

Solway Health Services

Quality Report

Solway Health Services
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Date of inspection visit: 21 July 2016

Date of publication: 09/09/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

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 of Solway Health Services on 21 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this. However, the practice did not have a planned, structured approach to identifying topics for clinical audit.
- Feedback from patients about their care was consistently positive. Patients reported that they were

treated with compassion, dignity and respect.

However, patient feedback in relation to access was lower than the local clinical commissioning group and national averages.

- Urgent appointments were available on the day they were requested at the local primary care centre. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and had an active patient participation group. The practice implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved an overall result which was higher than local and national averages.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.

We saw an area of outstanding practice:

- The practice nurse had attended a Dose Adjusted for Normal Eating (DAFNE) course. Although aimed at diabetic patients the nurse had attended this course so she was able to understand what diabetic patients were being taught and therefore be able to give them appropriate dietary advice.

However, there were some areas where the provider should make improvements:

- Maintain appropriate records of stock checks, including for controlled drugs and emergency equipment

- Review arrangements for the security of blank prescriptions
- Develop a significant event policy so staff unaware of the process have access to relevant guidance
- Ensure that the practice manager is given the opportunity of regular appraisal
- Review their process for selecting topics for clinical audit activity
- Continue to monitor demand for appointments and patient satisfaction and improve access
- Offer patients with a learning disability an annual health check

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. The practice had an effective system in place to monitor the use and movement of blank prescriptions. However, we felt that the practice could have been more stringent in the security of their blank prescriptions some of which were found to have been left in the printer of an unlocked room which could easily have been accessed by patients.

Comprehensive staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Summary of findings

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 99.6% of the points available (local CCG average 96.8% and national average 94.7%) for the period 2014/15 (the most recently published data).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, at 80%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82% and national average of 82%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 94.1% to 98.5% (compared with the CCG range of 83.3% to 96.7%). For five year olds this ranged from 73.7% to 100% (compared to CCG range of 72.5% to 97.9%).

There was evidence of clinical audit activity and improvements made as a result of this. However, the practice did not have a system in place to determine topics for clinical audit based on patient populations needs.

Most staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training. However, the practice manager was not given the opportunity of an appraisal. In addition, the practice manager, who had no clinical training, was responsible for appraising the lead nurse. A system was in place to ensure that the nursing staff were able to access appropriate clinical support and supervision.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 were lower than local CCG and national averages in respect of providing caring services. For example, 80% of patients who

Good



Summary of findings

responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 92% and national average 89%) and 85% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 79% of respondents felt the GP treated them with care and concern (CCG average 90% and national average of 85%). 88% of patients felt the nurse treated them with care and concern (CCG average 94% and national average 91%).

The practice was proactive in the identification and support of carers and had identified 180 patients (3% of their practice population) as being a carer.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately. The practice regularly used the local CCG Safeguard Incident and Risk Management (SIRMS) system to report significant events. This enabled not only the practice but the CCG to identify recurrent issues and those requiring immediate remedial action.

The practice's scores in relation to access in the National GP Patient Survey were lower than local and national averages. Then most recent results (July 2016) showed that 75% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%). 74% found it easy to get through to the surgery by phone (CCG average 80%, national average 73%). 36% said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average of 65%). However, the practice was aware of patient dissatisfaction in these areas and were committed to taking appropriate action to improve.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services. For example:

- Together with four other Workington GP practices they had developed a Frail and Elderly Assessment Team. The role of the team was to ensure frail and elderly patients could receive

Good



Summary of findings

targeted multi-disciplinary support in their own homes to help them avoid unnecessary admission to hospital. The team were also responsible for responding to home visits requests from residential and nursing homes in the area.

- They had also jointly developed locality childhood immunisation, dressings and vascular assessment clinics and a seven day per week service for 24 hour blood pressure and electrocardiogram (ECG) monitoring. This blood pressure monitoring and ECG service had reduced waiting times from approximately 9 months to an average of one to two weeks.
- The practice had developed the Year of Care approach to treating patients with long term conditions. This ensured that patients with comorbidities were offered one fully comprehensive annual review, involved in their care planning and given a copy of their care plan which including results of tests and an explanation of what this meant.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, they had made changes to the length of GP appointments and implemented administrative breaks for GPs during clinics to ensure patients were not experiencing delayed appointments.

