

# Dr S D Milligan & Dr H M Lovatt

## Quality Report

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Date of inspection visit: 19/04/2016

Date of publication: 08/07/2016

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S D Milligan and Dr H M Lovatt on 19/04/2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- The practice was rated first in the clinical commissioning group (CCG) area for the percentage of their patients who had had advanced care plans (ACP) discussed. Advance Care planning is key means of improving care for people nearing the end of life and of enabling better planning and provision of care.
- Patients said they were truly respected and valued as individuals and were empowered as partners in their care. Patient satisfaction with their care was much higher than local and national averages. For example, in the National GP Patient Survey 97% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the national average of 82%.
- The involvement of other organisations and the local community was integral to how services were planned and ensured patients' needs were met.
- 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. For example, 100% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- There was a strong, person-centred approach to supporting carers and those they cared for. For example, people who were cared for were given a “hospital passport” for use in emergency admissions to hospital. This contained the carer’s contact details, as well as information which could assist staff in secondary care with personalised care planning.
- The practice worked with the local primary school to offer an annual “treat teddy” session to pupils to promote awareness about health issues and their treatment.
- The practice used key indicators based on guidance from the Scottish Intercollegiate Guidelines Network (SIGN) to measure and drive improvement in the care of diabetes. This was in response to data which showed the practice had a higher than local average prevalence of the disease, but that overall performance for diabetic patients was average. Data from 2015/16 showed improvements not only in each individual SIGN indicator, but also in the number of patients who were meeting all the identified targets.

**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.
- As well as using the QOF to monitor performance, the practice used key indicators based on guidance from the Scottish Intercollegiate Guidelines Network (SIGN) to measure and drive improvement in the care of patients with diabetes.
- 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 outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice much higher than others for several aspects

Outstanding



# Summary of findings

of care, for example 99% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the clinical commissioning group (CCG) average of 89% and the national average of 85%.

- Patients said they were truly respected and valued as individuals and were empowered as partners in their care. For example, 97% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- The practice was rated first in the CCG area for the percentage of their patients who had had advanced care plans (ACP) discussed. Advance Care planning is key means of improving care for people nearing the end of life and of enabling better planning and provision of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- One of the healthcare assistants was the practice's carers lead. They had created a crib sheet for staff to use to help them identify and assist carers, as well as a carers folder which contained information about carers' services.
- With their permission, the names of people who were carers or who were cared for were passed to fire service so that they could receive a free fire safety check at their home.
- Carers and patients who were cared for were given a "hospital passport", which patients with memory loss could keep with them in case of an emergency hospital admissions.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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. For example, 100% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

**Outstanding**



# Summary of findings

- The practice worked closely with the local community. For example, they offered an annual “treat teddy” session to children in the Reception and Year One classes at the local primary school to promote awareness about health issues and their treatment.
- An INR (International Normalisation Ratio) clinic and minor injuries services were offered to reduce the need for patients to travel to hospital. The nearest hospital to the practice was one and a half hours away by public transport.
- There was a weekly walking group to improve the health and wellbeing of local residents.
- 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.

## Are services well-led?

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

- The practice had a clear vision with quality and person-centred care as their top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- 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 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 patients, which was acted on. The patient participation group was active.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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 outstanding for the care of older people, as the practice is rated as outstanding overall.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had initiated a weekly walk for patients and local people to improve their health and wellbeing. The walk was now run by volunteers and sponsored by the practice, who promoted it to their patients.

Outstanding



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had received an influenza immunisation between August 2014 and March 2015 (national average 94.5%).
- The practice used key indicators based on guidance from the Scottish Intercollegiate Guidelines Network (SIGN) to measure and drive improvement in the care of diabetes. This was in response to data which showed the practice had a higher than local average prevalence of the disease, but that overall performance for diabetic patients was average. Data from 2015/16 showed improvements not only in each individual SIGN indicator, but also in the number of patients who were meeting all the identified targets.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered an annual "treat teddy" session to children in the Reception and Year One classes at the local primary school to promote awareness about health issues and their treatment.

Outstanding



## Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working-age people (including those recently retired and students), as the practice is rated as outstanding overall.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Outstanding



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.

