

Drs. Wigmore and Kari

Quality Report

Warwick Square Group Practice
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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?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs. Wigmore and Kari on 10 May 2016. Overall, the practice is rated as good.

(Prior to October 2015, three separate GP practices were based at the Grosvenor House Surgery premises and there was separate National GP Patient Survey and Quality and Outcome Framework (QOF) data for each one. In October 2015, Drs. Wigmore and Kari became the only practice to be based at the surgery and they took on the responsibility for providing care and treatment to patients previously registered with the other two practices. As there is only one registered provider, Drs. Wigmore and Kari, the current registration is correct. Although the most recent publicly available information (i.e. the QOF data for 2014/15 and National GP Patient Survey, published in January 2016) covered a period of

time when it was available for each separate practice, the Care Quality Commission has only populated this report with the data that relates to the current provider, Drs. Wigmore and Kari.)

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

- There was an open and transparent approach to safety and a good system for reporting, recording and learning from significant events
- Most risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care.

Summary of findings

- Services were tailored to meet the needs of individual patients and were delivered in a way that ensured flexibility, choice and continuity of care. All staff were actively engaged in monitoring and improving quality and patient outcomes. Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment.
- Overall, the main practice site had good facilities and was well equipped to treat patients and meet their needs. The branch surgery premises were satisfactory and steps were being taken to improve them.
- The practice had a clear vision and strategy and staff were actively taking steps to deliver the improvements set out in their business development plan. .

The area where the provider must make improvement is:

- Carry out the required employment checks for all staff employed by the practice.

However, there were also areas where the provider needs to make improvements. The provider should:

- Introduce a formal system for updating the practice's clinical guidelines.
- Provide a defibrillator at the branch surgery, and provide non-clinical staff with annual training in basic life support.
- Carry out an annual comprehensive infection control audit.
- Hold regular clinical meetings.
- Complete outstanding staff appraisals.
- Improve access at the entrance to the main practice for patients with disabilities.

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.

There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There were arrangements for dealing with safety alerts and sharing these with staff. The practice's safeguarding arrangements helped to keep children and vulnerable adults safe. The practice was clean and hygienic. However, staff had not carried out an annual comprehensive infection control audit. Overall, the main practice premises and branch surgery were satisfactorily maintained and equipment was safe to use. But, some of the risks identified in the legionella risk assessment for the main practice had not been fully addressed by the building landlord. Most individual risks to patients had been assessed and were satisfactorily managed. But, the arrangements for carrying out recruitment checks were not always sufficiently rigorous.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Nationally reported QOF data, for 2014/15, showed that the practice's performance was comparable with other practices, in relation to those clinical conditions covered. Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance. However, there was no formal system for updating clinical guidelines. Overall, there was a good system in place which helped to ensure clinical tasks and correspondence were dealt with in a timely manner. Although we did not identify any concerns regarding how pathology samples were handled following minor surgery, we did note that there was no system in place for auditing these results on a regular basis.

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked effectively with other health and social care professionals to help ensure the range and complexity of patients' needs were met. Overall, staff had the skills, knowledge and experience to deliver effective care and treatment. However, there

Good



Summary of findings

had been a delay in completing annual appraisals for some staff during 2015/16, due to the recent introduction of the new IT system, and the impact that this had had on the management team's day-to-day workload. Plans were in place to address this shortfall.

Are services caring?

The practice is rated as good for providing caring services.

Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Overall, patients we spoke with during the inspection, and the one patient who had completed a CQC comment card, were satisfied with the care and treatment they received.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations were either above, or broadly in line with, local CCG and national averages. For example, 90.9% of patients surveyed said the last GP they saw gave them enough time. This was the same as the local CCG average and above the national average of 86.6%. The results also showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, 96% of patients said the last nurse they saw or spoke with was good at explaining tests and treatments, compared to the local CCG average of 91.9% and the national average of 89.6%.

Information for patients about the range of services provided by the practice was available and easy to understand. Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Overall, the practice and their branch surgery had good facilities and were well equipped to treat patients and meet their needs. The results of the NHS National Patient Survey of the practice, published in January 2016, showed patient satisfaction levels relating to appointment convenience were very good when compared to the local CCG and national averages. Satisfaction levels regarding telephone access, appointment availability and experience of making an appointment, and practice opening hours, were either above, or broadly in line with, the national average.

Good



Are services well-led?

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

Good



Summary of findings

The practice had a clear vision and strategy and staff were actively taking steps to deliver the improvements set out in their business development plan. Work was underway to integrate the merged practices' systems, processes and decision-making structures. Overall, the provider had good governance arrangements in place, for example, in relation to significant event reporting, the carrying out of clinical audits and completing checks to make sure equipment used by staff was maintained in a good condition. However, some governance arrangements were not sufficiently rigorous. For example, required employment checks had not been carried out for some staff. Staff had already identified that the lack of regular clinical meetings posed a risk and action was being planned to address this. Clinical audits were carried out to improve patient outcomes. The practice had policies and procedures to govern staff's activities.

