

Sedbergh School Med Ctr

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.

Summary of findings

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Summary of findings

Overall summary

Sedbergh Medical Practice covers 10 geographical miles of countryside and currently has 4111 patients registered with the service. The practice is a dispensing practice which means if patients live more than one mile from a local chemist their medication is dispensed by the GP practice.

The practice had systems in place to ensure patients who used the service were kept safe and protected from avoidable harm. Care and support was given to patients by a caring team of staff who were responsive to patient's needs.

There were policies and procedures to support staff whilst carrying out their roles which were kept up dated. Staff had received appropriate training and support to allow them to carry out their roles to a high standard.

The practice was well led and all staff shared the values and beliefs of delivering high quality responsive care to their patients.

Patients told us they were very satisfied with the service they received and it was responsive to their needs.

The practice was currently registered with the Care Quality Commission to deliver care under the following regulated activities: Diagnostic and screening procedures, family planning, surgical procedures and treatment of disease and disorder.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found Sedbergh Medical Practice to be a safe area where people were protected from abuse and avoidable harm. The practice was clean and well maintained and there were effective systems in place to investigate and learn from incidents that occurred within the practice.

There were comprehensive systems in place to support the safe management of medicines and infection prevention and control. With identified leads responsible for overseeing activity within the practice.

Emergency equipment held at Sedbergh Medical Practice was well maintained for use within or outside the practice.

Are services effective?

Sedbergh Medical Practice was providing effective care to a wide range of patient groups with differing levels of need. Patient care, treatment and support at Sedbergh Medical Practice achieves good outcomes, promotes a good quality of life and is based on the best available evidence. The practice had sole responsibility for the medical needs of the local private boarding school and as such had 570 children under 18 registered with the practice alongside other children living in the local area.

Are services caring?

Patients we spoke with were very complementary and positive about their care and experiences within the practice.

We saw that staff were friendly, caring and responsive to and protected the dignity of patients at all times.

The practice operated a variety of appointment sessions which allowed all patients requiring attention of a doctor or nurse to access the service in a timely manner.

Are services responsive to people's needs?

Sedbergh Medical Practice was responsive to the needs of the local community. Patients could access the service in a variety of ways to suit their personal needs.

The lead GP was trained to respond to life threatening emergency situations where the local 999 service could not attend the patient in a timely manner.

Summary of findings

A patient participation group was active within the practice and we saw evidence of where their recommendation had been implemented as a result of feedback.

Sedbergh Medical Practice had a comprehensive complaints process and we followed a number of complaints throughout the process and saw relevant discussion had taken place with staff and changes had been made to address the complaint.

There was available access to translation services and a 'loop' system for patients with hearing impairment.

Information leaflets were available within the waiting area for patients however they were all in English. The practice manager assured us should they need the leaflets in other languages they could source them electronically.

Are services well-led?

Sedbergh Medical Practice was well led and had a stable workforce with staff having worked for the practice for a significant number of years.

Senior staff displayed values aimed at improving the service and patient experience and this was echoed by the staff members we spoke with.

There was a clear leadership and support structure for all staff who told us they knew they could approach any member of staff for support should they need it.

Staff underwent annual appraisal and we saw evidence that this was acted upon as required with timely attendance on further training identified within the document.

Summary of findings

What people who use the service say

Patients who used the service and carers told us that it met their healthcare needs and that both clinical and non-clinical staff treated them with respect, discussed their treatment choices and helped them to maintain their privacy and dignity.

Patients told us the flexible appointment arrangements at the practice meant they could always get in to see a doctor in an emergency. If they wanted to see a specific doctor they may have to wait but if it was not urgent this was ok to them as it was their choice.

All of the patients we spoke with during our inspection made positive comments about Sedbergh Medical Practice and the service they provided. Patients were particularly complimentary about the caring, friendly attitude of staff.

Patient surveys undertaken as part of the improving patient quality report showed that 96% of respondents rated the service as either excellent, or very good. With 94% of patients surveyed as part of the managing access and urgent care in your practice national report (information collected 10/02/2014) stating they would recommend the practice to others.

