

Lowther Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lowther Medical Centre on 4 August 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate checks on staff had not been undertaken prior to their employment. Actions identified to address concerns with infection control arrangements had not been taken. The systems in place for the management of medicines were not safe. Health and safety risk assessments had not been completed.
- Staff were not clear about the systems in place for the dissemination of safety alerts and the latest guidance.
- There was insufficient assurance to demonstrate the practice were managing, monitoring and improving outcomes for patients through the use of effective

clinical audit. None of the audits we were presented with had been through two complete audit cycles to be able to demonstrate improved outcomes for patients.

- The majority of staff had not completed the mandatory training required, as specified by the practice, as being applicable to their roles.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients said they felt involved in decisions made about their care and treatment.
- 91.4% of people experiencing poor mental health had agreed care plans in place.
- The practice employed an elderly care co-ordinator who had helped to identify the need for clinical interventions that may have been missed due to patients not attending the practice. For example, 96 healthcare referrals had been made between May 2014 and April 2015 and 67 medicines referrals had been made over the same period for patients prescribed five or more medicines to have these reviewed.
- Urgent appointments were usually available on the day they were requested. However patients said that

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they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when telephoning to make an appointment.

- The practice had limited formal governance arrangements.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Take action to ensure care and treatment is provided in a safe way for service users through the proper and safe management of medicines.
- Put effective systems in place to manage and monitor the prevention and control of infection. This must include putting in place and adhering to policies that will help to prevent and control infections.
- Put in place systems or processes which must be established and operated effectively in order to demonstrate good governance.
- Ensure that staff receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to do.
- Ensure that recruitment information is available for each person employed. This includes completing Disclosure and Barring Service (DBS) checks for those staff who need them, proof of identity and references.

- Ensure that staff employed are registered with the relevant professional bodies where such registration is required.

In addition the provider should:

- Review the arrangements in place for the recording of patient's consent to ensure that all staff are applying this consistently and in line with legal requirements.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made. Patients were at risk of harm because effective systems and processes were not in place to keep them safe. Areas of concern identified included appropriate checks on staff had not been undertaken prior to their employment; actions identified to address concerns with infection control arrangements had not been taken; the systems in place for the management of medicines were not safe; health and safety risk assessments had not been completed. There was insufficient information to enable us to understand and be assured about safety because of a lack of good governance.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data showed patient outcomes were around or slightly below average for the locality. Patient outcomes were hard to identify as little or no reference was made to audits. There was no evidence of any clinical audits that had been through two complete cycles, therefore the practice could not demonstrate improved outcomes for patients as a result of audit. There was limited recognition of the benefit of an appraisal process for staff, as they had not received appraisals for at least two years. There were significant gaps in the mandatory training that staff were expected to complete. This included for infection control, information governance and fire safety.

Inadequate



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified. Feedback from patients reported that

Inadequate



Summary of findings

access to pre-bookable GP appointments was not always available quickly, although urgent appointments were usually available the same day. National GP Patient Survey results indicated patients found it hard to get through to the practice on the telephone and we saw evidence to support this at lunchtime. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with all staff or reviewed collectively on an annual basis.

Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear strategy and there was no formal business plan in place. The practice had some policies and procedures to govern activity, however we were told by staff throughout the inspection that many were still in development or under construction. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. There was a lack of good governance and the number of concerns we identified during the inspection reflected this. The practice sought feedback from patients, including through its patient participation group (PPG). Staff told us they had not received regular appraisals and did not have development plans as a result.

Inadequate



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 inadequate for the care of older people. The practice was rated as inadequate for safety, effectiveness and for well-led and requires improvement for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were in line with national averages for conditions commonly found in older people. They offered proactive, personalised care to meet the needs of the older people in its population. For example, patients over the age of 75 were contacted by the practice's elderly care co-ordinator, who with their agreement then assessed their needs. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

They offered immunisations for pneumonia and shingles and provided flu vaccinations to older people.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The practice was rated as inadequate for safety, effectiveness and for well-led and requires improvement for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Staff had roles in chronic disease management and one of the GP partners led in this area. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients were offered a structured review at least annually to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safety, effectiveness and for well-led and requires improvement for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example,