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

Good



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

Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed that the practice's performance was comparable with other practices, in relation to those conditions experienced by older people. For example, the percentage of patients with Chronic Obstructive Pulmonary Disease who had had a review undertaken, including an assessment of breathlessness using the Medical Research Council dyspnoea (difficult breathing) scale, in the preceding 12 months, was higher than the England average, (95.7% compared to 89.9%.) The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP, and on turning 75, patients were invited for a health check. Good palliative care arrangements were in place which included a register identifying patients requiring this type of care and the holding of regular multi-disciplinary meetings to review their needs.

People with long term conditions

Good



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

Nationally reported QOF data, for 2014/15, showed that the practice's performance was comparable with other practices, in relation to those conditions experienced by people with long-term conditions. For example, the percentage of patients with asthma, who had had an asthma review in the preceding 12 months, that included an assessment of asthma control using the three Royal College of Physicians good practice questions, was higher than the England average (88.1% compared to 75.3%). Patients with long-term conditions were offered a structured annual review, to check their health needs were being met. A good 'call and recall' system was in place which helped ensure that all patients requiring an annual review received one. Clinical staff were good at working with other professionals to deliver a multi-disciplinary package of care to patients with complex needs.

Families, children and young people

Good



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

Summary of findings

Systems were in place to protect children who were at risk and living in disadvantaged circumstances. For example, childhood immunisation clinics were held bi-weekly, alternating between the main practice and the branch surgery. Patients were able to access ante-natal clinics run locally by the community midwifery service. Appointments were available outside of school hours and the main practice site and branch surgery were suitable for children and babies. The practice website provided a range of information designed to encourage patients to look after their sexual health. A good range of health promotion leaflets was available in the patient waiting area, including information about the practice being breastfeeding friendly. Regular multi-disciplinary safeguarding meetings were held, where the needs of vulnerable children and families were discussed. All staff had completed safeguarding training that was relevant to their roles and responsibilities.

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.)

Nationally reported QOF data, for 2014/15, showed that the practice's performance was comparable with other practices in relation to those conditions experienced by this patient group. For example, the percentage of patients with diabetes, for whom the last blood pressure reading, measured in the preceding 12 months, was 140/80 mmHg or less, was in line with the England average, (77.4% compared to 78%). The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. Extended hours GP and nurse appointments were not offered.

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.

There were good arrangements for meeting the needs of vulnerable patients. Systems had been put in place to help reduce unplanned emergency admissions into hospital. For example, the practice maintained a register of vulnerable patients who were at risk of an unplanned admission into hospital, approximately 4.38% of the total practice population. Audits were carried out to make sure that each

Summary of findings

person on the register had an emergency care plan in place. Patients discharged from hospital received a review within three days of returning home. The practice maintained a register of patients with learning disabilities which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen. Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. Arrangements had been made to meet the needs of patients who were also carers.

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).

Nationally reported QOF data, for 2014/15, showed that the provider's performance in carrying out these reviews was comparable to other practices. For example, the data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive care plan documented in their records, in the preceding 12 months, was comparable to other practices. (90.7% compared to the national average of 88.4%.) Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations. The practice's website provided patients with links to helping organisations. Nationally reported QOF data also showed the practice's performance regarding the carrying out face-to-face reviews of patients diagnosed with dementia was lower, at 72.9, than the national average of 84%. There were good arrangements for meeting the needs of patients who had dementia. Staff kept a register of these patients, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs. Some staff had attended dementia awareness training to help them understand the needs of these patients and improve the care they received at the practice.

Summary of findings

What people who use the service say

Overall, feedback from patients was positive. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received one completed comment card in which the patient reported that the service was 'excellent' and that staff 'treated you in a lovely manner.' We also spoke with four patients. Three said they were happy with the practice and would recommend it. They said staff listened to them and treated them with respect. Two patients we spoke with said they were usually able to get an appointment and that appointments were on time. A third patient reported it was difficult to get an appointment and said the telephones were engaged from 8am to 8:15am. They also said that the last time they attended for an appointment, they had waited for 30 minutes.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations were either above, or broadly in line with, local clinical commissioning group (CCG) and national averages. The results also showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Patient satisfaction levels relating to appointment convenience, telephone access, appointment availability and experience of making an appointment, and practice opening hours, were good. For example, of the patients who responded to the survey:

- 96.8% had confidence and trust in the last GP they saw. This was the same as the local CCG average and above the national average of 95.2%.
- 85.4% said the last GP they saw was good at listening to them, compared to the local CCG average of 91.4% and the national average of 88.6%.

