

The James Cochrane Practice – Maude Street Surgery

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



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 The James Cochrane Practice on 15 September 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Some risks to patients were assessed and well managed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not keep patients safe.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- 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 leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

Summary of findings

- The practice was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had led a care home project for the elderly. The aim was to provide high quality care for patients in order to reduce the likelihood of acute admission to hospital. It also aimed to ensure that patients' end of life plans were in place so that their preferences about their place of death could be met. The practice reported that almost all (92%) patients died in accordance with their known preferences.

The areas where the provider must make improvements are:

- The practice must assure the appropriate and safe storage of medicines and more effective management of repeat prescriptions for patients.

The areas where the provider should make improvements are:

- Consider Disclosure and Barring Service (DBS) checks for staff who carry out chaperoning duties, and carry out risk assessments for administration staff who have not received a DBS check.
- Consider carrying out a yearly fire evacuation drill.
- Review the system in place for the checking and reading of hospital discharge letters, and letters from out of hours services.

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 requires improvement for providing safe services as there are areas where they must make improvements.

Systems and processes in place for the safe management of medicines were not adequate. For example, repeat prescriptions were not always signed by doctors within a reasonable time period.

There were infection control arrangements in place and the practice was clean and hygienic. There were enough staff to keep patients safe. Appropriate recruitment checks had been carried out for staff, other than a risk assessment for those who did not require a DBS check. We found there was a good system in place to record, investigate and learn from significant events.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were above average for the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice carried out clinical audits which were linked to the improvement of patient outcomes. Staff worked with multidisciplinary teams. The practice was supportive of further development for staff. They had received regular appraisals and training appropriate to their role.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice above local and national averages for being caring. Patients we spoke with and comment cards indicated that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referrals for social services support.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



Summary of findings

They reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The practice had led a care home project for the elderly. The aim was to provide high quality care for patients in order to reduce the likelihood of acute admission to hospital. It also aimed to ensure that patients' end of life plans were in place so that their preferences about their place of death could be met. The practice reported that almost all (92%) patients died in accordance with their known preferences.

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

The practice offered an on-the-day phlebotomy service at Helme Chase surgery, where if the GP requested a blood test the patient could wait and have blood taken by the health care assistant. The service was available Monday, Thursday and Friday until 5pm, and on a Tuesday and Wednesday until 6pm.

There were specialist clinics which included minor surgery and family planning advice. The practice had good facilities. The practice had improved access to appointments for patients. They said they could make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.

Are services well-led?

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

They had a vision for the future and staff were clear about their responsibilities in relation to these. There was a 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. However there was a lack of governance in relation to medicines management. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events. The provider was aware of and complied with the requirements of the duty of candour.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients who were at high risk of hospital admission, or who had recently had contact with the out of hours service, or had unplanned hospital admissions, were referred to the local care navigator who had links to a named social worker. They were employed by the local CCG. The role of the care navigator was to support those patients over 75 who are identified as at the greatest risk of a hospital admission so they maintain their independence and stay in their own homes longer when it is appropriate and safe to do so.

The practice had led a care home project for the elderly. The aim was to provide high quality care to patients with advanced care planning to reduce acute admission to hospital and to have deaths in preferred place of care. The key outcomes were 92% of patients remaining in their care homes at end of life. The team working on the project were awarded nursing team finalist of the year by The General Practice Awards. They were also finalists in The British Medical Journal Awards for the project

The practice was responsive to the needs of older people, including offering home visits. Prescriptions could be sent to any local pharmacy electronically and the practice's own dispensaries had a delivery service.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They 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 register of patient with long term conditions which they monitored closely for recall appointment for health checks. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in

Good



Summary of findings

relation to the conditions commonly associated with this population group. For example, performance for related indicators for patients with COPD were above the national average (100% compared to 96% nationally).

Flexible appointments, including extended opening hours and home visits were available when needed. There was an on the day phlebotomy clinic. The practice's electronic system was used to flag when patients were due for review.

Patients with long term conditions were reviewed at a combined long-term conditions clinic where possible. Patients were encouraged to self-manage their conditions and the trainee assistant practitioners were utilised for simple reviews for hypertension and asthma.

The GPs had specialist clinical interests; for example, one of the GP partners was a speciality doctor in dermatology. Another GP specialist in ear nose and throat (ENT) services. Patients were encouraged to make an appointment with the relevant GP if they felt their expertise would be of benefit to them.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. An audit regarding safeguarding children had been carried out with learning points identified and improved upon.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99%, compared to the CCG averages of 83% to 96% and for five year olds from 70% to 98%, compared to CCG averages of 73% to 98%.