Inadequate



Summary of findings

children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for most standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies, with two dedicated play areas in the practice.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice was rated as inadequate for safety, effectiveness and for well-led and requires improvement for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. NHS health checks were offered to patients between the ages of 40 and 74.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safety, effectiveness and for well-led and requires improvement for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. 62 patients were on the register; however there were no arrangements in place for the recall of these patients for reviews of their health. The practice offered longer appointments for people whose circumstances may make them vulnerable.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in

Inadequate



Summary of findings

vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safety, effectiveness and for well-led and requires improvement for being responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

91.4% of people experiencing poor mental health had agreed care plans in place. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. 98.9% of patients identified as living with dementia had received an annual review in 2014/15 and had agreed care plans in place.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Inadequate



Summary of findings

What people who use the service say

We spoke with twelve patients in total; ten patients on the day of the inspection and two from the practice's Patient Participation Group (PPG) before the inspection. They were complimentary about the services they received from the practice. They told us the staff who worked there were helpful and friendly. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system, although a small number said they found it difficult to get through to the practice on the telephone.

The National GP Patient Survey results published in July 2015 showed the practice was performing in some areas below the local and national averages. There were 298 surveys sent out and 120 responses received, which represents a return rate of 40%.

- 32% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 71%.
- 78% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 48% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.

- 68% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 45% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 44% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 75% and a national average of 68%.
- 41% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards completed by patients; two of which were positive about their experiences of the service. Words used by these patients to describe the staff and their approach to them included pleasant, respectful and very patient with them. Three of the comment cards we received raised some areas where these patients felt the practice could improve. This included the provision of copies of medical notes, the manner of an unnamed GP and the arrangement of vaccinations for travelling.

Areas for improvement

Action the service **MUST** take to improve

The provider must:

- Take action to ensure care and treatment is provided in a safe way for service users through the proper and safe management of medicines.
- Put effective systems in place to manage and monitor the prevention and control of infection. This must include putting in place and adhering to policies that will help to prevent and control infections.
- Put in place systems or processes which must be established and operated effectively in order to demonstrate good governance.

- Ensure that staff receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to do.
- Ensure that recruitment information is available for each person employed. This includes completing Disclosure and Barring Service (DBS) checks for those staff who need them, proof of identity and references.
- Ensure that staff employed are registered with the relevant professional bodies where such registration is required.

Action the service **SHOULD** take to improve

The provider should:

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- Review the arrangements in place for the recording of patient's consent to ensure that all staff are applying this consistently and in line with legal requirements.

Lowther Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included another CQC inspector, a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Lowther Medical Centre

The practice is based within Lowther Medical Centre in the centre of Whitehaven, Cumbria. The practice serves people living in and around the Whitehaven area. The practice provides services to patients from one location: 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG. We visited this address as part of the inspection.

The practice is located in a purpose built building and provides services to patients at ground and first floor levels. They offer on-site parking including disabled parking, accessible WC's and step-free access. A passenger lift is available for patients to use to access the consulting rooms on the first floor. They provide services to approximately 10,890 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice is not currently taking new patients.

The practice has three GP partners and four GPs in total (one male, three female). There are also six nurses, one healthcare assistant, two phlebotomists, a practice manager and nineteen full and part-time reception and administrative support staff.

The practice is open between 7.30am and 6.30pm Monday to Friday. Appointments were available at the following times during the week of the inspection:

- Monday - 8.30am to 11.20am; then from 2.00pm to 6.20pm
- Tuesday - 8.00am to 11.30am; then from 1.00pm to 6.20pm
- Wednesday - 7.30am to 11.20am; then from 1.00pm to 5.20pm
- Thursday - 7.30am to 11.40pm; then from 2.00pm to 5.20pm
- Friday - 7.30am to 11.20am; then from 2.00pm to 5.20pm

Extended hours surgeries were offered Monday to Friday from 7.30am. These were nurse led walk-in triage sessions and/or pre-bookable appointments with GPs.

Information taken from Public Health England placed the area in which the practice was located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted towards a slightly older population than national averages. There are more patients registered with the practice over the age of 65 years than the national averages.

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

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

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?

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. This highlighted some areas to follow-up and these can be found within the main body of the report. We also asked other organisations to share what they knew. This included the local clinical commissioning group (CCG).

We carried out an announced inspection on 4 August 2015. We visited the practice's surgery in Whitehaven. We spoke with 12 patients in total and a range of staff from the practice. We spoke with the practice manager, two GPs, two locum GPs, three nurses, one healthcare assistant and five of the reception and administrative support staff on duty. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed five CQC comment cards where patients from the practice had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for staff to use.