- 100% had confidence and trust in the last nurse they saw, compared with the local CCG average of 97.6% and the national average of 97.1%.
- 91.9% said the last nurse they saw was good at listening to them. This was just below the local CCG average of 93.4% and the same as the national average.
- 80.7% said the last GP they saw or spoke with was good at involving them in decisions, compared to the national average of 81.6%.
- 87% said the last nurse they saw or spoke with was good at involving them in decisions, compared to the national average of 85%.
- 100% said their last appointment was convenient. This was above the local CCG average of 94.3% and the national average of 91.8%.
- 84.8% said they found it easy to get through on the telephone, compared to the national average of 73.2%.
- 81.8% said they were able to get an appointment to speak or see someone the last time they tried, compared to the national average of 76%.
- 77.9% said they were satisfied with practice's opening hours, compared to the national average of 78.3%.
- 88% described their experience of making an appointment as good, compared to the local CCG average of 78% and the national average of 73.3%.

(286 surveys were sent out. There were 113 responses which was a response rate of 40%. This equated with 0.9% of the practice population.)

Areas for improvement

Action the service **MUST** take to improve

- Carry out the required employment checks for all staff employed by the practice.

Action the service **SHOULD** take to improve

- Introduce a formal system for updating the practice's clinical guidelines.

Summary of findings

- Provide a defibrillator at the branch surgery, and provide non-clinical staff with annual training in basic life support.
- Carry out an annual comprehensive infection control audit.
- Hold regular clinical meetings.
- Complete outstanding staff appraisals.
- Improve access at the entrance to the main practice for patients with disabilities.

Drs. Wigmore and Kari

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 second CQC inspector.

Background to Drs. Wigmore and Kari

Drs. Wigmore and Kari provides care and treatment to 7,589 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Cumbria clinical commissioning group (CCG) and provides care and treatment to patients living in the Carlisle area. The practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have greater need for health services. The practice population includes fewer patients who are under 18 years of age, and more patients aged over 65 years of age, than the England average.

We visited the following locations as part of the inspection:

The Grosvenor House Surgery, Warwick Square, Carlisle, Cumbria, CA1 1LB.

The Morton Surgery, Langrigg Road, Carlisle, Cumbria, CA2 6DT.

The main practice and its branch surgery are located in purpose built buildings which provide patients with fully accessible treatment and consultation rooms. The practice has four GP partners (three male and one female), four practice nurses (all female), a healthcare assistant (female), a practice manager and an assistant practice manager, a clinical interface manager, a medicines manager, and a

team of administrative and reception staff. When the practice is closed patients can access out-of-hours care via the Cumbria Health on Call service, and the NHS 111 service.

The Grosvenor House Surgery: The practice is open Monday to Friday between 8am and 6:30pm. Appointments are available between 8:10am and 5:30pm.

The Morton Surgery: The practice is open Monday and Wednesday between 8:30am and 5:30pm, and Tuesday, Thursday and Friday between 8:30am and 12:30pm. Appointment times are available on Monday and Wednesday between 8:40pm and 5pm, and on Tuesday, Thursday and Friday between 8:40am and 12:10pm.

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 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit:

- We spoke with a number of staff, including two GP partners, the practice manager, two practice nurses, the medicines manager and staff working in the administrative and reception team.
- We observed how patients were being cared for and reviewed a sample of the records kept by staff.
- We reviewed one Care Quality Commission (CQC) comment card in which a patient shared their views and experiences of the service.
- We spoke with four patients.

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.)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff had identified and reported on 12 significant events during the previous 12 months. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events appropriately, and that learning had been disseminated via practice meetings. In addition, the practice had recently completed an annual review of the significant events that had occurred during the previous 12 months, to identify any common themes and areas for learning.

The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (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.)

The practice had a system for responding to safety alerts. All safety alerts were stored on the practice's intranet system, to help ensure staff were able to easily access these. Medicine alerts were received and reviewed by one of the GPs. All other safety alerts were forwarded to the clinical team, so that appropriate action could be taken. There was evidence that staff took appropriate action to respond to safety alerts. In response to a recent safety alert, we saw staff had collected the necessary information and forwarded this to the organisation requesting it. The practice manager had identified they had received no alerts in February 2016 and had taken action to address this.

Overview of safety systems and processes

The practice had a range of systems and processes in place which helped to keep patients and staff safe and free from harm. However, the provider had not always completed the required recruitment checks on new staff. Also, staff had not carried out regular infection control audits.

We looked at the recruitment files for four staff. Appropriate indemnity cover was in place for all clinical staff and checks had been made to ensure permanent staff continued to be registered with their professional regulatory body. The practice had obtained satisfactory evidence of staff's

identity and Disclosure and Barring Service (DBS) checks had been carried out on all four staff. (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 vulnerable adults).