Patients told us they felt pleased with the service and also very lucky to have access to such a service

Areas for improvement

Action the service COULD take to improve

- Sedbergh Medical Practice did not currently formally record clinical supervision sessions for clinical staff, by doing so would allow them to demonstrate commitment to ensuring they are able to raise any concerns they may have in an open and supportive manner.

- The current incident recording system used by Sedbergh Medical Practice did not show a completion date for any actions identified and taken during the investigation. By adding this date they would be able to demonstrate the timely manner in which they had completed all learning and actions identified.

Good practice

Our inspection team highlighted the following areas of good practice:

- The lead GP at the practice was currently working with the local ambulance authority to be able to share this information with their service.
- 6% of all patients (260) at the practice have accessed their medical records on line. 75% of patients accessing their medical records in this way were over 50 years of age with the oldest patient being 92 years of age. Patients can access all aspects of their records and order repeat medications on line.

- The local bus did not arrive at the service until close to the last accepted patient time for the morning clinics but as the receptionists were aware of the patients who needed to use this mode of transport they ensured if the bus was late the patients were not disadvantaged and could still see the doctor.
- Sedbergh Medical Practice was currently working towards the local CCG initiative for 'Productive General Practice' which involved identifying areas for improvement and action planning how they were going to change their practice to meet the identified action in a timely and cost effective manner.

Sedbergh School Med Ctr

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included a further CQC inspector.

Background to Sedbergh School Med Ctr

Sedbergh Medical Practice is within a purpose built facility located on the main road through the village of Sedbergh. The practice covers an area of approximately 10 miles of rural countryside and currently has 4111 patients registered with the practice.

The practice is a dispensing practice which dispenses medication via an on site pharmacy to patients who live more than 1 mile from a local pharmacy.

There are two partner GPs and two salaried GPs currently practicing on a part time basis at the location. These GPs are supported by two practice nurses and a research nurse, a health care assistant and two dispensing technicians all working a variety of part time hours to support the needs of the patients. The practice manager, reception/administration team and a patient interface lead support the practice as required on a daily basis.

The practice offered appointments at various times of the day with one late night clinic per week to assist patients who could not attend during the day. These were offered alongside home visits for patients who were not well

enough to attend the surgery. As the practice supported the medical needs of the local boarding school the lead GP (who was responsible for this facility) offered specific clinics for these patients.

Out-of-hours services were provided by Cumbria Health on Call (CHoC)

The practice had very close links with the school nurses, health visitors and local McMillian nurse teams in the area.

Why we carried out this inspection

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

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

Before visiting Sedbergh Medical Practice, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 2nd May 2014. During our visit we spoke with a range of staff including the lead GP, other available GP's, the practice manager, nursing staff and other available staff. We also spoke with patients who used the service on the day and looked at comments cards left within the practice at earlier dates. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

Detailed findings

We also looked at policies and processes in place within the practice to support the safe and effective management of patients through the service.

How we carried out this inspection

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

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

- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

Are services safe?

Summary of findings

Sedbergh Medical practice was a safe area where people were protected from abuse and avoidable harm. The practice was clean and well maintained and we found effective systems in place to investigate and learn from incidents that occurred within the practice.

There were comprehensive systems in place to support the safe management of medicines and infection prevention and control. With identified leads responsible for overseeing activity within the practice. Emergency equipment held at Sedbergh Medical Practice was well maintained for use within or outside the practice.

Our findings

Patients views

We spoke with 12 patients who were using the service during the time of the inspection and read two comments cards that had been left for us by previous patients, all comments were positive and did not raise any issues for concern relating to patient safety.

Safe Patient Care

The lead GP from the practice was available to act as first responder to any life threatening emergencies within the local area. They attended where a 999 call had been placed with the local ambulance service and their time could not be guaranteed within the accepted 8 minutes. This happened infrequently but patients waiting to see the GP within the practice were given a full explanation and asked they preferred to wait for his return, see another available doctor or they were offered alternate appointments as soon as possible.

We found the premises were accessible for people with limited mobility such as wheelchair users and that all patient areas were in a good condition. The practice had automatic doors to assist with all entry and exit requirements of patients.

Staff that we spoke with and records we saw confirmed that all staff had received training in medical emergencies including resuscitation techniques. All staff were trained to a minimum of basic life support with the senior GP being trained to advance life support level.