We reviewed safety records and incident reports. GPs we spoke with said these were reviewed at weekly meetings; however minutes of these meetings were not available to be viewed. GPs said lessons were shared to make sure action was taken to improve safety in the practice. We saw 12 significant events had been recorded in 2015 to date. We saw each individual event had been investigated, the root cause established and any learning to be taken from it identified. For example, a GP told us how they had been unable to gain access to a patient's house during a home visit. As a result, a form had been introduced for staff to complete for home visits to record details of any entry restrictions, in an attempt to prevent this happening again.

We were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice. We spoke with a GP who said they received medicine alerts from the practice's medicines manager; however they received National Institute for Health and Care Excellence (NICE) guidance to their personal email address. A nurse we spoke with said they did not receive NICE guidance updates. Another nurse said they were not aware of there being a lead person within the practice for the dissemination of safety alerts. The practice manager said they received some alerts and forwarded them to staff, and the medicines manager also got some and forwarded them to staff. They thought the rest went to the registered manager, who had not been working at the practice for a number of weeks.

We found systems and processes were not in place to ensure patients were kept safe. We identified concerns with the management of medicines, infection control, staffing, support given to staff through training and appraisal and a lack of effective governance. The practice could therefore not demonstrate a consistent safe track record over the long term.

Overview of safety systems and processes

The practice could not demonstrate a safe track record through having risk management systems in place.

- Arrangements were in place to safeguard adults and children from abuse. There was a lead member of staff for safeguarding. The GP attended monthly safeguarding meetings with health visitors and provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities; however not all of the staff had completed training relevant to their role.
- Notices were displayed in the waiting area and consulting rooms, advising patients that they could request a chaperone, if required. The nurses or healthcare assistant carried out this role; however at times non-clinical staff had carried out this role. Staff who acted as chaperones had not been risk assessed nor had a Disclosure and Barring Service (DBS) check completed to check they were safe to do this. 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.
- Procedures were not in place for monitoring and managing risks to patients and staff safety. A health and safety policy was not available and health and safety risk assessments had not been completed. For example, on 26 January 2015 The Department of Health issued an estates and facilities alert Ref:EFA/2015/001 on the risks presented by window blinds with looped cords or chains. It stated 'a risk assessment should be carried out on all existing looped blind cords and chains, where children and vulnerable adults are likely to have access. All blind cords and chains deemed to be potentially hazardous should be modified or secured out of their reach.' We asked the practice manager what the practice had done in response to this alert. They said they were not aware of the alert and the practice had done nothing in response to it. We saw that looped blind cords or chains had not been modified or secured out of reach throughout the practice in areas that could be accessed by patients. We asked to see the most recent fire risk assessment and the practice manager said it was a work in progress. A risk assessment had been done with the local fire authority two months ago, but the document had not been completed yet. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to

Are services safe?

ensure it was working properly. The practice did not have other risk assessments in place to monitor the safety of the premises, such as control of substances hazardous to health (COSHH) and infection control.

- We observed the premises to be clean and tidy; however the practice did not have infection prevention and control policies in place. The practice manager said they were a work in progress. One of the nurses was the nominated infection control clinical lead; however there was no evidence to demonstrate work completed as part of this role. Staff had not received up to date training on infection control. Annual infection control audits were not completed and we saw evidence that action to be taken as a result of a previous, undated audit had not been completed. This included the nominated infection control lead to attend a training course on infection control. The practice had Legionella risk assessments and completed regular monitoring, although all the records of this had not been formalised. We examined the sharps boxes in five of the practice's 13 treatment and consulting rooms located on the ground floor. Some of the rooms contained more than one sharps box. We saw that all of the seven sharps boxes examined had been labelled, but not signed and dated to show who had constructed them and that they were safe to use. This meant the practice was not meeting the requirements laid down in the latest health and safety regulations.
- Appropriate recruitment checks were not always completed prior to employment. For example, evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS was not always available. We found a member of staff had commenced employment the day before the inspection, yet they had not been DBS checked or provided proof of identity and other information as required within Schedule 3. When the provider applied to register with the Care Quality Commission in October 2012, they had declared non-compliance with Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They stated the reason for this was 'CRB (Criminal Records Bureau) checks have not been done for majority of staff currently in employment'. We asked the practice manager if DBS checks had now been