However, there was no evidence that the practice had checked that a locum GP they were using was registered with their professional body. References had not been obtained for two clinical staff, to make sure they had performed satisfactorily in their most recent period of employment. Although information had been obtained about the employment history of three staff, it had not been obtained for a GP locum working at the practice. Also, the provider had not obtained confirmation of one of the clinical staff's qualifications.

Overall, appropriate standards of cleanliness and hygiene were being maintained at the main practice and the branch. Cleaning schedules were in place for each room and we saw that these were followed by the cleaning staff employed by the main practice. A schedule was also in place to help make sure clinical equipment was appropriately cleaned. However, during the inspection we observed a member of non-clinical staff handling a urine sample without wearing protective gloves. The practice had a designated infection control lead, who had completed training to help them carry out this role effectively. There were infection control protocols in place and staff had received infection control training. However, the practice's induction checklist for new employees did not cover infection control. Staff had access to appropriate personal protection equipment such as gloves and aprons. Although we had no concerns about infection control, staff had not completed an annual comprehensive infection control audit. We did note however, that some specific infection control audits had been carried out. The practice had identified a template to help them do this, and this had been started, but not completed. Spillage kits were available to help staff manage spills of bodily fluids. Non-clinical staff were able to show us where these were kept. Suitable arrangements had been made to remove clinical waste from the main practice and branch surgery.

The practice had policies and procedures for safeguarding children and vulnerable adults, which complied with relevant legislation and local requirements. Staff were easily able to access these via the practice's intranet system. A safeguarding notice board had been set up in the

Are services safe?

reception/telephone office area, which provided a good source of helpful information for staff. Details of contact numbers and referral information were available in the consultation rooms. One of the GPs and a nurse acted as children and vulnerable adults safeguarding leads, providing advice and guidance to their colleagues when required. Staff demonstrated they understood their safeguarding responsibilities and knew who were the safeguarding leads within the practice. Staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training. Children at risk were clearly identified on the practice's clinical IT system, to ensure clinical staff took this into account during consultations. Staff provided information for social services child protection meetings where it was appropriate to do so. The team met bi-monthly with the health visitor team, to review the needs of at-risk children registered with the practice.

The practice's chaperone arrangements helped to protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone 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 chaperone service was advertised on posters displayed at both the main practice and branch surgery.

The arrangements for managing medicines, including emergency drugs and vaccines, helped to keep patients safe. The practice had a system for monitoring repeat prescriptions. Staff told us the systems they had in place worked well. Prescription pads were securely stored to reduce the risk of mis-use or theft. Following a recent complaint, staff had held a significant event review and made improvements to their arrangements for printing prescriptions. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. There was a system for monitoring patients prescribed high-risk medicines. This included carrying out monthly audits to search for relevant patients, following which a review was undertaken by the practice nurse, to make sure appropriate blood tests had been carried out. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were up-to-date

and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all electrical and clinical equipment at the main practice and the branch surgery to be checked, serviced and calibrated, to ensure it was safe and in good working order. Fire risk assessments and fire drills had been carried out at both sites. Both risk assessments were dated April 2013, and there was no recorded evidence that they had been reviewed since then.

Legionella risk assessments had been carried out at both the main practice and the branch surgery in July 2015. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) We saw that issues had been identified at both sites. The practice manager had taken immediate steps to address these concerns with the landlords. However, due to difficulties experienced by the newly merged provider re-negotiating the lease arrangements, some of the issues raised in the risk assessment for the main practice had not been fully addressed. We saw the practice manager had taken action to minimise the potential risks and was actively pursuing the landlords to ensure the necessary work was completed. We were informed following the inspection that the new provider was close to reaching agreement about when the necessary works would be carried out.

There were suitable arrangements for planning and monitoring the number and mix of staff required to meet patients' needs. Non-clinical staff told us that, although they were always very busy, reception and administrative staffing levels were sufficient. These staff rotated between the main practice site and the branch surgery, and this helped to make sure they were able to effectively carry out their roles and responsibilities across both sites. They had also been trained to carry out all reception and administrative roles, to help ensure the smooth running of the practice. Staff told us they also had specific roles and responsibilities. For example, a member of the non-clinical team was responsible for maintaining patient information boards. The practice had four GP partners (of which one

Are services safe?

was on long-term leave), and had hoped to recruit a fifth. However, they had been unable to do so and locum GPs were being used to cover some clinical sessions. The practice had a full complement of nurses.

Arrangements to deal with emergencies and major incidents

The practice had made arrangements to deal with emergencies and major incidents. For example, there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had completed basic life support training. However, the training for three non-clinical staff had not been updated for over 14 months. Advice from the Resuscitation Council (UK) states that non-clinical staff should have annual updates.