Are services well-led?

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice did not have a formal business plan but there was evidence of business development discussions taking place during management meetings.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The practice proactively sought feedback from staff and patients, which it acted on. An active patient participation group was in operation

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Nationally reported Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 99.6% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered shingles and influenza immunisations to older people. The practice had a risk rated palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care.

The practice had worked with other GP practices in the area to develop the Workington Primary Care Centre to deal with same day/ emergency appointment requests. This had enabled them to increase their standard appointment time to 15 minutes and dedicate more time to caring for patients with multiple, chronic and complex conditions.

The practice had also been involved in developing Workington's Frail Elderly Assessment Team who deliver targeted, proactive and reactive care to elderly patients to enable them to stay in their own homes and avoid unplanned admission to hospital. This had helped to ensure that all frail and elderly patients had been involved in the development of a comprehensive care plan, a copy of which was kept at their home addresses as an aid for any visiting clinician.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered an annual comorbidity review.

Practice clinicians attended regular training to ensure they delivered up-to-date evidence based care to patients with long term conditions. The practice nurse had attended a Dose Adjusted for Normal Eating (DAFNE) course. Although aimed at diabetic patients

Good



Summary of findings

the nurse had attended this course so she was able to understand what diabetic patients were being taught and therefore be able to give them appropriate dietary advice. The practice opportunistically screened patients for pre-diabetic conditions during health checks. Patients identified as pre-diabetic were then referred to the Walking Away from Diabetes programme where they obtained structured education in the prevention of diabetes.

Patients with chronic obstructive pulmonary disease were sent a detailed information sheet prior to their annual review which gave details of the benefits of having a rescue pack at home, how to effectively use an inhaler and other useful information.

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

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 1.5% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the point available to them in respect of chronic obstructive pulmonary disease. This was 2.4% above the local CCG average and 4% above the national average
- The practice had obtained 100% of the points available to them in respect of hypertension (1.1% above the local CCG average and 2.2% above the national average).
- The practice had obtained 99% of the points available to them in respect of diabetes (5.4% above the local CCG average and 9.8% above the national average).

Families, children and young people

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

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

Appointments were available outside of school hours and the premises were suitable for children and babies. Patients were also able to access the Workington Primary Care Centre which had been

Good



Summary of findings

set up to deal with same day/emergency appointment requests which was open from 8am to 8pm seven days per week. Arrangements had been made for new babies to receive the immunisations they needed. A town wide childhood immunisation service was in operation which served all of the GP practices in Workington and was staffed by two experienced children's nurses. Data available for 2014/15 showed that the practice childhood immunisation rates for the vaccinations given to two year olds ranged from 94.1% to 98.5% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 73.7% to 100% (compared to CCG range of 72.5% to 97.9%)

At 80%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82.5% and national average of 82%.

Pregnant women were able to access antenatal clinics at the Workington Community Hospital provided by healthcare staff attached to the practice. The practice GPs carried out post-natal mother and baby checks.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The surgery was open from 8am to 6.30pm on a Monday, Tuesday, Thursday and Friday and from 8am to 8pm on a Wednesday. Patients were also able to access the Workington Primary Care Centre to deal with same day/emergency appointment requests which was open from 8am to 8pm seven days per week.

The practice offered minor surgery, travel health services, NHS health checks (for patients aged 40-74) and a dispensary service for patients living in more rural locations.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A text messaging service was available which was used to remind patients of their appointments as well as advertising the availability of the influenza and meningitis vaccinations to relevant patients.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances make them vulnerable.

Good



Summary of findings

The practice held a register of patients living in vulnerable circumstances, including 21 patients who had a learning disability. Longer appointments were available for patients with a learning disability, who were also offered an annual flu immunisation. However patients with a learning disability were no longer offered an annual health review due to staffing levels within the practice.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice pro-actively identified carers and ensured they were offered appropriate advice and support. At the time of our inspection they had identified 180 of their patients as being a carer (approximately 3% of the practice patient population).

People experiencing poor mental health (including people with dementia)

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

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum point available to them for caring for patients with dementia, depression and mental health conditions. However, at 71.7% the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face meeting in the last 12 months was 12% below the local CCG and 12.3% below the national average.

Patients on the practice mental health register were offered annual reviews and longer appointments. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services.

Patients with dementia were also offered an annual review and referral to a memory clinic as early as possible.