completed for those staff that needed them. They said DBS checks had not been completed for any of the non-clinical or nursing staff employed by the registered provider (DBS is the current name of the organisation which is the equivalent of the CRB).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staff groups to ensure that enough staff were on duty. However, we saw that the level of staffing provided did not always meet the needs of patients throughout the day. At lunchtime, we saw there was one member of staff answering all of the practice's incoming telephone calls. We saw they handled the calls professionally and politely, however they were clearly unable to keep up with the volume of telephone calls received. This may have resulted in some calls not being answered.

Medicines Management

The practice did not have suitable arrangements in place for the proper and safe management of medicines.

One of the GPs said a small stock of Controlled Drug (CD) medicines (morphine) were kept in the practice. We saw they were stored securely in a locked cabinet secured to the wall in a locked room. We counted the number of ampoules of morphine present and saw there were 10 ampoules of morphine currently stored in the locked cabinet.

We asked the GP to show us the CD register that detailed the amount of CD's held at the practice. We saw a stock level check had been completed on 22 July 2015 and that a stock level of 16 ampoules had been recorded in the CD register. Prior to this, the previously recorded stock level was 10 ampoules of morphine. We asked the GP to explain how the stock level had risen from 10 to 16 ampoules of morphine. They said six ampoules of morphine had been returned to the practice by the relative of a patient. A nurse had put them in the CD cupboard as a safe place for them.

We asked the GP to explain what had happened to the six ampoules of morphine received by the practice, as they had already established a current stock level of 10 ampoules. They explained they had checked the stock level within the CD cabinet on 1 August 2015 at around 20:00hrs

Are services safe?

and found there were 10 ampoules in stock at that time. They confirmed that six ampoules of morphine had gone missing sometime between 22 July 2015 and 8pm on 1 August 2015.

The GP explained the arrangements that had been in place between 22 July 2015 and 20:00hrs on 1 August 2015 in terms of staff being able to access the CD cabinet. They said that all staff employed by the practice potentially had access to the key to the CD cabinet. They had increased this level of security since 1 August 2015 through the installation of a key safe, where the key to the CD cabinet was now kept. The incident had been reported to the Medical Director at NHS England, and later to the police on 10 August 2015.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a process in place for ensuring that medicines were kept at the required temperatures; however we found this had not always been followed. Refrigerator temperature checks were carried out by one of the practice nurses. We checked the records of the refrigerator temperatures made and found the maximum temperature recorded during the week prior to the inspection had been 10.7 degrees Celsius. This is outside the recommended range for the safe storage of vaccines contained within the refrigerator of between two and eight degrees Celsius. The refrigerator did not have data logging equipment attached to it, so we were unable to identify precisely the length of time the refrigerator had operated at this temperature. No action had been taken with regards to these temperature readings, which presented a risk to the safety of these medicines. The practice nurse we spoke with was not aware of what should happen when the temperature recorded was outside of the recommended range. We informed the practice staff of our findings immediately and saw they took the appropriate remedial action. The practice also provided us with an update of events after the inspection. This included advice taken from the local screening and immunisation team and confirmation that the affected vaccines had been quarantined.

We saw that one of the oxygen cylinders kept by the provider had passed its use by date of 2009. An oxygen

checklist had recently been introduced by the provider; however there were no records of any concerns in relation to the cylinder that had passed its use by date having been noted or raised.

We looked at the arrangements the practice had in place for the safe handling of prescriptions. Records were kept of the serial numbers boxes of blank prescriptions, but not of the first and last serial numbers on the loose-leaf prescriptions within each box. The result of this was the practice would be unable to report the required information to the police and other stakeholders involved should any prescription forms be lost or misdirected.

We saw the arrangements for the storage of blank loose-leaf prescriptions throughout the practice were not always secure. They were stored securely in the central storage area; however they were not always securely stored overnight once they had been signed out for use from the practice's secure storage area. We also saw prescriptions were being left in rooms that were not locked when not in use.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines. The health care assistant had been trained to immunise patients; however they had administered flu vaccines to patients without using Patient Specific Directions (PSDs) that had been produced by the prescriber. A PSD is an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have knowledge of the patient's health, and be satisfied that the medicine to be administered serves the individual needs of each patient on that list.