We found there was an effective system in place to deal with, record and feedback on medical alerts relevant to the service. All medical alerts received were handled by the practice manager and lead GP and shared with staff that were able to assess the risk to the service. This information was then fed back to the Medicines and Healthcare products Regulatory Agency (MHRA) as required and held electronically for future reference.

Learning from Incidents

Sedbergh Medical Practice had a robust system in place to learn from any incidents that occurred.

We saw detailed investigation of all incidents. The current incident recording system used by the practice did not show a completion date for any actions identified and taken during the investigation. By adding this date they

Are services safe?

would be able to demonstrate the timely manner in which they had completed all learning and actions identified. Any actions identified were shared with staff and addressed as required. Staff told us they felt able to report incidents that occurred and felt they were supported to investigate why things happened and what could be done differently to stop the incident occurring again.

Safeguarding

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. There were policies and procedures in place to support staff in recognising and reporting safeguarding concerns to the appropriate individual within the practice and within the local safeguarding team. Safeguarding team contact numbers and locations were available throughout the practice for staff to access. This ensured staff had appropriate information should they wish to raise a concern.

All reception and administration staff were trained to level 1 safeguarding for adults and children via e-learning with all other staff trained to level 3. One of the partner GPs was the safeguarding lead for the practice and all staff we spoke with were aware of this.

Medicines Management

Sedbergh Medical Practice is a dispensing practice whereby they dispense medicines prescribed for the patient via an FP10 prescription on site if the patient's usual home address is more than one mile from a pharmacy. The practice currently dispensed medicines to 1600 of their registered patients.

We inspected the onsite dispensary and found it to be clean, tidy and well maintained. All medicines were stored in labelled shelves and were routinely date checked and labelled every month to ensure medicines closest to their use by date were used first.

There were two pharmacy technicians both trained to an appropriate level for them to manage the dispensary. They had access to continuing professional development to ensure they remained up to date with all new medication and guidelines. They had recently both completed 10 modules with the local university on mental health awareness and the issues patients with mental health needs may experience and how to handle these issues in a sensitive and appropriate manner.

Both technicians discussed the robust process for dispensing and ordering medication within the practice. The practice used an electronic checking system when dispensing their medications. All prescriptions came through to the dispensary via the electronic system. When they came to dispense they selected the correct patient, scanned the medicine into the 'Dispensit' scanner and this then read the dosage and the medicine name. The scanner produced a label for the medication if all aspects of the medicine were correct. This ensured that only the correct strength and name of medicine was dispensed. The technician demonstrated to us what occurred if the medicine was not correct for the prescription.

The practice had a medicine manager who supported the technicians in their role. She was available when the dispensary was open for assistance and support with any issues they may encounter.

Controlled drugs held in the dispensary were securely stored and accounted for in a clear manner within the controlled drug register. Expired drugs were destroyed in a timely manner and fully recorded. Medicine fridge temperatures were checked and recorded daily and were cleaned on a monthly basis or as needed if there was a spillage. The fridge was adequately maintained by the manufacturer and the staff were aware of the actions to take if the fridge was out of temperature range.

The staff explained to us how they would deal with any untoward incident they may encounter and showed us a robust system for recording and investigating any such incident supported by the medicines manager.

Cleanliness & Infection Control

We observed all areas of the practice to be clean, tidy and well maintained. We were shown the infection prevention and control policy (IPC) for the practice which had an identified IPC lead. We were told staff had training in IPC to ensure they were up to date in all relevant areas. Carpets were visibly clean and there were no odours. Aprons and gloves were available in all treatment areas as was hand sanitizer.

The practice has access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. Sharps bins were appropriately located, labelled, closed and stored after use.

Are services safe?

We saw there was a cleaning schedule for all areas of the practice including the children's toys within reception. The service was following up to date guidelines and using colour coded mops for different areas of the practice.

We looked at infection control audits that had been completed. We saw that if an issue was identified a detailed, time bound action plan was put in place. This meant appropriate action was taken to rectify the issue and reduce the potential of further risk.

Staffing & Recruitment

Sedbergh Medical Practice had a robust recruitment policy and process in place with many staff having been employed for a number of years.

