

Spencer Street Surgery

Quality Report

Spencer Street Surgery, 10 Spencer Street,
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Spencer Street Surgery on 2 August 2016. 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.
- 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 management. The practice proactively sought feedback from staff and patients, which it acted on.
- We found staff spoke enthusiastically about working at the practice, and there was a strong sense of team spirit. We found staff were highly motivated to provide a good service and were supported to do this by the partners.
- The practice produced a quarterly 'How Am I Driving' report to monitor performance, benchmark and set targets for continual improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at, or above average, compared to the national average. For 15 of the 19 clinical domains within QOF, the practice had achieved 100% of the points available.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



Summary of findings

- 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. For example, the practice had been linked with a local care home, to ensure the patients living there had good access to healthcare
- 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.

- 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 staff felt supported by management. 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 practice produced a quarterly 'How Am I Driving' report to monitor performance, benchmark and set targets for continual improvement.
- 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 to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was

Good



Summary of findings

active. We found staff spoke enthusiastically about working at the practice, and there was a strong sense of team spirit. We found staff were highly motivated to provide a good service and were supported to do this by the partners.

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check their health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- 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.

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 81.1%, which was slightly lower than the CCG average of 82.5% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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 and flexible. Extended hours surgeries were offered on Monday and Tuesday evenings until 8pm for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs of this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

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.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams, which helped with the case management of vulnerable people.
- 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 and out of hours.

Good



Summary of findings

- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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).

- The practice had identified 1.3% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services and to ensure patients received relevant checks and tests.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

What people who use the service say

The latest GP Patient Survey published in January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 96.6%). This was higher than the local clinical commissioning group (CCG) average of 88.5% and the England average at 85.1%. There were 252 survey forms distributed for Spencer Street Surgery and 120 forms were returned. This is a response rate of 47.6% and equated to 1% of the practice population.

Of those patients who responded:

- 92% stated they would recommend their GP practice to someone who has just moved to the local area. This compared with a CCG average of 81.8% and a national average of 79.3%.
- 96.6% found it easy to get through to this surgery by telephone. This compared with a CCG average of 80.8% and a national average of 73.3%.
- 94.1% found the receptionists at this surgery helpful. This compared with a CCG average of 90.5% and a national average of 86.8%.
- 81.3% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 80.4% and a national average of 76.1%.
- 96.5% said the last appointment they got was convenient. This compared with a CCG average of 94.3% and a national average of 91.8%.

- 97% described their experience of making an appointment as good. This compared with a CCG average of 78% and a national average of 73.3%.
- 79.5% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 61.8% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Respondents used words such as good, caring, clean and excellent, to describe the practice. They described staff as friendly, approachable and happy to help.

We spoke with 14 patients during the inspection. All 14 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Two raised concerns with us, but there were no key themes to the concerns raised.

The practice published the results of the national friends and family test (FFT) on their website. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Between the 1 May and 31 July 2016, the practice received 101 completed reviews. Of these 93 patients responded they were extremely likely or likely to recommend the practice to friends and family.

Spencer Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. An Expert by Experience is a member of the inspection team who have received care and experienced treatments from a similar service.

Background to Spencer Street Surgery

Spencer Street Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 11,800 patients from two locations. These are:-

- Spencer Street Surgery, 10 Spencer Street, Carlisle, Cumbria, CA1 1BP.
- Blackwell Road Surgery, 42 Blackwell Road, Carlisle, Cumbria, CA2 4EQ.

We visited both of these surgeries during the inspection.

Spencer Street Surgery is a large practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Cumbria clinical commissioning group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the fifth least deprived decile. (A decile is a method of splitting up a set of ranked data into 10 equally large subsections). In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy

is 77 years, which is two years lower than the local CCG and national average of 79 years. The average female life expectancy is 82 years, which is the same as the CCG average and one year lower than the England average of 83 years.

The percentage of patients reporting with a long-standing health condition is slightly lower than the national average (practice population is 53.3% compared to a national average of 54.0%).

The practice has six GP partners, of which three are male and three are female, and a partner practice manager. There are also three salaried GPs (two female and one male), a trainee GP, three nurse prescribers (female), one practice nurse (female), two healthcare assistants (female), 14 administrative support staff and two domestic staff members. Spencer Street Surgery is a training practice.

Spencer Street Surgery Opening Times:

Monday 8:00am - 8:00pm

Tuesday 8:00am - 8:00pm

Wednesday 8:00am - 6:30pm

Thursday 8:00am - 6:30pm

Friday 8:00am - 6:30pm

Appointments are available on a Monday and Tuesday between 8am to 7:30pm and on Wednesdays, Thursdays and Fridays from 8am to 6:30pm. Reception services are available from 8.00am - 6.30pm Monday to Friday.

Blackwell Road Branch Surgery Opening Times:

Monday 8:30am - 1:00pm

Tuesday 8:30am - 1:00pm

Wednesday 8:30am - 1:00pm

Thursday 8:30am - 1:00pm

Detailed findings

Friday 8:30am - 1:00pm

Appointments are available weekdays between 8am and 1pm.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Cumbria Health on Call (CHOC).