The practice kept a stock of emergency medicines at the main practice site. These were kept in a secure area and staff knew of their location. All of the emergency medicines

we checked were within their expiry dates. The GPs did not routinely take emergency medicines out with them when carrying out home visits, due to the practice being located in an urban environment with rapid paramedic access. We were told all requests for home visits were triaged by a GP and that emergency medicines would only be carried if it was anticipated that they might be needed. Staff had completed a satisfactory risk assessment regarding this matter. A supply of oxygen was available at both sites as were adult and children's face masks. There was a defibrillator available for use in the main practice, but not at the branch surgery. One of the practice nurses carried out weekly checks of the oxygen and defibrillator to make sure they were maintained in good working order.

The practice had a business continuity plan in place for major incidents, such as power failure or building damage. This was accessible to all staff via the practice's intranet system. The practice manager confirmed that key members of staff had access to the plan out-of-hours.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff 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. There was no formal system for updating the practice's clinical protocols to take account of changes to NICE guidelines. However, the GP partners had recently decided to use a recognised computer software programme to access to local pathways and clinical information and tools during consultations, so that they could use the latest clinical evidence to support their decision-making. The GPs were due to undertake training to help them use this system shortly after our inspection.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor outcomes for patients. (QOF is intended to improve the quality of general practice and reward good practice. The QOF data, for 2014/15, showed the practice had obtained 98.2% of the total points available to them for providing recommended care and treatment. This was 1.4% above the local clinical commissioning group (CCG) average and 3.5% above the England average. There was no publicly available QOF data regarding the practice's rate of exception reporting for 2014/15. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) The QOF data showed the practice's performance was comparable with other practices. For example:

- The percentage of patients with diabetes, who had had an influenza immunisation, in the period from 1 August 2014 to 31 March 2015, was higher when compared to the England average (98.8% compared to 94.5%).
- The percentage of patients with diabetes, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, was in line with the England average (77.4% compared to 78%).

- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months, that included an assessment of asthma control using the three Royal College of Physicians' good practice questions, was higher than the England average (88.1% compared to 75.3%).
- The percentage of patients with Chronic Obstructive Pulmonary Disease who had had a review, including an assessment of breathlessness using the Medical Research Council dyspnoea (difficult breathing) scale, in the preceding 12 months, was higher than the England average (95.7% compared to 89.9%).

Staff were proactive in carrying out clinical audits to help improve patient outcomes, with 12 having been completed in the previous 12 months. We looked at a sample and they were relevant, showed learning points and evidence of changes to practice. The practice carried out regular medicines audits, with the support of their in-house medicines manager and the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines. This had resulted in the practice being the 3rd lowest prescribers within the Carlisle locality, for the period up until February 2016. Staff told us they continued to work with the local clinical commissioning group (CCG) pharmacist colleague, to reduce prescribing for key medicines to bring them in line with local and national targets. The nationally reported data we had access to indicated that the practice's performance was comparable to other practices.

Staff had also carried out quality improvement audits, to help ensure patients had good health outcomes and received safe care. For example, the practice had participated in the Cancer Early Diagnosis Audit for three years running. This audit looked at the interval length from patient presentation to diagnosis, the use of investigations prior to referral and the patient's journey across the clinical pathway. As part of the most recent audit, the practice had submitted eight significant events case summaries to highlight the care and treatment provided by clinical staff. In response to the findings of a local CCG-led audit of referrals for patients with cancer, in which it was identified that the practice was a low referrer, staff had taken steps to review and improve their performance. Evidence obtained during the inspection showed the numbers of referrals made by the GPs was now in line with other practices

Are services effective?

(for example, treatment is effective)

within the locality. Other audits carried out included regular reviews of emergency admissions to hospital to check whether those patients with the most complex needs required an emergency care plan.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. They had received the additional training they needed to carry out their roles and responsibilities. This included training on safeguarding vulnerable patients, basic life support and infection control. Nursing staff had completed relevant post qualification training (where relevant) to help them meet the needs of patients with long-term conditions. This included training in administering immunisations, cervical screening, and updates in how to meet the needs of patients with diabetic, heart disease, heart failure and respiratory conditions. Staff made use of e-learning training modules and in-house training to keep up-to-date with their mandatory training. All staff had received an annual appraisal of their performance in 2014/15. However, there had been delays in carrying out the annual appraisals for some staff during the 2015/16. The practice manager said this was due to the recent change in the clinical IT system. We were told the introduction of the new IT system had considerably added to the management team's normal day-to-day work, both in the lead up to and, whilst the system was being implemented. In addition to this, staff had had to complete training to help them use the new system effectively. They told us plans were in place to address this shortfall. Plans were in place to carry out these appraisals. The GPs had received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment. The practice had recently changed to a new clinical records system and staff were still in the process of adapting to new ways of doing things. The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions. All relevant information was shared with other services, such as hospitals, in a timely way.