Practice staff had undertaken training to ensure they had an understanding of the Mental Capacity Act and their responsibilities in relation to this.

Good



Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was mixed but generally lower than the local clinical commissioning group and national averages. 274 survey forms were distributed and 117 were returned, a response rate of 43%. This represented approximately 2.2% of the practice's patient list. For example, of the patients who responded to their survey:

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 80% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 60% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 73%).
- 53% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).
- 80% said their GP was good at explaining tests and treatment (CCG average 90%, national average 86%)

- 88% said the nurse was good at treating them with care and concern (CCG average 94%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included friendly, wonderful, excellent, polite, caring, efficient, respectful and understanding. However, 11 of these cards expressed dissatisfaction about appointment availability and a shortage of regular GPs.

We spoke with four patients during the inspection, two of whom were members of the practice patient participation group. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, the majority also expressed dissatisfaction with appointment availability.

Areas for improvement

Action the service SHOULD take to improve

- Maintain appropriate records of stock checks, including for controlled drugs and emergency equipment
- Review arrangements for the security of blank prescriptions
- Develop a significant event policy so staff unaware of the process have access to relevant guidance
- Ensure that the practice manager is given the opportunity of regular appraisal
- Review their process for selecting topics for clinical audit activity
- Continue to monitor demand for appointments and patient satisfaction and improve access
- Offer patients with a learning disability an annual health check

Outstanding practice

- The practice nurse had attended a Dose Adjusted for Normal Eating (DAFNE) course. Although aimed at diabetic patients the nurse had attended this course so she was able to understand what diabetic patients were being taught and therefore be able to give them appropriate dietary advice.

Solway Health Services

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, a GP specialist advisor and a CQC Medicines Inspector/Pharmacy Technician.

Background to Solway Health Services

Solway Health Services provides care and treatment to approximately 5271 patients from the Workington area of Cumbria. It is part of the NHS Cumbria Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Solway Health Services

Workington Community Hospital

Park Lane

Workington

Cumbria, CA14 2RW

The surgery is located in purpose built accommodation within the local community hospital. All reception and consultation rooms are on the ground floor and fully accessible for patients with mobility issues. An on-site car park is available which includes dedicated disabled car parking spaces.

The surgery is open from 8am to 6.30pm on a Monday, Tuesday, Thursday and Friday and from 8am to 8pm on a

Wednesday. Patients registered with the practice are also able to access urgent appointments with a GP or nurse practitioner at Workington Hospital Primary Care Centre from 8am to 8pm, seven days per week.

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

Solway Health Services offers a range of services and clinic appointments including asthma, chronic obstructive pulmonary disease and diabetes clinics and minor surgery. The practice is a dispensing practice and dispenses to patients in more rural locations.

The practice consists of:

- One GP partner (female)
- Two nurse practitioners (both female)
- One practice nurses (female)
- One health care assistants (female)
- 9 non-clinical members of staff including a practice manager, practice administrators, receptionists, dispensers and a secretary

The area in which the practice is located is in the fourth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The average life expectancy for the male practice population is 77 (CCG average 79 and national average 79) and for the female population 80 (CCG average 82 and national average 83).

59.5% of the practice population were reported as having a long standing health condition (CCG average 56.3% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 62.8% of the practice population were recorded as being in paid work or

Detailed findings

full time education (CCG average 59.1% and national average 61.5%). Deprivation levels affecting children and older people were higher than the local CCG averages and national averages.

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. The 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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016. During our visit we spoke with a mix of clinical and non-clinical staff including the GP partner, practice nurse, the practice manager, secretary, receptionist and dispensers. We spoke with four patients, two of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 44 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff who worked closely with, but were not employed by, the practice. This included a specialist nursing sister in palliative care, a health visitor and a pharmacist.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. However, although staff were well aware of their roles and responsibilities in reporting and recording significant events the practice did not have a significant event policy.