All appropriate checks were carried out before new staff members started working within the practice. All clinical staff had three yearly criminal records bureau / disclosure and barring checks with all reception staff having robust risk assessments carried out before they started work.

We checked seven staff files during the inspection and found them to well maintained and contained appropriate curriculum vitae and references for the person to be employed. Each file contained health and personal checks to ensure the person was of fit character to carry out their role.

Dealing with Emergencies

All staff were trained to a minimum of basic life support level with all clinical staff being trained to intermediate life support .The lead GP was trained to the British Association for Immediate Care Service (BASICS) level and was a major incident accredited GP which allowed him to attend to any emergency within the local area to provide advanced emergency care.

Equipment

All equipment was adequately maintained and we saw records for portable appliance testing which had recently been carried out which ensured equipment was fit for purpose.

Are services effective?

(for example, treatment is effective)

Summary of findings

Sedbergh Medical Practice was providing effective care to a wide range of patient groups with differing levels of need. Patient care, treatment and support at Sedbergh Medical Practice achieves good outcomes, promotes a good quality of life and is based on the best available evidence. The practice had sole responsibility for the medical needs of the local private boarding school and as such had 570 children under 18 registered with the practice alongside other children living in the local area.

Our findings

We spoke with twelve patients using the service they all told us that they were satisfied with the service they had received.

Updates

We spoke with two GPs and discussed how they received updates relating to best practice or safety alerts they needed to be aware of. The GPs advised us that these were shared with them via the practice manager and any actions identified were carried out, reported and recorded appropriately then stored for future reference. These were shared with all relevant staff at staff meetings.

Policies and procedures.

Policies and procedures were in place to help staff recognize and act appropriately where there were concerns about a patient.

Reception staff had information to help them to recognise patients in need of urgent care when they presented at the service. All staff had been trained to a minimum of basic life support to allow them to support and assist if a patient should suddenly feel unwell whilst visiting the practice.

Clinical staff we spoke with described staffing levels at the service as “Good.”

Audit

We saw that there was a robust audit process following the Royal College of General Practice (RCGP) guidelines of clinical and non-clinical practice on-going throughout the year. We saw from records of staff minutes these audits were reported upon and any action identified was acted upon.

Incident reporting.

Sedbergh Medical Practice had a robust process for reporting and investigating incidents that occurred within the practice. We saw there was a comprehensive database with all incidents and actions recorded within it. All incidents had supporting documentation to demonstrate the investigation that had been carried out and showed any outcome or change in practice needed to be taken ensure this did not reoccur.

Patient feedback.

Responses from patient surveys showed a high level of satisfaction in the service provided by Sedbergh Medical Practice which was above the national benchmark.

Are services effective?

(for example, treatment is effective)

Patient surveys undertaken as part of the improving patient quality report showed that 96% of respondents rated the service as either excellent, or very good. With 94% of patients surveyed as part of the managing access and urgent care in your practice national report (information collected 10/02/2014) stating they would recommend the practice to others.

Patients told us the flexible appointment arrangements at the practice meant they could always get in to see a doctor in an emergency and if they wanted to see a specific doctor they may have to wait but if it was not urgent this was ok to them as it was their choice.

Health promotion

The waiting area of the medical practice displayed leaflets for patients with information relating to health promotion and any local incentives that were taking place in the coming months.

Sharing information with others

Sedbergh Medical Practice was currently using detailed care records which allowed information sharing with other services that was meaningful and up to date with the patient's current wishes and condition. All 'do not attempt resuscitation orders' (DNAR) were available on this system to assist the out-of-hours doctors and local NHS hospital if the patient required further treatment or support during the periods when the practice was closed. The records contained medication and past medical history information that may be relevant to another service that was supporting the patient.

Working with others.

The practice could demonstrate they had close working relationships with the local district nurse team, health

visitors and McMillian nurse team. They had meetings with other professional groups as required to discuss their patients needs. One of the GP partners was working across the Clinical Commissioning Group on palliative care and actively involved in training with the McMillian nurses.

As the practice supported the medical needs of the local boarding school the lead GP had very close links with the staff at the school and the school nurses were directly supported by him with any queries they may have. Children requiring appointments were seen at dedicated appointment times during the day to ensure timely management of any issues they may have. Children were usually accompanied by the 'house matron' who communicated with the child's parents as required following any treatment.