The practice had recently employed a specialist nurse to strengthen the sexual health team at the practice. Contraceptive and sexual health advice was promoted at a local college fresher's fair. They were also in the process of establishing links with the local primary and secondary schools to deliver health promotion to children.

The practice's uptake for the cervical screening programme was 84%, which was above the national average of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies.

Weekly child immunisation clinics were run by the practice staff.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available as well as extended opening hours.

People whose circumstances may make them vulnerable

Good



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.

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.

The practice's computer system alerted GPs if a patient was also a carer. There were 302 patients recorded on the practice's computer system as a carer which was 2% of the practice population. There was a practice specific carers information leaflet with contact information for carers and the support which was available to them. For the last two years the practice had received an award from South Lakeland carers association in recognition of the high numbers of patients who are carers, which are referred to them for support from the practice.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. They carried out advanced care planning for patients with dementia. 84.6% of patients identified as living with dementia had received an annual review in 2014/15 (national average 84%). The practice also worked together with their carers to assess their needs. The Alzheimer's Society carried out information sessions at the practice every six weeks.

Summary of findings

Performance for mental health related indicators was better than national average. For example, 94.3% of patients with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.

The practice were the lead for a project called The Kendal Integrated Care Community. This was a team of health professionals who worked together for the health of the community. Patients were referred to them who were most vulnerable, for example, at high risk of hospital admission, frail, over age 75 or with enduring mental health needs.

Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection, which included two members of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included excellent and very good. They told us staff were friendly and helpful and they received a good service, and they could always get an appointment when they needed one.

We reviewed 43 CQC comment cards completed by patients prior to the inspection, 29 were completed at the Helme Chase surgery and 14 at the Maude Street branch surgery. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, excellent, caring, helpful, good and efficient. Patients said they could get an appointment when they needed one.

The latest GP Patient Survey, published in July 2016, showed that scores from patients were above national and local averages. The percentage of patients who described their overall experience as good was 94%, which was above the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 91% (local CCG average 80%, national average 78%).

- 96% said the GP was good at listening to them compared to the local CCG average of 92% and national average of 89%.
- 94% said the GP gave them enough time compared to the local CCG average of 91% and national average of 87%.
- 94% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 95% said the nurse gave them enough time compared to the local CCG average of 95% and national average of 92%.
- 92% said they found it easy to get through to this surgery by phone compared to the local CCG average 80%, national average 73%.
- 93% described their experience of making an appointment as good compared to the local CCG average 78%, national average 73%.
- Percentage of patients who find the receptionists at this surgery helpful – 93% (local CCG average 90%, national average 87%).

These results were based on 112 surveys that were returned from a total of 220 sent out; a response rate of 51% and less than 1% of the overall practice population.

Areas for improvement

Action the service **MUST** take to improve

- The practice must assure the appropriate and safe storage of medicines and more effective management of repeat prescriptions for patients.

Action the service **SHOULD** take to improve

- Consider Disclosure and Barring Service (DBS) checks for staff who carry out chaperoning duties, and carry out risk assessments for administration staff who have not received a DBS check.
- Consider carrying out a yearly fire evacuation drill.
- Review the system in place for the checking and reading of hospital discharge letters, and letters from out of hours services.

Summary of findings

Outstanding practice

- The practice had led a care home project for the elderly. The aim was to provide high quality care for patients in order to reduce the likelihood of acute admission to hospital. It also aimed to ensure that

patients' end of life plans were in place so that their preferences about their place of death could be met. The practice reported that almost all (92%) patients died in accordance with their known preferences.

The James Cochrane Practice – Maude Street Surgery

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 advisor and a specialist advisor with experience of GP practice management and a CQC pharmacy inspector.

Background to The James Cochrane Practice - Maude Street Surgery

The James Cochrane Practice provides Primary Medical Services to the town of Kendal and the surrounding areas to approximately a seven mile radius. The practice provides services from two locations;

- Helme Chase Surgery, Burton Road, Kendal, Cumbria, LA9 7HR,
- Maude Street Surgery, Maude Street, Kendal, Cumbria, LA9 4QE,

We visited both locations as part of the inspection.

The practice dispenses medicines from both locations. This means under certain criteria they can supply eligible patients with medicines directly.