Significant events were analysed and discussed at weekly primary health care team meetings and reviewed annually.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP partner and the practice nurse were the leads for children's and adult safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meetings to discuss vulnerable
- patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.
- Chaperones were available if required. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place. The last infection control audit had been carried out in July 2016 had identified several action points including a recommendation that carpets be replaced in consultation rooms.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the personnel files of recently employed staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff including locums and registrars.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP partner and practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and proactively tried to identify trends, themes and recurrent problems. They had recorded 18 significant events during the previous 12 months. Significant events were regularly discussed and analysed at various practice meetings and appropriate action taken. For example, a significant event had been recorded where blood tests results for a patient who had been seen at the primary care centre were sent to the attending GP who worked at another practice rather than to Solway Health Services for review. This resulted in a delay in the patient being referred to hospital. As a result the practice identified a number of learning points and implemented a system to ensure test results for patients seen at the primary care centre were sent to the patient's own GP for review. The significant event and outcome was also shared with other Workington GP practices

Are services safe?

The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.

Staff told us dispensary stock was expiry checked on an ad-hoc basis; however this was not recorded formally. All medicines we checked in the dispensary were within their expiry date.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs were carried out regularly, however they were not recorded.

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary, and there was a named lead GP for medicines management. We were shown the incident/near miss record (a record of dispensing errors that have been identified before medicines have left the dispensary) which showed some examples of errors. There was a process in place to review errors and we were told these were discussed informally within the dispensary team.

All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. However, we felt that the arrangements for securing blank prescriptions could have been more stringent as we found some that were stored in the printer of an unlocked room that could easily have been accessed by patients.

Staff told us how they managed medication review dates and how prescriptions were monitored, including those that had not been collected. Dispensary staff were involved in completing compliance reviews with eligible patients to ensure repeat prescriptions were still appropriate and also to monitor for side effects. This information was shared with an appropriate healthcare professional when required.

There was a system in place for the monitoring of high risk medicines and we saw how this worked to keep patients safe

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy in place for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.

Vaccines were administered by nurses and healthcare assistants using directions which had been produced in accordance with legal requirements and national guidance.

Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training and fire alarms were tested on a weekly basis. Fire evacuation drills were carried out on an annual basis by the building landlords. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and a buddy system was in place to ensure staff covered for each other when required.
- The practice regularly used locum GPs. Staff told us they always tried to use locums who were familiar with practice policies and procedures and known by the patients or GPs from other Workington GP practices. When it was necessary to use a locum relevant checks were undertaken and a comprehensive locum induction pack was in place.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services safe?

- The practice had adequate arrangements in place to respond to emergencies and major incidents. Emergency medicines were easily accessible and all staff knew of their location. A defibrillator was also available on the premises. There was a process in place

to check emergency medicines and equipment; however we found two paediatric oxygen masks which had expired in February 2015. These were removed immediately on the day of the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice held weekly primary health care team meetings which were an opportunity for clinical staff, including multi-disciplinary attached staff such as health visitors to get together frequently to discuss clinical issues and patients causing concern.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/15 showed the practice had achieved 99.6% of the total number of points available to them compared with the clinical commissioning group (CCG) of 97.8% and the national average of 94.7%.

At 8.7% their clinical exception rate was lower than the local CCG average of 10.1% and national average of 9.2%. 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 practice had obtained the maximum points available to them for 16 of the 19 QOF indicators, including mental health, hypertension, dementia and depression and for caring for patients who had a learning disability or required palliative care. For the three indicators where the practice had not achieved maximum points their performance still exceeded local and national averages:
- 99.9% for chronic kidney disease (2.8% above CCG average and 5.2% above national average)
- 99% for diabetes mellitus (5.4% above CCG average and 9.8% above national average)
- 97.2% for secondary prevention of coronary heart disease (0.1% above CCG average and 2.2% above national average)

The practice carried out clinical audit activity to help improve patient outcomes. We saw evidence of a number of audits including a two cycle audit of patients taking high risk medicines. The aim of this audit was to ensure that patients taking high risk medicines were asked about any side effects during their reviews, that these were documented on a patients' record and that the patients received appropriate immunisations. The second cycle of the audit revealed that the practice had identified that 32 of their 57 (56%) patients taking high risk drugs had been asked about side effects. They were continuing working towards increasing this to 100%. However, there did not appear to be an effective system in place to determine the topics for clinical audit activity.

Information provided by the practice indicated they were monitoring the prescribing of antibiotics and a number of other medicines and were committed to improving the quality of care delivered while making efficiency savings in terms of prescribing that could be reinvested into the NHS.

The practice had a risk rated palliative care register and discussed the needs of palliative care patients at weekly multi-disciplinary primary health care team meetings. Care plans which included decisions about end of life care were developed with the involvement of palliative care patients and their families/carers.

