Dalston Medical Group

Inspection report

The Surgery
Townhead Road, Dalston
Carlisle
Cumbria
CA5 7PZ
Tel: 01228710451
www.dalstonmedicalgroup.co.uk

Date of inspection visit: 22 May 18
Date of publication: 10/07/2018

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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. Previous inspection May 2015 - Good

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dalston Medical Group on 22 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice proactively used performance information to drive improvement.

However, there are areas where the provider **should** make improvements:

- The provider should be more proactive in their identification and support of carers
- They should consider having a documented business plan
- They should improve current processes so that learning and trends and themes arising from significant events and incidents are shared with all staff at regular minuted meetings as a standard agenda item
- They should continue in their efforts to establish a patient participation group (PPG)

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
Also in attendance was a GP specialist advisor.

Background to Dalston Medical Group

Dalston Medical Group provides care and treatment to around 5,112 patients of all ages from the Dalston, Burgh by the Sands, Kirkbampton East, Cotehill South, Highbridge West and Micklethwaite areas of Carlisle. The practice is part of North Cumbria clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

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

- The Surgery, Townhead Road, Carlisle, Cumbria, CA5 7PZ

The surgery is located in a two storey building which incorporates the practice dispensary and also provides accommodation for the district nursing team who are located on the upper floor. All patient areas and consultation rooms are on the ground floor. There is reasonably good access and facilities for patients with disabilities although the practice does not have automatic entrance doors. A small on-site car park is available.

Patients can book appointments in person, on-line or by telephone. Opening hours are as follows:

- Monday, Wednesday and Friday – 7.30am to 6.30pm
- Tuesday and Thursday - 8am to 6.30pm
-

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

The practice has:

- Two GP partners (one male and one female)
- One salaried GP (male)
- Two practice nurses (female)
- Two healthcare assistants (female)
- 17 non-clinical staff members including a practice manager, reception supervisor, medicines manager, dispensary manager, receptionists, administrators, secretary and dispensers

The practice is a teaching practice involved in the teaching of foundation doctors and medical students. It is also a dispensing practice and dispenses medicines to approximately 4,000 of their registered patients.

The average life expectancy for the male practice population is 80 (CCG and national average 79) and for the female population 84 (CCG and national average 83). 22% of the practices' patient population are in the over 65 age group.

At 52.1%, the percentage of the practice population reported as having a long standing health condition was

lower than the CCG average of 58% and national average of 53.7%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services.

At 60.5% the percentage of the practice population recorded as being in paid work or full time education was higher than the CCG average of 59.4% and national average of 61.9%. The practice area is in the seventh most deprived decile. Deprivation levels affecting children and adults were lower than local and national averages.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had systems in place to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented and comprehensive approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed their antibiotic prescribing and had monitored antibiotic and antibacterial prescribing on a weekly basis since June 2017.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had emergency medicines in place which were easily accessible and all staff knew of their location.
- The practice had policies in place for the management of medicines which needed to be stored in a refrigerator.
- The provider used appropriate legal mechanisms to enable non-prescribers such as nurses and healthcare assistants to administer prescription only medicines (e.g. vaccines).
- The provider had an effective system in place to monitor and track blank prescriptions in accordance with national guidance.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped managers to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Good

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong although some processes could be improved.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice manager told us that significant events were discussed at weekly clinical meetings which involved the practice manager and GPs. However, there was no system in place to regularly review, identify trends and themes or share learning from significant events with staff. We were told significant events would be discussed with staff as and when necessary or at protected learning time meetings but that they were not included as a standard agenda item in staff meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice, and all of the population groups as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.*)*

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. Work was ongoing as part of a quality improvement scheme to ensure frail patients had comprehensive care plans which included discussion of resuscitation status. At the time of our inspection a documented care plan discussion had taken place with 79 of the 91 (87%) practice patients classed as being severely frail.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was working with other practices in the local area to develop an integrated care community. Although work was at an early stage their aims included providing a more joined up approach to delivering health and social care services and to help older patients avoid non-emergency admission to hospital.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. This included patients with coeliac disease.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had attained well over the expected standard of 90% for all four childhood immunisation indicators (100% for one indicator and 97.2% for the other three).
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 82.2%, which was in line with the 80% coverage target for the national screening programme (CCG average 77.6% and national average 72.1%).
- The practice's uptake for breast and bowel cancer screening were comparable with local and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered an annual health check and flu immunisation.