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on [add date(s)]. During our visit we:

- Spoke with a range of staff (two GP partners, a salaried GP, a GP trainee, the practice manager, three practice nurses, a healthcare assistant, the pharmacist, the medicines manager and five administrative and reception staff) and spoke with patients who used the service.

- We spoke with or contacted via email members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

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 national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had reviewed and tightened up procedures on what happened when they were notified of a death of a patient. This included procedures to cancel all planned appointments, and checks to ensure further correspondence was not sent to the patient, where it could cause distress for the deceased patients' relatives.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three and practice nurses to level two.

- 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 an action plan had been put in place to address the issues identified. The practice gave us a verbal update on how they were progressing with these plans. However, staff had not updated the action plan to reflect actions already completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, the practice had not carried out a risk assessment to ensure they were mitigating any risks with the transport of medicines between the main practice site and the branch surgery. Staff told us they would consider this risk and look at ways they could mitigate any risks identified. 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. Prescription pads were securely stored and there were systems in place to monitor their use. However, there was a potential risk that the practice's prescription monitoring system would be unable to identify the numbers involved if some prescriptions were to go missing. The practice told us they would review and refine their approach to this.
- Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for

Are services safe?

specific clinical conditions. They received mentorship and support from the medical staff for this extended role. In addition to this, Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was one PGD, which was out of date. The practice addressed this on the day of the inspection. The practice had a system for production of Patient Specific Directions to enable their health care assistants to administer vaccinations, after specific training, when a doctor or nurse were on the premises. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSD's are a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- 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 five 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 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). The practice had a patient waiting area upstairs. There was no ongoing oversight of this area; however the practice staff told us they were continually checking on and walking through this area as they called their patients for appointments. They told us they would consider this risk and look at ways they could mitigate it further. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 98.3% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.8% and the local clinical commissioning group (CCG) average of 96.8%. The practice had 11.5% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) This was slightly above the CCG average of 10.1% and the national average of 9.2%.

This practice was not an outlier for any QOF (or other National) clinical targets.

Data from 2014/15 showed;

- For 15 of the 19 clinical domains included in the QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 93.6% across the CCG and 89.2% national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination, and risk classification within the preceding 12 months, was 90.5%, compared to a CCG average of

88.9% and a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 98.5%, compared to a CCG average of 95.6% and a national average of 94.5%.

- Performance for asthma related indicators was slightly below the CCG and national averages. The practice achieved 95.5% of the points available. This compared to an average performance of 98.5% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register, who had an asthma review within the preceding 12 months that included an assessment of asthma control was 67.5%, this compared to a CCG average of 74.6% and a national average of 75.4%. The practice told us they were aware of their performance in this area and were looking at ways to improve their performance. They found patients with less severe symptoms of asthma were more difficult to get into the practice for reviews. The practice sent three letters inviting patients in for a review, before coding them as not attending. They had reviewed the register of patients with asthma to ensure patients were correctly coded.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average. 85.7% of patients had a reading measured within the last nine months, compared to a CCG average of 84.5% and 83.7% nationally.
- The summary performance for mental health related indicators was similar to the CCG and national average. The practice achieved 95.4% of the points available. This compared to an average performance of 95.4% across the CCG and 92.8% national average. For the practice, 91.9% of patients with schizophrenia, bipolar affective disorder and other psychosis, had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 90.1% and a national average of 88.5%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review, within the preceding 12 months, was lower than the national average at 82.2% (compared to a CCG average of 83.7% and a national average of 84%). The practice told us opportunistic screening was carried out by GPs during patient appointments. They told us they were in progress of following up patients who were diagnosed with dementia, but had not received a review within the preceding 12 months.

Are services effective?

(for example, treatment is effective)

- This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was similar to the CCG average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 17.7 compared to the national average of 17.4.

Clinical audits demonstrated quality improvement.

- The practice provided us with two examples of completed clinical audits, prior to the inspection, where the improvements made were implemented and monitored. They also showed us several other examples during the inspection.
- We found the practice had a good grasp of the continuous improvement cycle and took a whole systems approach to improving outcomes for patients. They used significant events and complaints as a trigger for audit, to ensure they could identify all possible learning from these. For example, the practice audited their approach to avoiding emergency admissions, following a significant event. Another audit looked at the practice's approach to making changes to medicines prescribed. As a result the practice implemented a process to ensure there was a full electronic audit trail when making changes to medicines.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

vaccinations 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician and a diabetic chiropodist were available from the premises and smoking cessation advice was available from a local support group. The practice offered exercise on referral and a First Step counsellor offered appointments at the practice. (First Step is part of Cumbria Partnership NHS Foundation Trust and provides free, talking therapies to adults in Cumbria.)

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.1%, which was slightly lower than the CCG average of 82.5% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, childhood immunisation rates for the vaccinations given in 2015-16 to under two year olds ranged from 92.2% to 96.1% and five year olds from 91.9% to 97.6%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 66.7% to 96.9% and five year olds from 92.6% to 97%.