Helme Chase surgery is located in converted residential premises in a residential area of Kendal. The branch surgery at Maude Street is closer to the town centre of Kendal and is located in purpose built premises. There is step free access at the front of both buildings and a bell for

patients to attract attention if they cannot manage the front doors. Some patient facilities at Helme Chase are on the first floor; however there are several consulting rooms downstairs for patients who cannot manage the stairs. There is patient parking including disabled spaces at the Helme Chase. There is roadside parking at the Maude Street branch and arrangements can be made for patients who require disabled access to park in the staff car park at Maude Street.

The practice has seven GP partners and three salaried GPs. Two are female and five are male. Some GPs are part time, the whole time equivalent is 7.87 or 63 sessions per week. There are two nurse practitioners, three specialist nurses, three practice nurses and nine healthcare assistants. There is a practice manager, operations manager, information technology manager, patient service manager and an office manager. There are eight dispensary staff which includes two managers. There are eighteen reception and administration staff.

The practice provides services to approximately 16,580 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

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 least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice has lower levels of patients between the ages of 20 to 44, when compared to national averages.

The Helme Chase surgery is open from 8am until 7.30pm Monday to Friday. The Maude Street surgery is open from 8am to 5pm Monday to Friday.

Detailed findings

Consulting times with the GPs and nurses range from 8am to 12 noon, and 2pm until 7.20pm at Helme Chase, and 4.50pm at Maude Street.

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 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 15 September 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. There was a genuinely open culture in which all safety concerns were valued. There were thorough processes for ensuring significant events were identified and followed up, and actions reviewed. The practice had its own policy for this which was available to all staff. A member of the administration team collated the forms which were completed by staff, and overseen by the practice manager. There had been 47 significant events in the previous 12 month period, (the practice produced a review every 12 months of significant events to identify any patterns or trends.) The significant events were put into five separate categories depending upon the level of risk. They were discussed at clinical meetings and then at staff meetings if appropriate.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. The practice used opportunities to learn from internal and external incidents, to support improvement. For example, the practice changed its fast track two week wait appointment process for hospital referral following a significant event where a referral had been missed. The practice designed a new system for referral to minimise the risk of this happening again. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts and decided who needed to see them, and kept a log of these. The medicines' managers took responsibility for the alerts relating to medicines and worked together with one of the GP partners to carry out any necessary audits.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety, including infection control, and staffing.

- The practice had improved communication and documentation regarding safeguarding in the last two years. An audit regarding safeguarding children had been carried out with learning points identified and improved upon. For example, the health visitors were notified when a new family with children under the age of five moved into the area. Safeguarding 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. The advanced nurse practitioner was the safeguarding lead for children and one of the GP partners acted as the lead for vulnerable adults. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. There was a weekly safeguarding meeting at the practice which was part of the practice clinical meeting. The health visitor met with the child safeguarding lead bi-monthly. Staff demonstrated they understood their responsibilities and had all received safeguarding children training relevant to their role. Both safeguarding leads had received level 3 safeguarding children training.
- There was a notice displayed in the waiting areas, advising patients that they could request a chaperone, if required. The practice nurses and some of the reception staff carried out this role. They had received chaperone training. The nurses 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). However, not all reception staff, who acted as chaperones had received a DBS check. The practice manager assured us that going forward they would only use DBS checked staff as chaperones.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, and patients commented positively on the cleanliness of the practice. One of the advanced nurse practitioners was the infection control lead. All staff including the GPs had received infection control training appropriate to their role. There were infection control policies, including a needle stick injury policy. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. A legionella risk assessment had been carried out for both premises.

Are services safe?

- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, there was no risk assessment in place for administration staff who had not been subject of a DBS check. We saw that the clinical staff had medical indemnity insurance.
- We were told all repeat prescriptions were signed by a GP before they were given to patients, however, we found several prescriptions at Maude Street which had not been signed by a doctor. We also found acute prescriptions which had been given out to patients and had not been signed by the doctor within a reasonable time period.
- Staff told us how they managed review dates of repeat prescriptions; however, we found several prescriptions at both Helme Chase and Maude Street where patients were overdue a review, with one dating back to March 2015. Staff told us how prescriptions which had not been collected would be removed every eight weeks; however, at Maude Street we found six prescriptions which had not been collected with two dating back to June 2016.