Medicine management.

Medicines were closely monitored and managed by the pharmacy technicians. All repeat prescription requested came in through the dispensary and were then issued to a central GP email address as a 'task' and the GP who was on administration duties for the morning would pick these requests up and action them. If patients required medicine reviews the GP would then 'task' the reception staff to arrange appointments for the patient as soon as possible before their prescription was dispensed. These ensured patients were fully monitored for any side effects from their medication and that they were complying with the requirements of and still required the medicine. All repeat prescriptions were subject to a 48hour wait to allow the practice to ensure that a repeat prescription was appropriate for the patient otherwise they could contact the patient and arrange a review appointment.

Are services caring?

Summary of findings

Patients we spoke with were very complementary and positive about their care and experiences within the practice.

We saw that staff were friendly, caring and responsive to and protected the dignity of patients at all times. The practice operated a variety of appointment sessions which allowed all patients requiring attention of a doctor or nurse to access the service in a timely manner.

Our findings

Patient views

We spoke with 12 patients who were using the service on the day of our visit. We also looked at other feedback received from patients about the service from our comment cards and the NHS choices website and saw that this was generally positive.

Patients told us; "Appointments are always on time and all the staff are caring and helpful at all times regardless of how busy they are" "I have always been treated with dignity and respect by everyone here". "Children are kept occupied with the toys so it reduces the noise in the waiting room. I think there is nothing worse than noise when you don't feel well". "Even when I needed help on Christmas Eve and the staff should have been getting ready to leave they were still extremely caring and considerate". "Everyone is respectful".

Involving patients / Consent

A consent policy was available which identified how Sedbergh Medical Practice involved patients in their treatment choices so that they could make informed consent. The policy also included information about the patient's right to withdraw consent and made reference to Fraser guidelines when assessing whether children under sixteen are mature enough to make decisions without parental consent for their care. This meant staff had access to guidance to involve and help patient's make informed consent about their care and treatment.

As the practice supported the local boarding school the GP regularly saw patients who were under the age of 16 but who were able to make decisions regarding their care we saw that these decisions were accurately recorded. If children were not able to make these decisions for themselves then the school health matron had delegated responsibility from the parents to act on their behalf..

All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

Are services caring?

We saw patients had access to a chaperone service when they underwent an examination. This was always recorded in the patient's electronic notes. Information was displayed in the waiting area if patients wanted to request a chaperone during an examination. Nurses and sometimes reception staff acted as chaperone. We checked and saw from the staff training matrix that reception staff had received training in this area. Provision of a chaperone helps to provide some protection to patients and clinicians during sensitive examinations. One patient told us she had recently made use of this service as she was a little apprehensive about the procedure and felt reassured that someone was there to support her.

Sedbergh Medical Practice had offered password protected access to medical records on line to all patients registered with them. Data showed that 6% of all patients (260) at the practice have accessed their medical records in this way. 75% of patients accessing their medical records in this way were over 50 years of age with the oldest patient being 92 years of age. Patients could access all aspects of their records, order repeat medication and track referrals on line. Patients could also access their records via the internet whilst on holiday if they needed to inform other health professionals of existing conditions or treatments.

Patient information

Patient information was displayed throughout the practice. We saw that the waiting room had some information displayed in relation to safeguarding from abuse, information relating to waits and the chaperone service.

We spoke with one GP and the nurses who told us that they gave written information where appropriate to patients during consultations. Provision of information to take away helps to support patient understanding and co-operation with their treatment.

Respect and dignity

Patients spoken with described being treated with respect and dignity when using the service. We observed reception staff speaking with patients in a friendly and helpful manner. We observed a patient attending with a carer who had difficulties communicating with the receptionist, the patient was not rushed and was given time to fully articulate what she wanted to say.

We were shown a room away from reception that could be used if patients requested a private room to discuss their condition rather than using the reception area.

We found all rooms were lockable and there was appropriate screening to maintain patient's dignity and privacy whilst they were undergoing examination or treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Sedbergh Medical Practice was responsive to the needs of the local community. Patients could access the service in a variety of ways to suit their personal needs.