Good

Are services effective?

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- Statistical data available at the time of the inspection showed that outcomes for patients with mental health issues such as dementia, schizophrenia, bipolar affective disorders and other psychoses were comparable with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice had achieved 99.9% of the total number of QOF points available, compared to the CCG average of 98.8% and the national average of 95.6%. At 5.7% the practice exception reporting rate was comparable with the local CCG average of 5.4% and the same as the national average.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme were receiving specific training.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, coaching and mentoring, clinical supervision and support for revalidation. All staff had received an annual appraisal.
- Systems were in place to support and manage staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services, health visitors and community services as necessary.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Good

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.
- The practice hosted Saturday morning flu clinics. This was not only to improve access for people who worked but also to ensure that requests for flu immunisation appointments did not impact on normal appointment demand. In 2016/17 the practice had carried out 1,482 flu immunisations. This had increased to 1,626 during 2017/18.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients about the way staff treat people was positive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice needed to be more proactive in their identification of carers. They had identified 39 of their patients as having a caring responsibility. This represented approximately 0.8% of their patient population. It is estimated that between two and five percent of practice patient populations would be carers and this may include young people caring for their parents. While the carers identified were offered a flu immunisation and signposted to local support services they were not offered an annual health check.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and took account of their needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice premises and facilities were appropriate for the services delivered. Access for patients with mobility issues was reasonably good although the practice did not have automatic doors. A quotation to replace the doors had been obtained and the practice was looking for funding to carry out the work.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- As the practice was a dispensing practice they operated a prescription delivery service for housebound patients. A standard operating procedure was in operation to govern this activity.
- The practice was proactive in ensuring older patients received an annual flu immunisation.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- The practice was open until 6.30pm every weekday (appointments available until 5.50pm). They also offered appointments from 7.30am three days per week with either a GP, nurse or health care assistant dependent on the day.
- Patients were able to sign up to a text messaging service which reminded them of their appointments and also allowed them to cancel by text.
- The practice hosted Saturday morning flu clinics to increase uptake.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered annual health checks and flu immunisations for patients with learning disabilities. They had enlisted the services of a learning disability specialist nurse to review their learning disability register. The practice had 13 patients on their learning disability register.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Good

Are services responsive to people's needs?

- All patients on the practice mental health register were offered an annual health check. As at 31 March 2018, 71% of the patients on these patients had an annual health check (25 of the 35 patients).

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. The practice had an effective system in place to manage capacity and demand. Clinical staff worked flexibly and adjusted their working hours to meet demand as and when required.
- The practice was aware that there had been some negative feedback in relation to appointment availability. They were therefore trialling a GP triage system with effect from August 2018 to see if this improved appointment availability.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. For example, a patient had complained that a medicine prescribed by a secondary care practitioner had not been added to their repeat prescription. As a result the practice had reviewed their process for dealing with faxed requests for medication changes. This ensured that faxes were scanned onto the practice computer system and a message sent to the GP to authorise the change the same day.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy. However, they did not have a written business plan detailing issues such as future plans, succession planning or aims and objectives to help them achieve and monitor priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned their services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. There were positive relationships between staff and teams.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. All staff were given the opportunity of an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Good

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. However, the practice had not been able to establish a patient participation group despite actively advertising for members. The practice manager told us that they were now looking for alternative ways of engaging with patients and were considering setting up a 'virtual' patient participation group with whom they could consult.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, the practice participated in local quality improvement schemes. They were able to demonstrate a reduction in the number of unplanned admissions to hospital for chronic ambulatory care sensitive conditions as a result of this. This had reduced year on year from 568 in 2014/15 to 380 in 2017/18.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.