Overall, there was a good system in place for dealing with pathology results, and a 'buddy' system helped to ensure clinical tasks were dealt with when a clinician was absent. However, although we did not identify any concerns regarding how pathology samples were handled following minor surgery, we did note that there was no system in place for auditing these results on a regular basis. We were told the practice was planning to put a system in place to address this. Also, we found two examples where correspondence about changes to medication for two patients had been received, but the designated GP was absent at the time, and these had not actioned by one of the other GPs. The inspection team understood that this oversight had occurred at the time that the three practices were merging. Following the inspection we received feedback that these matters had been fully addressed. Action taken included contacting the patients and making sure they had received appropriate care and treatment. We were told that these matters would be treated as a significant event so that lessons could be learned and shared within the team.

Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). One of the GPs acted as a Deprivation of Liberty Safeguard best interest assessor. When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. There were suitable

Are services effective? (for example, treatment is effective)

arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks. Evidence obtained during the inspection indicated that the provider had been a consistently high performer in the locality for the delivery of the influenza vaccinations to patients aged over 65 years of age. Similarly, they had also performed well with regards to the delivery of influenza immunisations to at-risk patients.

The practice had identified patients who may be in need of extra support. For example, patients receiving end of life care, patients who were carers, those at risk of developing a long-term condition and patients requiring advice on smoking cessation. The practice maintained a register of patients who needed palliative care. Nationally reported data analysed by the CQC showed the practice held regular multidisciplinary case review meetings, where all patients on the palliative care register were discussed, to make sure their needs were being met. Patients were signposted to relevant services and the practice's website contained information about healthy living and how to get help and support to live a healthier lifestyle.

The practice had a comprehensive screening programme. Publicly available information analysed by the CQC showed the uptake of cervical screening was higher, at 82.9%, than the England average of 81.8%. The practice also had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. The data showed the uptake of bowel cancer screening in the last 30 months, for patients aged between 60 and 69 years of age, was higher, at 58.9%, than the national average of 58.3%.

The practice offered a full programme of childhood immunisations. However, there was no publicly reported information available to us for 2014/15.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff offered care that was kind and which promoted patients' dignity. Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations so that conversations could not be overheard. Reception staff said that a private space would be found if patients needed to discuss a confidential matter. However, the key to the patient toilet was kept behind the reception desk, which meant patients had to ask for it.

Overall, feedback from patients was positive. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received one completed comment card in which the patient reported that the service was 'excellent' and that staff 'treated you in a lovely manner'. We also spoke with four patients. Three said they were happy with the practice and would recommend it. They said staff listened to them and treated them with respect. Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations were either above or broadly in line with local clinical commissioning group (CCG) and national averages. The results also showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, of the patients who responded to the survey:

- 96.8% had confidence and trust in the last GP they saw. This was the same as the local CCG average and above the national average of 95.2%.
- 85.4% said the last GP they saw was good at listening to them, compared to the local CCG average of 91.4% and the national average of 88.6%.
- 90.9% said the last GP they saw gave them enough time. This was the same as the local CCG average and above the national average of 86.6%.

- 100% had confidence and trust in the last nurse they saw, compared with the local CCG average of 97.6% and the national average of 97.1%.
- 91.9% said the last nurse they saw was good at listening to them. This was just below the local CCG of 93.4% and the same as the national average.
- 91.1% said the last nurse they saw was good at giving them enough time. This was below the local CCG average of 94.4%, but the same as the national average.

Care planning and involvement in decisions about care and treatment

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The majority of results were either above, or broadly in line with, the local CCG and national averages. Of the patients who responded to the survey:

- 80.7% said the last GP they saw or spoke with was good at involving them in decisions, compared to the national average of 81.6%.
- 81% said the last GP they saw or spoke with was good at explaining tests and treatments, compared to the local CCG average of 89.4% and the national average of 86%.
- 87% said the last nurse they saw or spoke with was good at involving them in decisions, compared to the national average of 85%.
- 96% said the last nurse they saw or spoke with was good at explaining tests and treatments, compared to the CCG average of 91.9% and the national average of 89.6%.

Patient and carer support to cope emotionally with care and treatment

Staff were good at helping patients and their carers to cope emotionally with their care and treatment. They understood patients' social needs, and supported them to manage their own health and care and maintain their independence. The GPs followed up bereavements with a telephone call or visit depending on the circumstances. Notices in the patient waiting room told patients how to access a range of support groups and organisations. The practice was committed to supporting patients who were also carers. There were 178 patients on the practice's

Are services caring?