Arrangements to deal with emergencies and major incidents

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Some of the staff had completed basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen, although one of the three oxygen cylinders had a sticker on that indicated it had passed its use by date. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

The practice did not have a business continuity plan in place for major incidents such as power failure or building

damage. The practice manager told us it was a work in progress. A fire drill had been completed recently; however there was no fire assembly notice or muster point located outside the practice at the designated evacuation point.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines; however we were not assured they had systems in place to ensure all clinical staff were kept up to date. We spoke with a GP who said they received drug alerts from the practice's medicines manager; however they NICE guidance to their personal email address. A nurse we spoke with said they did not receive NICE guidance updates. Another nurse said they were not aware of there being a lead person within the practice for the dissemination of safety alerts. The practice manager said they received some alerts and forwarded them to staff and the medicines manager also got some and forwarded them to staff. They thought the rest went to the registered manager, who has not been working as the registered manager or GP at the practice for a number of weeks.

Patients' consent to care and treatment was, in the majority of instances, sought in line with legislation and guidance. Most of the staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Some staff had completed MCA training and some had not.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

One of the nurses we spoke with said they did not make reference to consent gained from patients within their records. This had included in the past an occasion where they had not recorded consent for a patient living with dementia.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice employed an elderly care co-ordinator whose role was to support the practice's patients who were over the age of 75 years; especially those who did not attend the practice regularly. They contacted these patients and with their permission, visited them in their own homes to complete an assessment. They used The Edmonton Scale tool which can be used by clinicians without special training in geriatric medicine to assess the frailty of the older patient. It assesses areas such as cognitive impairment, balance and mobility. Since May 2014 they had completed 215 initial visits to patients. The level of frailty identified at the initial assessment/visit then dictated how often these patients received review visits. The involvement of the co-ordinator had helped to identify the need for clinical interventions that may have been missed due to patients not attending the practice. For example, 96 healthcare referrals had been made between May 2014 and April 2015 and 67 medicines referrals had been made over the same period for patients prescribed five or more medicines to have these reviewed.

The patients we spoke with were consistent in telling us the GPs and nurses regularly spoke with them about their lifestyles. This included giving them advice and support with regards to exercise, diet, consumption of alcohol and smoking cessation where this was relevant.

The practice's uptake for the cervical screening programme was 83.08%, which was higher than the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes such as breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two's ranged from 75.3% to 100% and five year olds from 65.4% to 100%. Flu vaccination rates for the over 65s were 67.27%, and at risk groups 46.25%. These were just below the national averages of 73.24% and 52.29% respectively.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40–74.

Are services effective?

(for example, treatment is effective)

Co-ordinating patient care

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 test results. Information such as NHS patient information leaflets was also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that care plans were reviewed and updated, including those generated as a result of the work of the elderly care co-ordinator.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for 2013/14 were 92.4% of the total number of points available, which was 2.7% below the clinical commissioning group (CCG) average and 1.6% below the national average. The latest publicly available QOF data from 2013/14 showed:

- Performance for diabetes related indicators was higher than the national average (94.5% compared to 90.1% nationally).
- Performance for asthma related indicators was lower than the national average (63.7% compared to 97.2% nationally).
- Performance for mental health related indicators was higher than the national average (99.6% compared to 89.4% nationally).
- The percentage of patients diagnosed as living with dementia whose care had been reviewed in the preceding 12 months was higher than the national average (98.9% compared to 83.8% nationally).

This practice had been an outlier in 2013/14 on the prescribing of antibacterial (antibiotic) medicines. We spoke with the GPs about this who provided us with some data to show the prescribing of antibiotics had decreased slightly in Q3 2014/15.

Clinical audits were not carried out to improve care, treatment and people's outcomes. We saw a number of reviews of data (or first cycles of audits) had taken place; however none of these had been repeated. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit. In addition, the lack of effective governance systems meant the practice had failed to identify that it was not carrying out completed audit cycles.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as an introduction to the practice, terms and conditions of employment and the organisations rules.
- Locum GPs working at the practice told us they had only been given a brief overview of the practice and the computerised patient record system they used. We saw one locum GP who had recently joined the practice had to come and ask a member of the administrative support staff for some help with this during the inspection.
- The learning needs of staff were not identified through a system of appraisals. Staff we spoke with, including the practice manager, said appraisals had not been completed for at least two years. One member of staff we spoke with said they had not received an appraisal since they joined the practice in 2012.