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 and over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients, and treated 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 and that 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 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group and 11 other patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above the national averages for its satisfaction scores on consultations with doctors and nurses. For example, of patients who responded to the survey

- 91% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.4% and national average of 88.6%.
- 91.9% said the GP gave them enough time compared to the CCG average of 90.4% and national average of 86.6%.
- 98.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and national average of 95.2%.

- 91.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.3% and the national average of 85.3%.
- 97.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and the national average of 90.6%.
- 94.1% said they found the receptionists at the practice helpful compared to the CCG average of 90.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

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

- 91.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.4% and national average of 86.0%.
- 88.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and the national average of 81.6%.

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. A leaflet containing a list of different languages was available to help patients communicate which type of interpreter they would require.

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 164 patients as carers (1.3% of the practice list). The practice had identified this as an area that would benefit from further improvement. They planned to refresh the patient register to ensure they were identifying all patients with caring responsibilities. They also intended for the healthcare navigators to build up a wider range of information about help and support available, to better enable them to signpost patients. (Healthcare navigators are staff working

within primary care whose main role is to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.) Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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. Patient feedback we received confirmed this happened, and that patients were grateful for the support during their bereavement. The practice held a bi-monthly multi-disciplinary team meeting to discuss the needs of patients on the palliative care register.

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. For example, the practice were in the process of taking link responsibility for a local care homes, in line with the local CCG initiative, to ensure the patients living there received good access to health care. This included the practice arranging regular GP visits to the home.

- The practice offered extended hours on a Monday and Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There were stairs at the entranceway to Spencer Street Surgery. The practice had made reasonable adjustments to enable patients with physical disabilities to access the building. There was a bell at the backdoor, where patients could alert staff they needed assistance and have level access to the building. The practice had recently undertaken some building work and a refurbishment at Spencer Street Surgery. This had created two extra consultation rooms and a treatment room at ground floor level. This offered level access to patients with mobility difficulties. The practice also offered level access to consultation rooms at Blackwell Road Surgery.

Access to the service

Spencer Street Surgery was open between 8am and 8pm on a Monday and Tuesday and between 8am to 6:30 pm on a Wednesday, Thursday and Friday. Appointments were available on a Monday and Tuesday between 8am to 7:30pm and on Wednesdays, Thursdays and Fridays from 8am to 6:30pm.

Extended surgery hours were offered on a Monday and Tuesday until 8pm.

The Blackwell Road Branch Surgery was open between 8:30am and 1pm each weekday, with appointments also available between these times.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance for GP appointments or six months for nurse appointments, urgent appointments were also available for patients that needed them.

The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment were above national and local CCG averages.

- 81.3% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 80.4% and a national average of 76.1%.
- 96.5% said the last appointment they got was convenient. This compared with a CCG average of 94.3% and a national average of 91.8%.
- 91% of patients were satisfied with opening hours. This compared with a CCG average of 82.8% and a national average of 78.3%.
- 96.6% found it easy to get through to this surgery by phone. This compared with a CCG average of 80.8% and a national average of 73.3%.
- 87% described their experience of making an appointment as good. This compared with a CCG average of 78% and a national average of 73.3%.
- 79.5% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 61.8% and a national average of 57.7%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice would contact patients by phone where the need was urgent to assess the requirement for a home visit. A GP was on call to undertake home visits, so these could be arranged without unnecessary delay.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. There was a practice complaints leaflet and posters displayed in the waiting. The practice complaints procedure was published on the practice website.

The practice had received six complaints since April 2016 and 10 complaints in 2015-16. We found the practice dealt with these in a timely way, with openness and transparency. The practice looked at trends and themes of complaints and took action as a result to improve the quality of care. For example, when the practice received a complaint about a missed opportunity for a home visit, the practice carried out significant event analysis to help them identify if there was anything they could learn from this. As a result they changed the process, so all home visits, regardless of the reason, were forwarded to the on-call GP to review and assess.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. 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.
- Practice specific policies were implemented and were available to all staff.
- The practice maintained a comprehensive understanding of their performance. They produced a quarterly 'How Am I Driving' report to monitor performance, benchmark and set targets for continual improvement.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We identified a few additional risks during our inspection, which the practice told us they would review and identify any additional mitigating action they could take to manage these.

Leadership, openness and transparency

On the day of inspection the partners 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 partners 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 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- We found staff spoke enthusiastically about working at the practice, and there was a strong sense of team spirit. We found staff were highly motivated to provide a good service and were supported to do this by the partners.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

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

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice published the actions they had taken in response to feedback from patients in a 'You said; we did' poster. This was published on the practice website and was also displayed within the practice waiting areas. For

Are services well-led?

Good 

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

example, it detailed how the recent refurbishment had taken account of patient feedback, offering ground floor access to consultation rooms and improving the privacy arrangement at the reception desk.

- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This was evident in the whole systems approach the practice took to continually improve. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the local initiative to regularly review the needs of patients considered to be at high risk of hospital admission. The practice used information collated in the quarterly 'How Am I Driving' report to support them with continual improvement.