Medicines management

- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process. Staff told us how they managed the checking of expiry dates of medicines at both practices. We saw evidence of removal of expired medicines, however, at Helme Chase their practice documentation of recording expiry date checks was not always completed. All medicines we checked were in date.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. Balance checks of controlled drugs were not carried out routinely, with one controlled drug not being checked for over two years. At Helme Chase we found one controlled drug which expired in January 2016, and at Maude Street we found a controlled drug discrepancy which had not been adequately investigated and resolved, or reported.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary, and there was a named lead GP for medicines management. We were shown the incident/near miss record (a record of dispensing errors that have been identified before medicines have left the dispensary) which showed some examples of errors. There was a process in place to review errors and we were told these were discussed within the dispensary team and also at regular practice meetings.
- The practice offered a home delivery service to all patients and appropriate records were kept in relation to this. Staff told us how they managed high risk medicines and we saw evidence of how this procedure worked to reduce risks to patients.
- We checked medicines stored in the treatment rooms and medicines refrigerators, and found they were stored securely and were only accessible to authorised staff. We found the temperatures of medicines refrigerators across both sites were not always recorded on a daily basis in accordance with national guidance. Staff could not provide us with any records for one refrigerator at Maude Street, and it was unclear who was responsible for monitoring the temperature of this refrigerator.
- Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance. However, we found some Patient Group Directions had not been authorised by the lead GP. Blank prescription forms were kept securely and there was a process in place to track prescriptions through both the main practice and the branch surgery. However, at Maude Street there was no log kept of prescriptions which had been received.
- The practice was the lowest in the prescribing of antibiotic medicine out of all the practices in Cumbria (78) and had been complimented on this by the local clinical commissioning group (CCG).

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed, other than those relating to medicines management within the dispensaries;

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The practice had an external contractor come to the practice to carry out fire risk assessments, part of the assessment recommended they have a nominated trained fire warden and to carry out yearly fire evacuation drills, this had not been carried out. We were assured one was due to be carried out in the near future. Staff had received fire safety and health and safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a comprehensive capacity and demand system in place to manage the appointment system which was profiled months in

advance to ensure GP cover and to book locum cover if needed. The rotas for the nurses were prepared by the finance manager and the office manager managed the administration staff cover.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies. All staff had received basic life support training.

The practice had a defibrillator and oxygen was available on both premises; however, at Maude Street we found an oxygen cylinder that expired in June 2012. The practice had a process in place to check emergency equipment; however, at Helme Chase staff did not always follow the checking process.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis. The plan had been tested in the recent floods in Kendal in December 2015.

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, however, there was no formal method for reviewing NICE guidelines. We were told that the lead nurse for long term conditions kept the templates and documents required up to date on the practice systems.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF 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 99.3% of the total number of points available to them, with a clinical exception reporting rate of 10.5% and this was above the exception reporting rates for England (9.2%) and the CCG average of 10.1%. The QOF score achieved by the practice in 2014/15 was above the England average of 94.7% and the local clinical commissioning group (CCG) average of 96.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The data showed:

- Performance for asthma related indicators was better than the national average (98.6% compared to 97.4% nationally).
- Performance for diabetes related indicators was above the national average (99.8% compared to 89.2% nationally). For example, the percentage of patients on the diabetes register who had an influenza immunisation was 98.5%, compared to a national average of 94.5%.

- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the national average (100% compared to 96% nationally). The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding twelve months was 93.1% which was better than the national average of 89.9%.
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, 94.3% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally). The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was 84.6% which was higher than the national average at 84%.

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 examples of four full completed audits which had been carried out in the last year. This included a two cycle audit on new cancer diagnoses and referral pathways. There were also audits carried out on 78-100 year olds who had not been in contact with the practice for over six months with polypharmacy. Polypharmacy is the use of four or more medications by a patient. There was also an audit of the South Lakes dermatology service which the practice ran for patients in the area.

The GPs had specialist clinical interests; for example, one of the GP partners was a speciality doctor in dermatology. Another GP acted as an ear, nose and throat (ENT) specialist. Patients were encouraged to make an appointment with the relevant GP if they felt their expertise would be of benefit to them.

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 fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.

Are services effective?

(for example, treatment is effective)

- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Nursing and non-clinical staff had received an appraisal within the last twelve months.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) All of the GPs including the partners and salaried GPs received in house appraisals.
- Staff received training that included: fire procedures, health and safety, infection control, basic life support, safeguarding children and adults and information governance awareness. Clinicians and practice nurses had completed training relevant to their role.

Coordinating patient care and information sharing

The practice had systems in place 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. There was a 24 hour turn around for typing of referrals to the choose and book service

Staff worked together and with other health and social care services. Multi-disciplinary team meetings took place weekly as part of the practice clinical meeting.