Each group of staff had a specified list of mandatory training to complete. We saw there were a significant number of gaps in the mandatory training completed by staff within each of the identified staff groups. For example, none of the six nurses and two phlebotomists were recorded as having completed infection control training and nine of the 10 administrative staff had not completed information governance training. The practice manager said they were aware that staff were not up to date with their mandatory training requirements.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A radio was playing in the patient waiting area to further reduce the risk of conversations being overheard.

Two of the five patient CQC comment cards we received were positive about the service experienced. The patients who completed the other three comment cards made suggestions where the practice could improve the service for them.

Patients we spoke with said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the practice's patient participation group (PPG) before the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The results from the latest National GP Patient Survey showed 78% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 90% and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. A carer's clinic was held every Tuesday.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a visit at a time and place to meet the family's needs or by giving them advice on how to find a support service.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with doctors and in line with local and national averages for nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 90% and national average of 87%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and national average of 85%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 92%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 83%.
- 82% said the nurse was good at listening to them compared to the CCG average of 83% and national average of 78%.
- 78% said the nurse gave them enough time compared to the CCG average of 84% and national average of 79%.
- 84% said they had confidence and trust in the last nurse they saw compared to the CCG average of 89% and national average of 85%
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 77%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again, results for GPs were above local and national averages and for nurses were in line with the local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 81%.

Are services caring?

- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 74%
- 76% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 76%.

- 74% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 70% and national average of 65%

Staff told us that translation services were available for patients who did not have English as a first language, although the demand to use this service was low due to the local demographics.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice met with the local clinical commissioning group (CCG) and NHS England to improve outcomes for patients in the area. For example one of the GPs told us about how they had discussed the need for a plan for Whitehaven to maintain GP services in the town in the event of unplanned absence.

The practice had recently formed a patient participation group (PPG) of around 10 patients. We spoke with two members of the group and they both believed the practice had been receptive to their concerns and suggestions for change raised. Examples of improvements delivered as a result included improvements the practice had made to their website, although one of the PPG members felt there were still some improvements to make. Both of the group members said the most recent meeting had focused on carers and improving the services the practice provided for these patients.

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

- The practice offered a nurse-led triage clinic from 7.30am Monday to Friday. In addition, appointments were available three mornings per week from 7.30am for patients who could not attend during normal opening hours.
- Appointments with GPs could be booked online.
- There were longer appointments available for people who required them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, baby changing facilities and translation services available.

Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example telephone consultations with a GP were made available each day for patients who found it difficult to attend the practice due to other commitments, such as patients who worked full time.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Appointments were available at the following times during the week of the inspection:

- Monday - 8.30am to 11.20am; then from 2.00pm to 6.20pm
- Tuesday – 8.00am to 11.30am; then from 1.00pm to 6.20pm
- Wednesday – 7.30am to 11.20am; then from 1.00pm to 5.20pm
- Thursday – 7.30am to 11.40pm; then from 2.00pm to 5.20pm
- Friday – 7.30am to 11.20am; then from 2.00pm to 5.20pm

Extended hours surgeries were offered Monday to Friday from 7.30am. These were nurse led walk-in triage sessions and/or pre-bookable appointments with GPs. In addition to appointments that could be booked in advance, urgent same day appointments were also available.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. The earliest routine appointment to see a GP that could be pre-booked was on 28 August (a wait of 24 days), although there was one GP appointment that could be pre-booked online on 12 August (a wait of 8 days). We saw locum GPs had 'book on the day' slots available later that day. Nurse triage slots were also still available later that day. Urgent same-day appointments were made available for patients each day. The practice offered same day telephone consultations with a GP or nurse too. This helped to improve same day access to the service for the practice's patients.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 32% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 71%.
- 45% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 44% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 75% and national average of 68%.
- 41% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

At lunchtime, we saw there was one member of staff answering all of the practice's incoming telephone calls. We saw they handled the calls professionally and politely, however they were clearly unable to keep up with the volume of telephone calls received. This may have resulted in some calls not being answered. This reflected the results of the National GP Patient Survey. The practice had completed some reviews of capacity and demand; however no analysis had been done of the number of times patients had tried to get through to the practice on the telephone before they were successful.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included leaflets in the patient waiting area, information within the practice leaflet and on the practice's website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received 11 formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed with staff individually. The practice manager said there had been no annual review of complaints received so far.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

