develop and supported them with training. The practice manager had recently undertaken a number of leadership courses to help support the delegated leadership system used by the practice. They had also completed a degree in Leadership and Management in Health and Social Care which had been part funded by the locality, with the expectation that they would share the learning from this course with other practices in the area.
- There was a member of staff in charge of ensuring the well-being of the team. The practice also had routines they followed to maintain staff morale.

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

Rigorous and constructive challenge from patients, the public and staff was welcomed and seen as a vital way of holding services to account. They proactively sought patients' feedback in a variety of ways, and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the two patient participation groups (PPG), and through surveys and complaints received. The PPG was divided into a "Patient Committee" of 15 patients who met regularly, as well as another 162 patients in the virtual patient group. Together they carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had taken measures to improve the protection of patient confidentiality in the reception area at the request of the PPG. The practice had also asked patients if they wished to be involved in practice surveys, so that patients who did not want to be surveyed were not repeatedly asked.
- The practice also worked with the PPG to produce health promotional material and to encourage patients with long term conditions to be able to self manage these. As a result, letters inviting patients to review now included goals that patients could set themselves and then discuss with the nurse or GP. This made more efficient use of appointment time and involved patients in their own care. The practice and the PPG had also

collaborated to produce a brochure which explained to patients how best to access services and to promote online services to ensure that patient and clinician time was used efficiently.

- For the past 13 years the practice has published a newsletter to provide patients with information about the practice.
- Innovative approaches were used to gather feedback from people who use services. The practice used new technologies to communicate with and gather feedback from patients, such as Twitter and WhatsApp. We saw that a number of patients used this service to communicate with the practice.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. They were involved in designing improvements to practice, such as the redevelopment of the system for reporting significant events.
- The receptionists at the practice had their own WhatsApp group. As many of this staff group worked part-time, it was difficult for them to organise meetings when everyone could attend. This group ensured information could be shared between all staff.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The leadership drove continuous improvement and all staff were accountable for delivering change. Safe innovation was celebrated, and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example:

- The practice had incorporated new technology into their ways of working. For example, social media platforms such as Twitter and WhatsApp were used to communicate with patients and staff.
- A systematic approach was taken to working with other organisations to improve care outcomes and tackle inequalities. External specialists were regularly invited to the practice to appraise their systems and offer ideas for improvement. Examples included a team of clinical pharmacists who reviewed their care of patients with

# Are services well-led?

Outstanding



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

long-term conditions, resulting in 477 additional patients being added to registers related to QOF domains and invited for review. A national specialist had been consulted to develop a questionnaire to ensure patients who requested access to their medical records were fully informed about the process and the type of information that could be accessed. Other examples included liaising with experts on improving patient access.

- The practice had requested funding from NHS England to improve the technical infrastructure in the practice to enable telehealth and telemedicine services to be provided. This request had been supported by the clinical commissioning group as a strategic priority. The

aim was to improve access for patients who struggled to reach the practice due to a lack of public transport in the area, and to enable alternative methods for people who prefer use of online services.

- The “weekly patient review” tool developed by the practice gave them an at-a-glance overview of all the contacts any given patient had had with the practice or out-of-hours providers within a given timeframe. Six years’ worth of data had been collected so far and was updated weekly. All members of the practice team could add to and update the report, as could some of the wider healthcare team members. The tool was reviewed at the weekly practice meetings to identify vulnerable patients and those most in need of input and to coordinate care with other services.