The GPs had a buddy system, if the doctor was away from the practice, for the following up of information from other health care providers, such as hospitals and out of hours providers. However, the GPs did not see all of the letters and there was no protocol in place for this. They saw the ones which had new serious diagnoses, contained safeguarding issues or letters which involved medication changes. We discussed this with the practice team who said they would take this away and look at it.

The practice were the lead for a project called The Kendal Integrated Care Community. This was a team of health

professionals who worked together for the health of the community. Patients were referred to them who were most vulnerable, for example, at high risk of hospital admission, frail, over age 75 or who had enduring mental health needs.

The practice had a palliative care register which was discussed at the weekly clinical meeting in order to manage patients' treatment and support needs, and continual advanced care planning was carried out.

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. The practice patient newsletter advised patients to use an NHS website for advice on staying healthy. The Alzheimer's Society carried out information sessions at the practice every six weeks

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 84%, which was above the national average of 82%. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99%, compared to the CCG average of 83% to 96% and for five year olds from 70% to 98%, compared to CCG averages of 73% to 98%.

The practice had recently employed a specialist nurse to strengthen the sexual health team at the practice.

Are services effective?

(for example, treatment is effective)

Contraceptive and sexual health advice was promoted at a local college freshers' fair. They were also in the process of establishing links with the local primary and secondary schools to deliver health promotion to children.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with

the healthcare assistant or the GP or nurse if 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

Kindness, dignity, respect and compassion

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.

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.

We reviewed 43 CQC comment cards completed by patients prior to the inspection, 29 were completed at the Helme Chase surgery and 14 at the Maude Street branch surgery. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, excellent, caring, helpful, good and efficient.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included excellent and very good. They told us staff were friendly and helpful and they received a good service, and they could always get an appointment when they needed one.

Results from the national GP patient survey, published in July 2016, showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice's performance was comparable with the local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff, and had

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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, and results were above local and national averages. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 94% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language. Staff who worked at the practice spoke several different languages.

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. This included information regarding stroke support, how to cope with asthma and there was information on community services such as bus services and a community car sharing scheme.

The practice's computer system alerted GPs if a patient was a carer. There were 302 patients recorded on the practice's computer system as a carer which was 2% of the practice population. There was a practice specific carers' information leaflet with contact information for carers and the support which was available to them. For the last two

Are services caring?

years the practice had received an award from South Lakeland carers association in recognition of the high numbers of patients who were also carers, who had been referred to them for support.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support. There was a bereavement pack offered to families which set out support services which were available to them.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. Several of the staff had worked there for many years which enabled good continuity of care. The practice had close links with the local community through the different multi-disciplinary meetings and groups the practice attended.

The practice led a care home project for the elderly which involved all of the three GP practices in Kendal. The clinical commissioning group (CCG) gave support to this project. There was a multi-disciplinary team involved including a nurse practitioner, community pharmacist and care coordinator. The aim was to provide high quality care to patients receiving advanced care planning to help reduce acute admissions into hospital, and to plan for deaths in a preferred place of care. The key outcomes were that 92% of patients had remained in their care homes at end of life. The team working on the project were awarded nursing team finalist of the year by The General Practice Awards. They were also finalists in The British Medical Journal Awards for the project.

The practice offered an on-the-day phlebotomy service at Helme Chase surgery, where if the GP requested a blood test the patient could wait and have blood taken by the health care assistant. The service was available Monday, Thursday and Friday until 5pm, and on a Tuesday and Wednesday until 6pm. It was introduced in March 2016 and an audit of the service was carried out in July 2016. All patients surveyed thought the service worked well.

Patients with long term conditions were reviewed at a combined long-term conditions clinic where possible. Patients were encouraged to self-manage their conditions and the trainee assistant practitioners were utilised for simple reviews for hypertension and asthma.

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

- The practice offered extended opening hours Monday to Friday at the Helme Street surgery until 7.30pm.
- Telephone consultations were available if required

- Booking appointments with GPs, accessing test results and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist clinics were provided including minor surgery and, because of the local accident and emergency department being some distance from Kendal, patients with minor injuries were often seen at the practice.
- The practice provided a community dermatology, and an ear, nose and throat (ENT) service which had been commissioned by the local CCG for the South Lakeland area. Staff provided clinical assessment, diagnosis, treatment for skin and ENT conditions. There was a skin surgery carried out for children and adults. The ENT service was for children over the age of five and adults.
- A sexual health, contraception and woman's health service was offered. Travel vaccinations which included yellow fever were also available.
- There were disabled facilities, hearing loop and translation services available.
- All patient services were accessible to patients with physical disabilities. Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services.
- A child immunisation clinic was held every Tuesday afternoon.
- The practice produced a quarterly newsletter with topics and information such as; staff changes, influenza vaccines and the NHS 111 service. They also set out what changes had been made to services provided as a result of patient feedback.