Outstanding





# Summary of findings

- The carers lead worked with local and national organisations to provide carers with support. Examples of this included helping to source financial advice, support acquiring equipment, and working with the local fire service to provide carers with fire safety checks at their homes.
- People who were cared for were given a “hospital passport” for use in emergency admissions to hospital. This contained the carer’s contact details, as well as information which could assist staff in secondary care with personalised care planning.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Performance for mental health related indicators better than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (April 2014 to March 2015) (national average 88.5%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

**Outstanding**



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in January 2016, showed the practice was performing well above local and national averages. 226 survey forms were distributed and 129 were returned. This represented a 57.1% response rate and approximately 5% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 39 comment cards which were all highly positive about the standard of care received. A number of the cards described the practice as an asset to the community and that patients felt lucky to have the care and support of the staff at the practice. Patients said they felt listened to and involved in their care, and that staff were caring and friendly.

We spoke with five patients during the inspection. All five patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. The practice's Friends and Family test results between August and December 2015 showed they had been given a five star rating (out of five) by their patients, with 96% saying they were likely or highly likely to recommend them. The practice also regularly completed their own patient satisfaction surveys, the most recent of which showed that 77 out of 99 patients rated the practice as excellent. Of the other 22 participants, 21 rated the practice as very good and one as good.

## Outstanding practice

We saw several areas of outstanding practice:

- There was a strong, person-centred approach to supporting carers and those they cared for. For example, people who were cared for were given a "hospital passport" for use in emergency admissions to hospital. This contained the carer's contact details, as well as information which could assist staff in secondary care with personalised care planning.
- The practice worked with the local primary school to offer an annual "treat teddy" session to pupils to promote awareness about health issues and their treatment.
- The practice used key indicators based on guidance from the Scottish Intercollegiate Guidelines Network (SIGN) to measure and drive improvement in the care of diabetes. This was in response to data which showed the practice had a higher than local average prevalence of the disease, but that overall performance for diabetic patients was average. Data from 2015/16 showed improvements not only in each individual SIGN indicator, but also in the number of patients who were meeting all the identified targets.

# Dr S D Milligan & Dr H M Lovatt

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr S D Milligan & Dr H M Lovatt

Dr S D Milligan and Dr H M Lovatt is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 2400 patients from one location at Cartmel Surgery, Haggs Lane, Cartmel, Grange-over-Sands, Cumbria, LA11 6PH. This is the location we visited on the day of our inspection.

The practice is based in a renovated, one-storey building owned and managed by the partners. There is level access to the building and a car park available for patients.

The practice has 16 members of staff, comprising two GP partners (one male, one female), one salaried GP (female), one GP registrar (female), one practice nurse (female), two healthcare assistants (both female), one dispensary manager and two dispensers, a practice manager, an IT manager/clinical interface manager and four administrative and reception staff.

The practice is part of Cumbria clinical commissioning group (CCG). Information taken from Public Health England

placed the area in which the practice was located in the ninth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The surgery is open from 8am until 6.30pm, Monday to Friday. Appointments with a GP are available from 9am to 11.15am from Monday to Friday, and from 3.30pm to 5.30pm on Monday, Tuesday, Wednesday and Friday. The practice is closed at weekends. The telephone lines operate at all times during opening hours. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call (CHoC).

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice population has higher-than-average numbers of patients in all age brackets from 50-54 upwards. All age brackets for people younger than 40 are below average, with the number of people aged 20-40 particularly low.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how staff interacted with patients in the reception and waiting areas and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Positive events were also logged and reviewed as significant events to look for learning.

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, a spreadsheet defining staff roles and responsibilities was produced following a significant event to ensure that tasks related to the recall of patients were not missed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

## Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

### **Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The risk of legionella had been assessed by an external company (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available clinical commissioning group (CCG) average 96.8%, national average 94.7%) with 9.4% exception reporting (CCG average 10.1%, national average 9.2%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had received an influenza immunisation between August 2014 and March 2015 (national average 94.5%).
- Performance for mental health related indicators better than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (April 2014 to March 2015) (national average 88.5%).

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.

As well as using QOF to monitor performance, the practice had also decided to measure and drive improvement in the care of diabetes using key indicators based on guidance from the Scottish Intercollegiate Guidelines Network (SIGN). This was in response to data from 2014 which showed that prevalence of diabetes was higher at the practice than the local average (6.5% compared to 5.9%), but that the practice ranked 49th out of 78 practices in the county for overall performance for patients with diabetes. The practice worked with the CCG pharmacist to review the treatment of diabetic patients on the patient list. Data from 2015/16 showed improvements not only in each individual SIGN indicator, but also in the number of patients who were meeting all the identified targets (40.3% of patients in 2015/16 compared to 18.8% of patients in 2014/15).