Effective staffing

The staff team included GPs, nursing, managerial, health care and administration staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GP was up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurse reported they were supported in seeking and attending continual professional development and training courses.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans. However, the

Are services effective?

(for example, treatment is effective)

practice manager was not given the opportunity of a formal appraisal. In addition, the practice manager, who had no clinical training, was responsible for appraising the lead nurse. A system was in place to ensure that the nursing staff were able to access appropriate clinical supervision and support.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in place.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated. The practice adopted a joint care planning approach and used emergency health care plans (EHCPs) and health and social care plans.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including Mental Capacity Act 2005. All clinical staff had undertaken mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Vaccination rates for 12 month and 24 month old babies and five year old children were above national averages. For example, data available for the 2014/15 period showed that childhood immunisation rates for the vaccinations given to two year olds ranged from 94.1% to 98.5% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 73.7% to 100% (compared to CCG range of 72.5% to 97.9%)

At 80%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82% and national average of 82%.

Patients had access to appropriate health assessments and checks. This included health checks for patients aged between 40 and 74 and for over 75s. During the period 1 April 2015 to 31 March 2016 the practice had carried out 109 NHS Health Checks for patients aged between 40 and 74. Patients were also opportunistically screened for pre-diabetes during these checks. The practice carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

We received 44 completed CQC comment card which were very complimentary about the caring nature of the practice. We also spoke with four patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was broadly in line with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed patient satisfaction was lower than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 85% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice were aware of the low scores and felt this was attributed to difficulties they were continuing to experience in terms of being able to recruit additional clinical staff members and time constraints of existing clinical staff members. Steps they had taken to try and combat this issue included working to increase awareness of the existence and role of the primary care centre for urgent appointments. They hoped this would give practice clinicians more time to consult with patients who had long term or chronic conditions. In addition they had sought the agreement of NHS England to close their patient list until staff recruitment problems could be rectified.

Are services caring?

The practice had carried out their own Friends and Family test after the National GP Patient Survey which had revealed that 90% of respondents (88 out of 98 patients) had stated that they would be either extremely likely or likely to recommend the practice to friends and family.

The practice had access to a translation service for patients who did not have English as a first language. A hearing loop was also available.

Patients with a learning disability were offered an annual influenza immunisation but due to staffing levels were not offered an annual health check. The practice held a register of 21 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations

The practice pro-actively identified carers and ensured they were offered an annual flu vaccination and signposted to appropriate advice and support. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 180 of their patients as being a carer (approximately 3% of the practice patient population).

No specific arrangements were in place to support patients who had experienced bereavement. However, we were told that a GP or nurse would make contact if the patient had recently been involved with the practice and signpost their relatives to appropriate bereavement support services. .

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment at the primary care centre the same day.
- There were disabled facilities and translation services available. A hearing loop was available.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.
- The practice offered a text message service to remind patients of their appointment. They also used the text service to advertise the availability of the influenza and meningitis vaccinations to relevant patients
- The practice had developed an information sheet for patients with chronic obstructive pulmonary disease which included information on rescue packs and effective use of inhalers.
- The practice had adopted the Year of Care approach to caring for patients with long term conditions. This ensured that patients with comorbidities were offered one fully comprehensive annual review, involved in the care planning process and given a copy of their care plan which included their test results and an explanation of what this meant
- Together with the other GP practices in the Workington area a Frail and Elderly Assessment Team had been created. The role of this team was to deliver targeted, proactive and reactive care to elderly patients to enable them to stay in their own homes and avoid unplanned admission to hospital. They also carried out home visits to patients in residential and care homes.

Access to the service

The surgery was open from 8am to 6.30pm on a Monday, Tuesday, Thursday and Friday and from 8am to 8pm on a Wednesday. Patients registered with the practice are also able to access urgent and non-urgent appointments with a GP at Workington Hospital Primary Care Centre from 8am to 8pm, seven days per week. The appointment system offered by the practice enabled patients to pre book appointments (including GP telephone consultations) up to three weeks in advance with a GP and three months in advance with a nurse. Patients requesting emergency same day appointments were provided with an appointment at the primary care centre which was on the same site as the practice. If the practice received a request for a home visit from a nursing or residential home and the call was received before 10.30am practice staff referred this to the Frail & Elderly Assessment Team for action. All other home visit requests were triaged by one of the GPs or the nurse practitioner and appropriate action taken.