One of the GPs told us the practice had the following goal: 'By embracing change, learning from the past, developing our clinical base in ways other than the traditional GP model'. The practice's statement of purpose listed the following among its aims and objectives:

- To provide a high quality, safe, effective, caring professional Primary Health Care General Practice services to our patients.
- To focus on prevention of disease by promoting health, wellbeing and offering care and advice to our patients.
- To be a learning organisation that continually improves what we are able to offer patients.
- To treat patients as individuals listening and supporting the patients encouraging them to express their needs and wants and enabling people to maintain the maximum possible level of independence, choice and control.

Staff we spoke with talked about the care of patients being their main priority.

The practice did not have a formal business plan in place; the practice manager and one of the GPs told us it was under construction currently. The practice manager told us they were aware of a local business development project which could lead to an increase in the local population of up to 20,000 people. One of the GPs spoke of the need to improve areas within the practice, including the training of staff and the updating of policies.

Governance arrangements

The practice did not have systems or processes which were established or operated effectively in order to demonstrate good governance on the day of the inspection. Examples of these failings included:

- When the provider applied to register with the Care Quality Commission in October 2012, they had declared non-compliance with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2010, part of which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice stated the reason for this was 'We do not have COSHH (Control Of Substances Hazardous to Health) leaflets for all household liquids etc.' We asked the practice manager to show us the Control Of

Substances Hazardous to Health (COSHH) leaflets held by the practice. They said the practice did not have a COSHH file or information leaflets for the cleaning products used within the practice.

- We asked the practice manager to show us the health and safety risk assessments in place for the practice. They said there were no health and safety risk assessments.
- We asked the practice manager what had been done in response to The Department of Health estates and facilities alert Ref:EFA/2015/001 issued in January 2015. They said they were not aware of the alert and the practice had done nothing in response to it.
- We asked to see the most recent fire risk assessment for the practice. The practice manager said it was a work in progress and that a risk assessment had been done with the local fire authority two months ago, but the document had not been completed yet.
- The practice did not have a business continuity plan in place.
- Meetings of the administrative staff were ad hoc, meetings of the nursing staff were irregular and the practice planned to have monthly business meetings and weekly practice meetings. The practice manager was unable to produce any minutes or records of these meetings.
- We saw that some staff employed by the practice did not have NHS smartcards and some staff had NHS smartcards that had lapsed.
- We were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice.
- Staff we spoke with stated on a number of occasions throughout the inspection that many of the provider's policies and procedures were currently under review.

We also identified issues with the management of medicines, infection control and the recruitment and training of staff. The lack of good governance had contributed to all of these issues.

Innovation

The practice had introduced a nurse-led triage clinic that was held from 7.30am Monday to Friday. It was a walk-in clinic with no appointment needed, and patients were triaged on a first come first served basis. Patients were then

Are services well-led?

Inadequate 

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

either provided with the appropriate advice or an appointment was made for them to see one of the locum GPs on duty that day. This helped to improve access to the service for patients.

The practice employed an elderly care co-ordinator whose role was to support the practice's patients who were over the age of 75 years; especially those who did not attend the

practice regularly. The involvement of the co-ordinator had helped to identify the need for clinical interventions that may have been missed due to patients not attending the practice. For example, 96 healthcare referrals had been made between May 2014 and April 2015 and 67 medicines referrals had been made over the same period for patients prescribed five or more medicines to have these reviewed.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not provided in a safe way for service users because: <ul style="list-style-type: none">• The registered provider did not have suitable arrangements in place for the proper and safe management of medicines.• The registered provider did not have effective systems in place to manage and monitor the prevention and control of infection. In addition, they did not have or adhere to policies in place that will help to prevent and control infections. (Regulation 12, (1),(2),(g),(h))

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance. (Regulation 17 (1),(2)(a),(b),(d),(f))

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met:

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

The registered provider had not ensured that persons employed received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to do.

(Regulation 18(2)(a))

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered provider had not ensured that the information specified in Schedule 3 and such other information as is required to be kept was available for each person employed. In addition, they had not ensured that persons employed were registered with the relevant professional body where such registration was required in relation to the work that person performed and the title that person took.

(Regulation 19(3)(a)(b) and (4))