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, five of these were two-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the monitoring of patients who were taking steroids to ensure that their doses were reduced safely.

### Effective staffing

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

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



# Are services effective?

## (for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, for example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using a picture guide for those with a learning disability. They ensured a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 100% (CCG average 83.3% to 96.7%) and five year olds from 75% to 100% (CCG average 72.5% to 97.9%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a strong, visible person-centred culture at the practice. For example, the partners in the practice told us the practice was only as good as the welcome they gave, and as such all practice staff had undergone customer service training to ensure all patients were made to feel welcome and treated with compassion.

All of the 39 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A number of the cards described the practice as an asset to the community and that patients felt lucky to have the care and support of the staff at the practice. Patients said they felt listened to and involved in their care, and that staff were caring and friendly.

We spoke with five patients, including one member of the patient participation group (PPG). They also told us that staff were highly motivated and inspired to offer care that was kind and promoted people's dignity, and that they felt truly respected and valued as patients. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Staff were highly motivated and inspired to offer care that was kind and compassionate. This was reflected in the results from the National GP Patient Survey, published in January 2016, which showed patients felt they were treated with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 98% of patients said the GP was good at listening to them (CCG average 91%, national average 89%).
- 98% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 91%, national average 87%).

The practice regularly undertook their own surveys to monitor patient satisfaction with their care. 98 out of 99 patients rated their overall satisfaction with the practice as excellent or very good. In terms of how they were treated by staff when receiving test results, 94% of patients who responded said their treatment was very good or excellent. For treatment by dispensary staff when raising queries about prescriptions, 96% of patients who answered rated their treatment as excellent or very good.

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

Staff consistently empowered people to have a voice and demonstrated they understood the importance of involving people in decisions about their care. People's choices and preferences were acted upon, and patients told us they felt they were active partners in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were significantly better than local and national averages again. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.



## Are services caring?

- 97% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).
- 97% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).

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

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

The practice was rated top in the CCG area for the percentage of their patients who had had advanced care plans (ACP) discussions. Fifty-six per cent of patients at the practice who died in 2015/16 had an ACP discussion, or a “Deciding Right” form in place, which specified their wishes for end of life care. Advance Care planning is a key means of improving care for people nearing the end of life and of enabling better planning and provision of care.

### **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 57 patients as carers (approximately 2.5% of the practice list) and was pro-actively attempting to identify more by asking patients if they are a carer or cared for when they join the practice, asking routinely at consultations (if appropriate) and by asking on the dedicated carer’s section of the practice website. The practice also liaised with the district nursing team and local carers charities to identify patients who may be carers or cared for. A patient we spoke to as part of the inspection was a carer. They told us the support they received from the practice in this role was excellent and that the practice had been good at directing them to appropriate support.

One of the healthcare assistants was the practice carers lead. They worked with local carers organisations to raise awareness and provide support for carers. The carers lead had undertaken training in identifying and assisting carers, and had fed this back to staff at the practice. They had also created a crib sheet for staff to use to help them with this task, as well as a carers folder which contained information about carers’ services. A further range of information was available for carers and was purposefully placed opposite the reception desk and near the exit, so that staff could direct people to it easily and discreetly. Those patients identified as carers were given a carers pack, which had been put together by the carers lead. This contained information from local and national support groups, as well as information about useful services such as transportation and equipment hire. Detailed information for carers was on the practice website, including information about claiming support with finances. Also, with their permission, the names of people who were carers, or who were cared for, were passed to the fire service so that they could receive a free fire safety check at their home.

Carers and patients who were cared for were also given a “hospital passport”, which patients with memory loss could keep with them in case of an emergency hospital admissions. This contained contact information for the carer, as well as information about the patient’s likes and dislikes and their level of ability performing certain activities of living, such as washing and dressing themselves.

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. The practice had information about bereavement services on display in reception, and had a CCG-produced support pack that they could give to patients. There was a system in place to ensure that staff were made aware when a patient had passed away, and that all appointments and outstanding correspondence for those patients were cancelled.



# 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 worked with the CCG pharmacist to improve the care of patients with diabetes.