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was mostly lower than local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 74% of patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and the national average of 73%.
- 60% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 36% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 67% and the national average of 65%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

Practice staff were well aware of patient dissatisfaction in this area and were committed to making improvements. They felt that the majority of the problem was that patients were expressing dissatisfaction with not being able to get an appointment at the practice when they were being offered an appointment at the primary care centre as they did not appreciate this was part of the same service. Staff also felt the low scores were due to the difficulty the practice had experienced in trying to recruit GP partners or

Are services responsive to people's needs?

(for example, to feedback?)

salaried GPs. Following the loss of two GP partners the practice had operated as a single handed GP practice since May 2015. This was despite advertising locally and nationally and attendance at GP recruitment events. As a result the practice had closed their patient list and had not taken on any new patients since that date. The practice was now in the process of advertising for a clinical pharmacist. The role of the clinical pharmacist would include carrying out medication reviews to free up GP appointment time as well as looking at medicines optimisation. In addition, they had:

- Introduced more GP administration breaks into clinics to combat the problem of patients experiencing delays in being called in for their appointment on time
- Worked to increase awareness of the existence and role of the primary care centre
- Encouraged the use of online services to book appointments and access test results
- With the agreement of NHS England and due to problems with staff recruitment the practice were not currently accepting new patients.

The practice were also planning to increase staffing levels in reception at 8am to improve telephone access during peak periods.

Some of the patients we spoke to on the day of the inspection and the patients who completed CQC comment cards reported concerns about being able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found that a routine GP appointment was available six working days later. The next routine appointment with a nurse was available the following day.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager had been identified as lead for dealing with complaints.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had recorded five complaints during the period 1 April 2015 to 31 March 2016. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were regularly reviewed to identify possible trends, themes and learning points.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement was 'We aim to enjoy providing high quality primary care to our patients, based on the five principles of access, efficiency, quality, fairness and responsiveness. The practice will not discriminate on the grounds of race, age, gender, social class, religion or disability in providing services to the patients of the practice. We are a small friendly practice'. Staff we spoke to during the inspection were aware of the mission statement.

The practice did not have a formal business plan but priorities were identified and discussed during management meetings. Priorities included the recruitment of GPs, introducing a clinical pharmacist post, closer working with other GP practices in the Workington area and applying for vulnerable practice funding in conjunction with other Workington practices. If the practice was successful in obtaining this funding they intended to commission external consultants with relevant experience to suggest innovative models of care whilst ensuring robust primary care and fulfilling the particular health needs of the community.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing

Leadership and culture

The GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- Clinical primary health care team meetings were held on a weekly basis which included discussions about palliative care and high risk patients. The practice also held bi-monthly safeguarding meetings
- Non-clinical staff meetings were held as and when required. We were told this was because there was a very small staff team so issues were communicated and responded to as and when they occurred.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. They also said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had established a patient participation group which consisted of approximately 8-10 core members who met on a quarterly basis. Past involvement had included developing the practice information leaflet, trialling on-line services and analysing the results of patient surveys. One PPG member was also a member of a town wide PPG and represented Solway Health Services at this group.
- The practice was able to demonstrate that it responded to patient feedback. For example, as the result of a patient questionnaire for diabetic patients the nurses were planning on increasing their standard

Are services well-led?

Good 

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

appointment time for diabetic patients. In addition, the GP had increased the length of her standard appointment time to 15 minutes in response to comments on waiting times following a patient survey.

- Of the 98 patients who had responded to the practice's Friends and Family test 88 (approximately 90%) had stated that they would be either extremely likely or likely to recommend the practice to friends and family.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Adopting the Year of Care approach to caring for patients with long term conditions. This ensures that patients with comorbidities are offered one fully comprehensive annual review, involved in the care planning process and given a copy of their care plan which includes their test results and an explanation of what this means.
- Working in unity with four other GP practices in the Workington area to develop the primary care centre for the management of urgent appointment requests and the Frail and Elderly Assessment Team. They had also jointly developed a locality childhood immunisation clinic, dressings and vascular assessment clinics and a seven day per week service for 24 hour blood pressure and electrocardiogram (ECG) monitoring. This service had reduced waiting times from approximately nine months to an average of one to two weeks.