register of these patients, which equated to 2.3% of the practice's population. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be

taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

(For example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. The practice had some patients living in local care homes, and responded to their needs on the basis of demand. We were told plans were currently being made within the locality which would result in the practice being responsible for overseeing the care and treatment provided to patients living in two local care homes. Good palliative care arrangements were in place which included a register identifying patients requiring this type of care and the holding of regular multi-disciplinary meetings to review their needs.
- The provision of an annual review for all patients with long-term conditions, so their needs could be assessed, and appropriate care and advice given about how to manage their health. Staff had adopted the 'Year of Care' approach, as their model for providing personalised care to patients with diabetes. All these patients received an initial appointment with a health care assistant in their birth month, so that any required tests could be carried out. Patients were then invited to attend a second appointment with a practice nurse or GP. This consultation focussed on promoting self-management and educating patients about their conditions. Where patients failed to respond to an initial request to make an appointment, a system was in place which ensured patients received three reminder letters, or where appropriate, a follow-up telephone call.
- Carrying out reviews for patients experiencing poor mental health. Nationally reported Quality and Outcomes Framework (QOF) data showed the practice's performance in carrying out these reviews was comparable to other practices. For example, the data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their records, in the preceding 12 months, was comparable to other practices, (90.7% compared to the national average of 88.4%.) Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations. The practice's website provided links to helping organisations, including the podcasts produced by the Mental Health Foundation, and the healthtalkonline website, which helps people to share their experiences of health and illness.
- Carrying out reviews for patients diagnosed with dementia. Nationally reported QOF data showed the practice's performance, regarding the percentage of patients diagnosed with dementia, whose care had been reviewed in a face-to-face meeting, in the preceding 12 months, was lower at 72.9%, than the national average of 84%. However, although lower, the CQC judged the practice's performance as comparable with other practices. Staff kept a register of patients who had dementia, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs. Some staff had attended dementia awareness training to help them understand the needs of these patients and improve the care they received at the practice.
- Making arrangements to meet the needs of children, families and younger patients. Childhood immunisation clinics were held bi-weekly, alternating between the main practice and the branch surgery. Patients were able to access ante-natal clinics run locally by the community midwifery service. Appointments were available outside of school hours and the main practice site and branch surgery were suitable for children and babies. The practice website provided a range of information designed to encourage patients to look after their sexual health.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. The main practice and branch surgery had been adapted to meet the needs of patients who have disabilities. For example, disabled toilet facilities were provided at both sites. Although there was step free access at the main practice, there was a small raised threshold and there was no automatic door entry. We noted that the door opened inwards and there was no door bell. This could make it difficult for patients with a disability to summon help to

Are services responsive to people's needs?

(for example, to feedback?)

gain entry. Staff had access to a telephone translation service and interpreters should they be needed. Hearing loops were available at both sites to help patients with a hearing impairment understand the services available to them.

Access to the service

The Grosvenor House Surgery: The practice was open Monday to Friday between 8am and 6:30pm. Appointments were available between 8:10am and 5:30pm.

The Morton Surgery: The practice was open Monday and Wednesday between 8:30am and 5:30pm, and Tuesday, Thursday and Friday between 8:30am and 12:30pm. Appointments were available on Monday and Wednesday between 8:40am and 5pm, and on Tuesday, Thursday and Friday between 8:40am and 12:10pm.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day, and pre-bookable appointments up to three months in advance. Patients contacting the practice to request urgent same-day care were either provided with an appointment, or, where there were none available, added to a telephone list so they could be contacted by a GP. Where a judgement was made that a patient needed to be seen by a GP, they were added as an 'extra' appointment. The GPs triaged the clinical needs of patients requesting home visits, to help them manage the demand for these. GP and nurse appointments were available at both the main practice and the branch surgery the day following our inspection.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with appointment convenience, telephone access, appointment availability and the experience of making an appointment, and practice opening hours, was good. Of the patients who responded to the survey:

- 100% said their last appointment was convenient. This was above the local clinical commissioning group (CCG) average of 94.3% and the national average of 91.8%.

- 84.8% said they found it easy to get through on the telephone, compared to the national average of 73.2%.
- 81.8% said they were able to get an appointment to speak or see someone the last time they tried, compared to the national average of 76%.
- 77.9% said they were satisfied with practice's opening hours, compared to the national average of 78.3%.
- 88% described their experience of making an appointment as good, compared to the local CCG average of 78% and the national average of 73.3%.

We also spoke to four patients on the day of the inspection. Two patients we spoke with said they were usually able to get an appointment and that appointments were on time. A third patient reported it was difficult to get an appointment and said the telephones were engaged from 8am to 8:15am. They also said that they had waited 30 minutes at their last appointment before they were seen.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints received by the practice and a complaints policy which provided staff with guidance about how to handle complaints. A detailed complaints leaflet was available which provided information about the steps patients could take if they were not satisfied with the practice's response. Information about how to complain was also available on the practice's website and on display in the patient waiting areas. The provider had received six complaints during the previous 12 months. These had been investigated and, where the practice was judged to be at fault, an apology had been given. An annual complaints review had been held in which the learning points from each complaint had been discussed and documented. The practice manager told us learning points had been shared with staff during team meetings and the monthly protected learning time sessions. The review log we looked at contained a good level of analysis about what had gone wrong and what changes had been made to prevent their re-occurrence.

