

Seascale Health 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.

Summary of findings

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Summary of findings

Overall summary

Seascale Health Centre is a GP practice, the main branch surgery is in the village of Seascale. There is a branch surgery in Bootle Village 14 miles south of Seascale. The practice serves a rural community. Both surgeries are dispensing practices. During our inspection we visited both sites.

The patients we spoke with were very complimentary of the service and we received excellent feedback from the

comment cards which were left for patients to complete during our inspection. Patient views were sought on a recent change in the way the appointment system was run.

We found that the service had a clear and transparent leadership structure which did not prevent people from feeling included and valued. The practice invested time supporting training and ensuring the care provided was not just good but consistent, enduring and safe.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe. Comments received from patients did not raise any concerns over patient safety.

We saw that arrangements were in place to ensure safe patient care. Staff were trained and recruited effectively and there was forward planning in relation to arrangements for staff mix and numbers to meet people's needs.

There was an effective system in place to learn from any significant events or incidents. Safeguarding procedures were in place to ensure patients are safeguarded against the risk of abuse.

The practice had effective systems and risk assessments in place to ensure the health and safety of patients, staff and visitors to the practice.

We found there were appropriate arrangements in place for managing medicines. Effective standard operating procedures were in place for all aspects of medicines handling.

The practice was clean and there were effective systems in place to minimise the risk of infection.

Are services effective?

Overall the service was effective. There was a good clinical audit system. Care and treatment was delivered in line with best practice.

Staff were aware of the importance of working with other services to achieve the best outcomes for patients.

Are services caring?

Overall the service was caring. Almost all of the feedback was very complimentary.

Staff were observed to be caring and compassionate with patients and feedback from people confirmed this.

People told us they felt they had enough information and time with the GP or nurse and treatment was explained to them.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. There was a clear complaints policy and patient feedback was acted upon.

Patients overall told us they were happy with access to services provided and staff had a good understanding of the local community's needs.

Summary of findings

Are services well-led?

Overall the service was very well led. There was a good structure and clear allocation of responsibilities. There was an open and supportive culture.

There was a system of audits and risk management in place to ensure patient, staff and visitor safety. There was a governance strategy in place and the practice understood how they needed to take forward the practice in the future.

Summary of findings

What people who use the service say

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

There were no problems accessing urgent appointments. Patients could see the GP of their choice for routine appointments but sometimes there may be a small wait for this due to availability.

Patients all thought that the staff had a caring, friendly attitude and they felt safe.

Comment cards which had been left at the practice by CQC to enable people to record their views on the service were overwhelmingly positive and emphasised the standard and quality of care patients received.

Areas for improvement

Action the service **COULD** take to improve

- The provider could risk assess the storage of medicines and prescription pads to identify and assist with managing potential shortfalls relating to security.

- The provider could consider replacing the flooring in the treatment room at the branch surgery at Bootle to minimise the risk of infection.

Good practice

Our inspection team highlighted the following areas of good practice:

- We saw the practice had recently recruited two care coordinators for people over the age of 75.

Seascale Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a pharmacist and a second CQC Inspector.

Background to Seascale Health Centre

Seascale Health Centre is a GP practice situated in the western coast of Cumbria within the locality district boundary of Copeland. The main surgery is located in the village of Seascale and the branch surgery is located in Bootle Village 14 miles south of Seascale. The practice has a dispensing service based at both sites.

The practice size is approximately 5630. Although the practice population as a whole scores low on deprivation, the branch site at Bootle has a higher deprivation score which is masked by the Seascale score. The area the surgeries cover is diversely rural ranging from Thornhill, Wilton, Eskdale, Wasdale to Bootle and the Whicham valley. There is a very small percentage of the population whose first language is not English. There are 28 full and part time staff between both sites including 4 GP partners, 1 GP registrar and 1 salaried GP. There is a practice nurse, nurse clinical lead, a dispensing and medicines manager and a practice manager. Attached staff working from Seascale Health Centre include district nurses, health visitors, midwives, physiotherapists, podiatrist and speech and language therapists.

The main surgery at Seascale is open Monday to Friday 08:00 until 18:00. The branch surgery at Bootle is open 09:00 until 12:30 Monday to Friday with one late night

opening on Thursday 16:00 until 18:00. The Seascale dispensary is open between 08:45 and 18:00, closed for lunch between 13:00 and 14:00, Monday to Friday. The dispensary at Bootle is open 09:00 until 12:30 Monday to Friday and 16:00 until 18:00 on Thursdays. Out of hours the surgery telephone service will divert patients to Cumbria Health on Call (CHOC) who will assess people's needs or alternatively in emergencies the 999 service for an ambulance.

The practice provide a GP led triage system for urgent appointments. Urgent cases are seen on the day by the available doctor. Routine appointments can be made within two working days although patient may have to wait longer if the wish to see the GP of their choice. Telephone consultations can also be arranged for those who prefer not to attend the surgery. Home visits can be carried out by the duty GP for those who are not well enough to attend the surgery.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

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?

Detailed findings

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 29 April 2014 and we visited both surgeries. During our visit we spoke with a range of staff including, some of the GP partners, a locum GP, practice manager, assistant practice manager, dispensary and

medicines manager, dispensers, nurse practitioners, practice nurse, health care assistants, secretaries and receptionists. We spoke with patients who used the service both in the surgeries and by telephone.