Other examples of services that were tailored to the needs and preferences of patients and the local community included:

- The practice had initiated a weekly walk for patients and local people to improve their health and wellbeing. The walk was now run by volunteers and sponsored by the practice, who promoted it to their patients. Patients we spoke to on the day told us this was popular with them and was generally well attended. On the day of the inspection 11 people took part. The walk had been running weekly since 2010.
- Minor injury care was offered by the practice, to avoid the need for patients to attend the local Accident and Emergency department. Patients could call the practice, who would advise them if the injury could be dealt with at the surgery and ask them to attend.
- The surgery offered an International Normalised Ratio (INR) clinic for patients on warfarin. The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to go to the clinic, patients no longer had to travel to hospital for the test, a journey of over one hour and 30 minutes on public transport from Cartmel. Patients who could not attend the clinic (such as those who worked during that time) could attend the practice at a time that suited them.
- The practice provided essential medical care to tourists in the area as temporary residents. Given the remote location of the practice and the distance to the nearest hospitals, this service had proven vital to people staying in the area. For example, we saw that one temporary resident had attended with a baby who was subsequently diagnosed with pneumonia. The practice was able to offer medical care while arranging for the child to be admitted to hospital.
- The practice worked closely with the local community to provide services that were beneficial to their needs. For

example, doctors at the surgery organised medical cover at the local racecourse. Staff also offered an annual "treat teddy" session to children in the Reception and Year One classes at the local primary school to promote awareness about health issues and their treatment.

- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The surgery was open from 8am until 6.30pm, Monday to Friday. Appointments with a GP were available from 9am to 11.15am from Monday to Friday, and from 3.30pm to 5.30pm on Monday, Tuesday, Wednesday and Friday. The practice was closed at weekends. The telephone lines operated at all times during opening hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. We checked the practice's appointment system in real time on the afternoon of our inspection and found that urgent appointments with a GP could still be booked that day, while routine appointments were available the following day.

The practice no longer offered extended opening hours. They had decided to end this service after consultation with patients due to low demand. Telephone appointments with a GP were available beyond the surgery's core opening times. These were offered between 6.30pm and 7pm on Monday, Tuesday and Friday.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was much higher than local and national averages.



# Are services responsive to people's needs?

(for example, to feedback?)

- 100% of patients said they could get through easily to the practice by telephone compared to the national average of 73%.
- 100% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).
- 99% of patients described their experience of making an appointment as good (national average 78%).
- 97% of patients were satisfied with the practice's opening hours (national average 78%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Prior to the inspection we received positive feedback about the practice's appointment system from patients via the CQC Share Your Experience public website. The practice also asked patients about their satisfaction with access to the practice as part of their own patient satisfaction survey. The most recent results (January/February 2016) showed that 97% of patients who responded rated their satisfaction with the day and time of appointment offered as very good or excellent.

## Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Verbal complaints were documented and investigated in the same way as written ones.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting area, while information about the complaints procedure was also included on the patient leaflet and the practice website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a checklist had been introduced to ensure that patients received a full response to any complaints made to the practice.



# 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 leadership, governance and culture were used to drive and improve the delivery of high-quality, person-centred care. The practice had a clear vision to achieve this and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas. The mission statement was written in collaboration with the entire practice team, therefore staff knew and understood the values.
- The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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 and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of, and had systems in place, to ensure compliance with the requirements of the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- There were high levels of staff satisfaction. Staff we spoke to on the day of inspection were proud of the organisation as a place to work and spoke highly of the culture.
- 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 by the practice. This had resulted in every member of staff being involved in the creation of the practice mission statement. It had also encouraged staff to look for ways to improve services, for example the carers lead had been responsible for a number of changes which sought to improve support for carers.

### 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had placed a board with staff names and photographs in the reception area at the request of the PPG.

# Are services well-led?

Good 

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

· Rigorous and constructive challenge from people who used services was welcomed. For example, the practice planned to make changes to the waiting area in the surgery, but abandoned these plans when it became clear that patients were not in favour of them.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change.. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, and there was a clear proactive approach to seeking out and embedding new ways of working. For example:

- The practice proactively sought innovative methods for improving outcomes for their patients, such as using Scottish Intercollegiate Guidelines Network (SIGN) key indicators to measure and improve care for patients with diabetes.
- The practice had started a weekly walk for patients and local people to improve their health and wellbeing.
- They were proactive in offering services via new technologies, such as offering online booking of appointments and a text messaging service, to remind patients of their appointment.
- The carers lead was responsible for initiating a number of changes that aimed to improve support for carers, such as liaising with the local fire service and ensuring all carers and those who were cared for received a “hospital passport”.