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

Staff had a clear vision to deliver high quality care and promote good outcomes for their patients. The practice's mission statement set out staff's values and principles. This was available on the practice's website. The GP partners' vision had also been outlined in the current business development plan prepared by staff following the merger of the three practices. The plan identified a series of objectives aimed at further improving and developing the quality of services provided to patients. For example, a new practice intranet and clinical records system had recently been introduced. The telephone office and the reception areas had been re-organised to provide patients with a more effective and person-centred service. It was clear to the inspection team, that the recently formed practice, was still going through a period of transition as staff and patients adjusted to different systems, processes and ways of working. Staff acknowledged that further work was needed to consolidate the new practice, and build upon the work they had already completed to deliver their agreed vision and strategy.

Governance arrangements

The provider was taking steps to improve and strengthen governance arrangements following the merger. We identified examples of good governance arrangements, for example, in relation to significant event reporting, the carrying out of clinical audits and completing checks to make sure equipment used by staff was maintained in a good condition. However, we identified that the arrangements for carrying out staff employment checks were not sufficiently rigorous. Also, since the merger of the three practices in October 2015, there had only been two clinical meetings involving GP and nursing staff. Staff had already identified that the lack of regular clinical meetings posed a risk and action was being planned to address this. Also, although a clinical lead system was not in place, this had been identified as an objective in the practice's business plan and this was due to be introduced shortly.

There were good arrangements which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. Clinical audits were carried out to improve patient outcomes.

The practice had policies and procedures to govern staff's activities. Work had recently been carried out to make it easier for the management team to identify when policies and procedures next needed to be reviewed. There were systems in place to monitor and improve quality and identify areas of risk. For example, the GP partners had monthly meetings where they discussed matters such as clinical updates, complaints and medicines management. These meetings had an agenda and were minuted. The clinical team met regularly with health visitor staff, and palliative care meetings, involving district and McMillian nurses, were held every two to three months. Palliative care meetings used a 'traffic light' system to assess risks to the health and safety of these patients. Again, these meetings were minuted.

Leadership, openness and transparency

At the time of the inspection, the senior GP partner was absent from the practice. The leadership role had been taken on by one of the other GP partners in the short-term. Despite the absence of the senior GP, the practice manager and the other GPs we spoke with, displayed a commitment to making improvements through the implementation of the practice's business development plan.

The inspection team recognised that achieving the objectives set out in the plan had been made more difficult in recent months by the merger of the three practices, and the absence of the senior partner. However, changes had been made in the last 12 months which had helped improve patient outcomes. The practice's telephone system had been improved and the telephone desk had been moved away from the reception area to promote patients' confidentiality. A new intranet system had also been implemented, to help promote better communication within the practice. All of the staff we spoke to felt well supported. Staff told us they would feel comfortable raising concerns with the practice manager and partners.

The provider had taken steps to ensure compliance with the requirements of the Duty of Candour Regulation. (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). 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, patients who were affected, were given truthful information and a written apology.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. Information encouraging patients to become involved in the practice's patient participation group (PPG) was available on their website. The practice had an active, virtual (PPG) of 39 members. The practice manager told us they were trying to set up the first PPG group meeting. However, although invitations had been sent out recently, only two of the 39 members had replied. But, the practice had received a good response to a recent survey they had sent to the PPG, with 29 out of the 39 members replying. The practice's most recent patient survey was carried out in 2014, following which an action plan had been agreed. However, the timescales for achieving the improvements set out in the plan did not include dates for completion. Information about patient feedback results was not available in either the main practice or the branch surgery, or on the practice's website. Arrangements were also in place to gather feedback from patients through their Friends and Family Test survey.

Staff felt valued and respected. However, there had been delays in carrying out the annual appraisals for some staff during the 2015/16. The practice manager said this was due to the recent change in the clinical IT system. We were told

the introduction of the new IT system had considerably added to the management team's normal day-to-day work, both in the lead up to and, whilst the system was being implemented. In addition to this, staff had had to complete training to help them use the new system effectively. They told us plans were in place to address this shortfall.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took steps to improve patient care. For example, the GP partners had recently decided to use a recognised computer software programme to access to local pathways and clinical information and tools during consultations, so that they could use the latest clinical evidence to support their decision-making. The practice had carried out a good range of quality improvement audits. Following feedback regarding their two-week cancer referral rates, staff had taken steps to improve their performance, which was now comparable with other practices in the locality. Protected Learning Time sessions were held every month to help promote opportunities for shared learning. The practice's medicines manager attended the local pharmacy education meeting and shared the outcome of these with colleagues.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not do what was reasonably practical to ensure that all staff had undergone suitable pre-employment checks as required by Schedule 3.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	