The lead GP was trained to respond to life threatening emergency situations where the local 999 service could not attend the patient in a timely manner.

A patient participation group was active within the practice and we saw evidence of where their recommendation had been implemented as a result of feedback, for example extra staff allocated to answering the phone on a Monday morning at busy times.

Sedbergh Medical Practice had a comprehensive complaints process and we followed a number of complaints throughout the process and saw relevant discussion had taken place with staff and changes had been made to address the complaint.

There was available access to translation services and a 'loop' system for patients with hearing impairment. Information leaflets were available within the waiting area for patients however they were all in English. The practice manager assured us should they need the leaflets in other languages they could source them electronically.

Our findings

Responding to and meeting people's access to appointments.

We found the service to be very responsive to the needs of the local community. There had been changes made to appointment times to allow patients who had to travel on public transport to be able to access the open appointments in the morning surgeries. The local bus did not arrive at the service until close to the last accepted patient time for the morning clinics but as the receptionists were aware of the patients who needed to use this mode of transport they ensured if the bus was late the patients were not disadvantaged and could still see the doctor.

Appointment times had been extended in the afternoon surgeries to ensure that clinics ran to time. By extending the appointment times the GP had sufficient time to discuss the patients' needs and also stay on time for following appointments. Patients told us this had been a very positive change

There was sufficient onsite car parking at the practice which was free of charge. Access to the building was via an electronic door system which enabled access for all patients regardless of mobility.

The practice had access to translator services and a 'loop' facility for patients with a hearing impairment.

One of the practice nurses at Sedbergh medical practice was also a district nurse so could carry out the function of the district nurse if required to support patients at the time they were in the practice. This helped to prevent patients having to remain at home to wait for a district nurse visit.

Referrals

Sedbergh Medical Practice had a referral manager who oversaw all referrals to outside agencies such as the NHS Trust and who also liaised with other agencies to ensure their patients received timely and appropriate care. This person also managed the practice's quality improvement programme ensuring that the information technology systems worked effectively to enable patients care to be monitored and where necessary improved

Availability of equipment

Sedbergh Medical Practice had access to relevant well maintained medical equipment to allow them to carry out their role with minimum delay to patients.

Are services responsive to people's needs?

(for example, to feedback?)

We saw the recent portable appliance testing certificate for the practice and had access to all maintenance records for all other equipment. This ensured all equipment was fit for purpose and ready for use if needed.

The practice had a business continuity plan should there be any breakdown in services or equipment which directed staff how to address particular issues.

There were arrangements in place to deal with foreseeable emergencies. Basic life support was part of the mandatory training that all staff were required to undertake. Staff we spoke with were aware of the emergency equipment available and where it was kept. Emergency equipment was routinely checked daily and recorded. This meant staff would be able to respond quickly if a medical emergency arose. Emergency drugs and the GP's 'grab bags' for use in emergency either on or off the premises were checked weekly and replenished after each use.

Concerns & Complaints

Sedbergh Medical Practice had a robust complaints policy and process in place we were able to follow through the recent complaints that had been received by the practice.

We found the practice fully followed their policy and all correspondence was respectful and comprehensive in nature.

We had had a complaint highlighted to us via the Care Quality Commissions (CQC) 'share your experience' process and we were able to follow this complaint through the practice complaints process. However even though this complaint had not yet reached its conclusion we were satisfied that the patient had been appropriately responded to by the practice.

Patients told us if they needed to complain they knew they could contact the practice directly or contact the patient group for support.

Mental health

We discussed with one of the GP's those patients who may need support with their mental health needs and he explained there was a process within the practice to ensure all patients with a mental health need were treated with dignity and respect and appropriately referred to professionals who could fully support them. We saw there was appropriate documentation for patients who lacked capacity to consent or agree to their treatment. However at the time the surgery did not have any patients currently unable to consent.

Patients approaching the end of their life were offered the option of having their wishes recorded on the electronic record system to try to ensure they were not treated against their expressed wishes. Once in place these wishes were discussed with the patient at regular intervals to ensure they did not want to make any changes. This ensured all patients had been given a choice about their end of life care. As this was available to other services such as the NHS this could be adhered to as far as possible across different health care areas.

