

Longtown Medical 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?

Outstanding 

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 Longtown Medical Centre on 3 November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were able to get an appointment with a GP when they needed one, 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 in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team
- Staff had received training appropriate to their roles.
- Feedback from patients was overwhelmingly positive and the practice achieved high scores in the National GP Patient Survey.
- Appointments could also be booked via a mobile device 'App'.

We saw several areas of outstanding practice including:

- Despite scoring well in the National GP Patient Survey in relation to getting through to the practice on the telephone, a monitoring system had been introduced, which showed, for example, the number of calls waiting and any abandoned calls. Staff told us they wanted to further improve patient access.

Summary of findings

- Managers were aware of the pressures on general practice and had implemented a 'change framework' to aid the practice's future development. Staff had received training in various areas, including the 'lean methodology' (the lean methodology had been adapted by NHS England's Sustainable Improvement Team and is an approach to improve flow and eliminate waste). This had resulted in a number of areas of waste being identified and actions taken to ultimately improve patient care. For example, staff had reported that patients were not always signposted to the correct service at the correct time; wasting appointment and clinical time. Staff said this could be improved by reception staff asking the right questions when patients contacted the practice. The team worked together and produced a telephone

standards guide for staff to follow. The benefits were then analysed, these included, providing the patient with a better experience and better use of time as they would be booked in to see the most appropriate clinician.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Implement arrangements to ensure medicines are stored securely.
- Continue to take steps to set up a patient participation group.

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.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

There was evidence of medicines management. However, the door to the treatment room, which was where vaccines and emergency drugs were held was unlocked, as were the fridges. Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98% of the points available. This was above the local and national averages of 96.8% and 93.5% respectively.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

Feedback from patients was overwhelmingly positive. Patients we spoke with and those who completed CQC comment cards were very complimentary about the practice.

Outstanding



Summary of findings

Patients were active partners in their care. There was a well-defined culture within the practice to put patients first. The practice had a patient-centred approach to care planning for patients with long term conditions. There was an emphasis on the empowerment and involvement of patients in the planning of their care.

The National GP Patient Survey published in July 2015 showed that patients rated the practice much higher than others for almost all aspects of care. Results showed patients were happy with the care received, with 99% of respondents saying they had confidence and trust in their GP (compared to 92% nationally). A high proportion of patients (96%) said the last GP they saw or spoke to was good at listening to them (compared to the national average of 87%) and 85% said the last nurse they saw or spoke to was good at listening to them (national average 78%).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (July 2015) showed 82% (compared to 78% nationally and 73% locally) of respondents were able to get an appointment or speak to someone when necessary. Over 84% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 78% respectively). The practice also scored highly on the ease of getting through on the telephone to make an appointment (86% of patients said this was easy or very easy, compared to the national average of 77% and a CCG average of 71%).

The survey showed that some patients felt they waited too long to be called in for their appointment. A review had been undertaken and the appointment time for one of the clinicians was increased from 10 to 15 minutes.

Despite scoring well in relation to getting through to the practice on the telephone, a monitoring system had been introduced, which showed, for example, the number of calls waiting and any abandoned calls. Staff told us they wanted to further improve patient access.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

Good



Summary of findings

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Managers had made several attempts to establish a formal patient participation group (PPG) but this had not yet been successful. Staff had received inductions, regular performance reviews and attended staff meetings and events.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems

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.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was slightly above local clinical commissioning group (CCG) average (99.6%) and 2.1 points above the England average.

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 and patients at high risk of hospital admission and those in vulnerable circumstances had care plans. A register of housebound patients was maintained; clinical staff carried out home visits as necessary and arrangements were in place to deliver prescriptions to this group of patients.

The practice maintained a palliative care register and 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.

The practice had a patient-centred approach to care planning for long term conditions. There was an emphasis on the empowerment and involvement of patients in the planning of their care. Health tests were carried out in advance of a review appointment. The patients were then sent a letter detailing all the test results and what they meant. They then had an appointment with the practice nurse to discuss the test results and develop person-centred care plans, agreeing goals collaboratively with the patient

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.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice

Good



Summary of findings

had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 1.5 percentage points above the local CCG average and 2.6 points above the national average.

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 processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the national averages.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Good



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. The practice offered online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Patients could order repeat prescriptions and book appointments on-line. Appointments could also be booked via a mobile device 'App'. The practice had previously offered extended hours surgeries but a review determined that the uptake was low. Clinicians told us they offered to see patients before morning or after the end of surgery if they were unable to attend during normal appointment hours.