Access to the service

The Helme Chase surgery was open from 8am until 7.30pm Monday to Friday. The Maude Street surgery was open from 8am to 5pm Monday to Friday.

Consulting times with the GPs and nurses ranged from 8am – 12 noon, and 2pm until 7.20pm at Helme Chase, and 4.50pm at Maude Street.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could always get an appointment when they needed one.



Are services responsive to people's needs?

(for example, to feedback?)

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were routine appointments to see a GP in three working days and emergency appointments with the nurse practitioner available that day.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 87% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81% and national average of 76%.
- 92% patients said they could get through easily to the surgery by phone compared to the local CCG average of 80% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the local CCG average of 78% and national average of 73%.

The practice had recognised that they needed to improve access for patients. An audit of the appointment system was carried out. Following the audit the length of appointment times was changed from 10 minutes slots to twelve minutes and patients could book longer

appointments if necessary. A new telephone system was also introduced which greatly improved the answering of telephones. The nurse practitioner saw the majority of urgent appointments which shortened the wait for routine appointments with GPs. Telephone consultations were also being promoted by the practice which included an article in the patient newsletter.

Listening and learning from concerns and complaints

The practice had a 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. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw the practice had received twenty nine complaints in the last 12 months, of which twenty were written and nine verbal complaints. These had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings.

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's ethos was for staff to take pride in offering the highest standard of patient-centred healthcare, by preserving a family doctor ethos and a strong safeguarding culture. They aspired to 'deliver great care'.

The practice had a strategy for the next three to five years. The key areas identified were clinical delivery, the practice contract, finance, estates and the dispensary.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, the arrangements for managing medicines, including emergency drugs and vaccinations, did not keep patients safe.

- There was a staffing structure and staff were aware of their own roles and responsibilities, and the GP partners were involved in the day to day running of the practice.
- There were clinical leads for areas such as safeguarding.
- The GPs had specialist clinical interests such as dermatology and ENT.
- 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 audit was used to monitor quality and to make improvements.

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

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 knowing about notifiable safety incidents.

There were clinical meetings held every week, with a standing agenda which included safeguarding, clinical events, significant events and complaints. Part of this meeting included multi-disciplinary team discussions. Minutes of these meetings confirmed the district nurse and health visitor attended where possible. There were regular nurse meetings and practice meetings when the practice was closed for protected learning time.

The practice knew their priorities and they had plans in place for areas they needed to work on, and knew in what areas they had improved. They had 'ring fenced' finance which was dedicated to the continual improvement of both practice premises.

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

The practice had a patient participation group (PPG) with twelve members and 143 virtual members. Patient feedback from the group resulted in a major refurbishment of the waiting area at the Helme Chase practice to ensure confidentiality.

There was an action plan compiled for 2015/2016 by the practice with actions resulting from patient surveys, complaints, and suggestions from the PPG and the NHS Friends and Family test. Actions included updating the practice website, introducing a face book page for the practice and changing the background music played in the Helme Chase surgery.

Following patient feedback the practice introduced two higher chairs in the waiting room for patients who were less able to sit in a lower chair.

The practice had also gathered feedback from staff. Opportunities for individual training were identified at appraisal. All staff were encouraged to identify opportunities for future improvements on how the practice was run, there was a board in the staff area of the practice where staff were encouraged to record suggestions. There were regular staff social events and the practice produced a regular staff newsletter called The Grapevine.

Are services well-led?

Good 

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

Continuous improvement

The practice invested in more staff in the last year. They employed additional advance nurse practitioners and supported health care assistants to train as advanced practitioners.

The practice provided training to nursing and medical students and were looking to expand the premises in order to become a training practice.

There was a focus on continuous learning and improvement within the practice. The practice had protected learning times once a month both at the practice and at CCG organised events.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way. Specifically:</p> <p>The practice must ensure the safe management of medicines.</p> <p>The practice must ensure the appropriate and safe storage of medicines and more effective management of repeat prescriptions for patients.</p> <p>Regulation 12(1) (2) (g) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	