The practice was very responsive to patients with cancer and treated as far as possible patients in their own homes if this was their request. Support was available to these patients at all times and the practice worked closely with other agencies to ensure the patient's wishes were met as far as possible. One of the partner GPs was the lead for the area on cancer care.

Are services well-led?

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

Summary of findings

Sedbergh Medical Practice was well led and had a stable workforce with staff having worked for the practice for a significant number of years.

Senior staff displayed values aimed at improving the service and patient experience and this was echoed by the staff members we spoke with.

There was a clear leadership and support structure for all staff who told us they knew they could approach any member of staff for support should they need it. Staff underwent annual appraisal and we saw evidence that this was acted upon as required with timely attendance on further training identified within the document.

Our findings

Leadership & Culture

Staff told us that the leadership of the service was visible and accessible. They told us that there was an open culture that encouraged the sharing of information and learning. Staff told us that any of the GPs would help if needed and they would have no hesitation to approach them if needed.

Staff had clear job descriptions and described a culture which encouraged everyone to be as flexible as possible and help each other out. Staff told us that they were confident that their views were listened to and acted upon by the management team.

There was a commitment to learn from problems, complaints and incidents and staff all shared this commitment.

Governance Arrangements

Sedbergh Medical Practice discussed all concerns and quality issues openly with all staff at meetings held throughout the month. We saw minutes of staff and PPG meetings which reflected that governance, risk and quality were standing items on all agendas. The two partner GPs also had outside involvement with the local Clinical Commissioning Group and were also part of their governance arrangements for reporting incidents from the practice.

We saw detailed records of all incidents within the practice with comprehensive documentation to support the investigation carried out and actions taken to minimise risk of it occurring again.

Patient Experience & Involvement

In addition to the national quality requirements, the management regularly surveyed the views of people who used the service.

The practice had an active PPG who met monthly to discuss issues and celebrate success relating to the practice. We saw the minutes from these meetings and also spoke to the chairperson of the group. We were told the practice was proactive in supporting their patients and would consider any suggestions made by the group. The group had suggested last month that it may be useful to

Are services well-led?

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

have an extra receptionist on duty on a Monday morning or especially after a bank holiday as some patients had reported a delay in answering the phone or accessing reception. This had now been actioned.

Feedback from the group was that the patients in the local area felt very happy to have such a brilliant service available to them.

Staff engagement & Involvement

Staff told us and we saw in staff files that they underwent annual appraisal. We saw in some files actions had been identified and addressed in a timely manner. One member of staff told us they had requested some further training 3 weeks ago at their appraisal and they were now listed to attend this training in the next month.

Supervision was carried out but on an informal basis and was not recorded; the service may wish to consider formalising this and making a record on the persons file. This would demonstrate commitment to ensuring all staff are able to raise any concerns they may have in an open and supportive manner

We saw staff training was up to date and saw relevant certificates were held in personal files.

Staff comments

Staff told us they were a close team with an effective lead and felt supported and valued within the team. They welcomed change to benefit the practice and patients. Staff told us the transition to new premises had been a long and hard one for all involved at the practice but by sticking together they had managed to make the journey a positive one for patients.

Staff told us; "Nothing is a problem here. We work together and stick together we are all committed to one common goal which is high class patient care". "I am very well supported and if managers see you are getting bogged down they offer support, you don't have to ask they notice". "We are all open with each other and share all our issues that way we can all be sensitive to each other's needs". "My vision for the future is to continue to offer first generation patient care experience with third or fourth generation models, in short personal care with the best most up to date evidence based model. I know we can and do this for our patients within this practice".

Learning & Improvement

There were arrangements in place for staff to discuss and learn from complaints and significant events that had occurred at the service. A complaints and significant events review was held as part of the regular staff meeting where these were fully discussed.

All complaints and significant events were discussed with staff at the regular staff meetings and learning was identified and acted upon.

Sedbergh Medical Practice was currently working towards the local CCG initiative for 'Productive General Practice' which involved identifying areas for improvement and action planning how they were going to change their practice to meet the identified action in a timely and cost effective manner. We were shown the recent March 2014 report that had been submitted to Cumbria CCG which showed the actions identified and progress achieved towards them.