Additional services were provided such as health checks for the over 45s and travel vaccinations.

Good



Summary of findings

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. The practice offered longer appointments for people with a learning disability, if required.

The practice had effective working relationships with multi-disciplinary teams in 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 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 carers assessment.

Good



People experiencing poor mental health (including people with dementia)

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

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.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 100% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health. This was 4.6 percentage points above the local CCG average and 7.2 points above the England average. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Good



Summary of findings

What people who use the service say

We spoke with nine patients during our inspection. We spoke with people from different age groups, who had varying levels of contact with the surgery and had been registered with the practice for different lengths of time.

We reviewed 30 CQC comment cards which had been completed by patients prior to our inspection.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. Words used to describe the practice included, first class, top marks and very impressive. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients we spoke with and who completed comment cards were all happy with the appointments system.

The national GP patient survey results published in July 2015 showed the practice's performance was mostly above local and national averages. There were 109 responses (from 275 sent out); a response rate of 40%.

- 99% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.

- 86% found it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 71%.
- 94% found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 78% and a national average of 73%.
- 99% said the last appointment they got was very convenient compared with a CCG average of 94% and a national average of 92%.
- 85% described their experience of making an appointment as good compared with a CCG average of 78% and a national average of 74%.
- 52% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG and national average of 65%.
- 53% felt they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

Areas for improvement

Action the service SHOULD take to improve

Implement arrangements to ensure medicines are stored securely.

Continue to take steps to set up a patient participation group.

Outstanding practice

The practice had a patient-centred approach to care planning for long term conditions. There was an emphasis on the empowerment and involvement of patients in the planning of their care. Health tests were carried out in advance of a review appointment. The patients were then sent a letter detailing all the test results and what they meant. They then had an appointment with the practice nurse to discuss the test results and develop person-centred care plans, agreeing goals collaboratively with the patient.

Managers were aware of the pressures on general practice and had implemented a 'change framework' to aid the practice's future development. Staff had received training in various areas, including the 'lean methodology' (the lean methodology had been adapted by NHS England's Sustainable Improvement Team and is an approach to improve flow and eliminate waste). This had resulted in a number of areas of waste being identified and actions taken to ultimately improve patient care. For example, staff had reported that patients were

Summary of findings

not always signposted to the correct service at the correct time; wasting appointment and clinical time. Staff said this could be improved by reception staff asking the right questions when patients contacted the practice. The team worked together and produced a telephone

standards guide for staff to follow. The benefits were then analysed, these included, providing the patient with a better experience and better use of time as they would be booked in to see the most appropriate clinician.

Longtown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Longtown Medical Centre

Longtown Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in Longtown, north of Carlisle, Cumbria.

The practice provides services to around 3,500 patients from one location: Moor Road, Longtown, Cumbria, CA6 5XA. We visited this address as part of the inspection. The practice has three GP partners (two female and one male), a nurse practitioner and two practice nurses (all female), a healthcare assistant, a practice manager, a medicines manager and six staff who carry out reception and administrative duties.

The practice is part of Cumbria clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (21.8% compared to the national average of 16.7%). Information taken from Public Health England placed the area in which the practice was located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. There is on-site parking, disabled parking, a disabled WC, a lift and wheelchair and step-free access.

Opening hours are between 8.00am and 6.30pm Monday to Friday. Patients can book appointments in person, on-line, by telephone or using an 'App' on their mobile phone. Appointments were available at the following times during the week of the inspection:

- Monday – 9.00am to 12.30pm; then from 2.00pm to 5.30pm
- Tuesday – 8.30am to 12.30pm; then from 2.00pm to 5.30pm
- Wednesday – 9.00am to 12.00pm; then from 1.30pm to 5.10pm
- Thursday – 8.10am to 12.30pm; then from 2.00pm to 5.30pm
- Friday – 9.00am to 12.30pm; then from 2.00pm to 5.30pm

A duty doctor is available each afternoon until 6.30pm.

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

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

Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the registered provider is

Detailed findings

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

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 3 November 2015. We spoke with nine patients and nine members of staff from the practice. We spoke with and interviewed one GP, two practice nurses, the practice manager, the medicines manager and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 30 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out regular reviews of significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw 11 significant events had been recorded in the 12 months prior to the inspection. We saw each individual event had been investigated, the root cause established and any learning to be taken from it identified.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice.

Arrangements had been made which ensured national drug alerts were disseminated by the practice manager to the salaried GPs. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that 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 relevant to their role. All of the GPs had completed child safeguarding training to level three
- A notice was displayed in the waiting room, advising patients that nursing staff would act as chaperones, 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).

- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing 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, the door to the treatment room, which was where vaccines and emergency drugs were held was unlocked, as were the fridges. The practice manager told us they would review these arrangements to ensure the medicines were stored securely but still accessible for staff.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate checks had been

Are services safe?

undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life

support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff 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. A 'grab bag' was maintained, along with two mobile phones, for use in an emergency. Arrangements were in place to switch the practice phones over to the mobile phones in such an event.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The Quality and Outcomes Framework is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 98.0% of the total number of points available, with a clinical exception reporting rate of 10.7%. The QOF score achieved by the practice in 2014/15 was 4.5% above the England average; the clinical exception rate was 1.5% above the England average but in line with the local clinical commissioning group (CCG) average.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was better than the national average (91.8% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally).
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other practices. Clinical audits were carried out to demonstrate quality improvement and

all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. Historically the practice had been high prescribers of antibiotics. An initial audit was carried out which showed that the number of items prescribed was 4,765. Action was taken and the prescribing guidelines were amended. A further audit cycle was carried out and this showed an improvement, in that the number of items prescribed the following year was 3,138. The practice carried out a further re-audit, which showed in 2014/15 the number of items prescribed had decreased to 2,810.

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, fire safety, health and safety and confidentiality.
- 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. All staff, with the exception of the practice manager had had a formal appraisal within the last 12 months. The practice manager told us they felt supported within the practice and had access to external support from practice manager colleagues.
- 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

Are services effective?

(for example, treatment is effective)

assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice manager had customised a computerised information system to suit the needs of the practice. The system included all supporting documents, for example, policies and procedures, meeting minutes and significant events and allowed staff to access up to date guidelines. The practice manager had tailored the system so when staff logged in they could see if there was anything new they needed to be aware of.

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. Health visitors and district nurses worked in the same building, therefore there was regular informal communication. We saw evidence that formal multi-disciplinary team meetings took place every six weeks and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 was available on the premises and smoking cessation advice was available from a local support group. Clinicians referred patients to the local exercise on prescription service and diabetes education programmes.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83.7%, which was above the CCG and national averages of 82.5% and 81.8% respectively. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.9% to 96.7% and five year olds from 96.7% to 100%. The flu vaccination rates for the over 65s was 76.3% (compared to 73.2% nationally), and for at risk groups was 67.7% (compared to 52.3% nationally).

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



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 30 patient CQC comment cards we received were very 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

All nine of the patients we spoke with were very complimentary about the practice and the staff who worked there. Several patients told us where the practice had gone out of their way to help them, including providing assistance at home for medical emergencies, which meant that these patients did not need to be taken to hospital.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 92%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 82%.
- 90% said they had confidence and trust in the last nurse they saw compared to the CCG average of 89% and the national average of 85%.

- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 79%.
- 94% 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 were active partners in their care. One of the GPs told us about the practice ethos in relation to care and treatment. This was that patients were partners in their care. They described how they made decisions with patients and not for them. There was a well-defined culture within the practice to put patients first.

The practice had a patient-centred approach to care planning for long term conditions. There was an emphasis on the empowerment and involvement of patients in the planning of their care. Health tests were carried out in advance of a review appointment. The patients were then sent a letter detailing all the test results and what they meant. They then had an appointment with the practice nurse to discuss the test results and develop person-centred care plans, agreeing goals collaboratively with the patient.

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

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

- 96% said the GP was good at listening to them compared to the CCG average of 89% and the national average of 87%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and the national average of 85%.



Are services caring?

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 82%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 74%.
- 85% said the last nurse they spoke to was good listening to them compared to the CCG average of 83% and the national average of 78%.
- 84% said the nurse gave them enough time compared to the CCG average of 83% and the national average of 79%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, information was made available to patients from the Alzheimer's Society, a psychological wellbeing service and about local social events. The practice also promoted the use of a local transport system, 'Rural Wheels', which helped those patients who were isolated to attend the practice.

Due to the small size of the practice population, staff knew their patients very well, which allowed for good continuity of care. Whilst all patients had a named GP, all clinical staff regularly discussed those patients with complex needs so they were all aware of their current situation. We observed staff during the inspection and saw positive interactions with patients.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; they were offered health checks and referred for further support where necessary. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. An information pack was provided to families, this included details of local bereavement support and advice organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. There was a lift for access to the first floor. The reception desk had a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff.
- Appointments with GPs could be booked online, in person, on the telephone or by using an 'App' on a mobile phone.
- The practice had a Facebook page which was regularly updated, for example, the flu campaign had recently been promoted.
- The practice had a supply of commonly used easy read leaflets. This included on cervical screening, bowel and breast screening.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available at the following times:

- Monday – 9.00am to 12.30pm; then from 2.00pm to 5.30pm
- Tuesday – 8.30am to 12.30pm; then from 2.00pm to 5.30pm
- Wednesday – 9.00am to 12.00pm; then from 1.30pm to 5.10pm
- Thursday – 8.10am to 12.30pm; then from 2.00pm to 5.30pm
- Friday – 9.00am to 12.30pm; then from 2.00pm to 5.30pm

The practice had previously offered extended hours surgeries but a review determined that the uptake was low. Clinicians told us they offered to see patients before

morning or after the end of surgery if they were unable to attend during normal appointment hours, although this was not advertised for patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day and emergency 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 mostly above local and national averages, although some felt they waited too long to be called in for their appointment. Patients we spoke with on the day told us were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 75%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and the national average of 71%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 74%.
- 52% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

The practice had taken action to address the issue of patients feeling they waited too long to be called in for their appointment. A review had been undertaken and the appointment time for one of the clinicians increased from 10 to 15 minutes. However, the number of appointments remained the same and the same number of patients were seen per session, so access was not affected. Plans were in place to review the effectiveness of these arrangements once the next Patient Survey data was published. None of the patients we spoke with on the day of the inspection raised any concerns about clinicians running late.

Despite scoring well in relation to getting through to the practice on the telephone, a monitoring system had been introduced, which showed, for example, the number of calls waiting and any abandoned calls. Staff told us they wanted to further improve patient access.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a 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. Leaflets detailing the process were available in the patient waiting area and there was information on the practice's website. All of the patients we spoke with were aware of the process to follow

if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

The practice recorded all complaints and concerns, including informal issues which were raised. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint had been received in relation to a patient not knowing who staff were. This was reviewed and a decision taken to issue name badges to all members of the team.

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 'be recognised locally and nationally as a lead GP Practice who delivers on all levels of patient care'. A mission statement had been developed in conjunction with staff, which was displayed in the waiting areas. The practice's mission statement was:

'To provide high quality health care in a responsive, supportive, courteous and cost-effective manner:

We will:

- Provide a service which puts patient welfare at the heart of everything we do.
- Work within the framework of NHS Primary Care Services to provide professional medical, nursing and other services which meet the identified needs of our patients.
- Promote best practice through utilising specialist expertise within the practice team and externally also encouraging the continuous professional development of all members of the practice team.
- Nurture a culture which is innovative, forward looking and adaptable.
- Respecting the trust placed in GPs by patients, principally through the face-to-face consultations but also acknowledging the different modes of engagement technology facilitates'

All staff knew and understood the values of the practice. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- 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.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. Staff from the practice also attended the monthly CCG protected learning time (PLT) initiative. This provided the team with dedicated time for learning and development.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through surveys and formal and informal complaints received. Managers had made several attempts to establish a formal patient participation group (PPG). Patients had been approached directly and notices were on display throughout the building advertising for members. Staff told us that as patients and staff knew each other well the patients preferred to raise issues and make suggestions on a more informal basis.

The practice had also 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. All staff were encouraged to identify opportunities for future improvements and how the practice was run. For example, a suggestion had been made by a member of the administration in relation to responding to requests from third parties for medical records. This had been a time consuming and costly process. The staff member was

Are services well-led?

Good 

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

encouraged to review the previous procedures and make suggestions as to how this could be improved. They devised a new system which saved the practice time, effort and cost.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems. The practice manager had worked with a computer programming company to configure an intranet system to meet the practice's needs. The system was also used to communicate messages to staff. For example, a 'news' section was on the first page that staff logged onto, this contained details about any updates to policies or training requirements. We were told that the practice had offered to share their work on this with other practices in the area.

Managers were aware of the pressures on general practice and had implemented a 'change framework' to aid the practice's future development. Staff had received training in various areas, including the 'lean methodology' (the lean methodology had been adapted by NHS England's Sustainable Improvement Team and is an approach to improve flow and eliminate waste). This had resulted in a number of areas of waste being identified and actions taken to ultimately improve patient care. For example, staff had reported that patients were not always signposted to the correct service at the correct time; wasting appointment and clinical time. Staff said this could be improved by reception staff asking the right questions when patients contacted the practice. The team worked together and produced a telephone standards guide for staff to follow. The benefits were then analysed, these included, providing the patient with a better experience and better use of time as they would be booked in to see the most appropriate clinician.