We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We held a listening event and we reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

Overall the service was safe. Comments received from patients did not raise any concerns over patient safety.

We saw that arrangements were in place to ensure safe patient care. Staff were trained and recruited effectively and there was forward planning in relation to arrangements for staff mix and numbers to meet people's needs.

There was an effective system in place to learn from any significant events or incidents. Safeguarding procedures were in place to ensure patients are safeguarded against the risk of abuse.

The practice had effective systems and risk assessments in place to ensure the health and safety of patients, staff and visitors to the practice.

We found there were appropriate arrangements in place for managing medicines. Effective standard operating procedures were in place for all aspects of medicines handling.

The practice was clean and there were effective systems in place to minimise the risk of infection.

Our findings

Patients' Views

We spoke with 11 patients who were using the service both on the day of the inspection and over the telephone prior to our visit. We read 34 comment cards that had been completed by patients who used the service in the week before and on the day of our inspection. Almost all of the comments we received were positive and did not raise any concerns over patient safety.

Their comments included;

- "I know about the chaperone policy"
- "I always feel safe"
- "Treatment room nurses excellent, safe and hygienic in all areas of the surgery".

Safe patient care

We saw from training records and staff confirmed they had received first aid and Cardiopulmonary resuscitation (CPR) training. The nurse practitioner told us "Although everyone has done resuscitation training, I'm planning some dummy runs to embed this learning and engage everyone including reception staff".

One of the GP partners is the lead for Health and Safety and risk management. A secretary told us "I'm also the fire warden and look after health and safety in the building. I'm going on a fire warden's course soon."

All staff were subject to checks to ensure their suitability to work with vulnerable people. There was an induction process which enabled staff to be assessed as competent in areas relevant to their work. A receptionist told us "I've had lots of training as well as a really good induction programme when I started 2 years ago." There was a process in place to ensure that clinical staff continued to be registered with their appropriate professional body, for example, the Nursing and Midwifery Council.

Learning from incidents

The provider had in place arrangements for reporting significant events and incidents which occurred in the practice. We discussed the process with the practice manager who showed us the records of these which were kept and explained the practice held a weekly meeting to discuss this. One of the GP partners told us "We report and regularly review critical incidents and adverse events and the manager keeps a log where learning points and actions

Are services safe?

are recorded. These are discussed at clinical and team meetings". She told us that the GP's look at referrals and carry out peer review to make them more appropriate. They used "choose and book" for most referrals and had almost no referrals returned. Another GP told us "We have weekly primary health care team meetings with all staff including district nurses, practice nurses, health visitors and midwives. The IT system allows us to monitor the patient journey and discuss other approaches using everyone's input. We regularly discuss incidents and adverse events as a learning tool".

We saw that the GPs worked closely with the pharmacists and dispensers to minimise errors, any errors were recorded and reviewed. For example, a travel vaccination error resulted in the practice changing the way they planned and administered vaccines. There was a staff training matrix to ensure staff were trained to an appropriate standard and staff were encouraged and supported to undertake training. We were told that the practice nurses went to the West Cumbria practice nurse meetings and discussed issues and shared learning.

The assistant practice manager told us that she was leading on the implementation and use of the new IT system and once they started doing complex searches, they could provide much better management and clinical information to monitor care and reduce variation.

Safeguarding

Patients all reported they felt safe using the services at Seascale Health Centre. The patients we spoke with reported that they knew they could ask for a chaperone to ensure they stayed safe whilst being examined, but they all reported they did not feel the need for this service. We saw information in the waiting areas informing patients of the chaperone policy and a receptionist told us "We do offer chaperones but it's always the nurses that do that."

One of the GP partners is the safeguarding lead for the practice. She told us that she ensured that staff had access to the policies and procedures. We looked at a sample of staff training records which showed staff had received safeguarding training.

Monitoring Safety & Responding to Risk

We saw the practice had in place a number of risk assessments in place to ensure the health and safety of patients, visitors and staff members. These included risk assessments related to fire hazards, legionella infection,

health and safety. We saw that risk assessments had also been put in place to relation to specific situations, such as staff pregnancy, moving and handling of particular patients and flood damage. The practice had equipment for managing emergencies, staff had received cardiopulmonary training (CPR). There were drugs in case of emergencies and these were seen to be in date. We saw that actions were identified to mitigate risks, with clear timescales and accountabilities. Therefore, we found there were processes in place to identify and mitigate risks to patients, staff and visitors to Seascale Health Centre.

Medicines Management

We found that there were appropriate arrangements in place for managing medicines. Effective standard operating procedures were in place for all aspects of medicines handling. These were reviewed annually and accessible to staff. The quality of medicines management was monitored by the Medicines Manager who fed back information to the practice. National safety alerts regarding medicines were acted on by the Medicines Manager. The Medicines Manager also monitored dispensing errors and had a system in place for following these up with the GP who took the lead on dispensing and at meetings with dispensary staff.

Arrangements were in place to manage repeat prescribing systems safely and prescriptions were seen and signed by GPs promptly before medicines were issued to patients.

Qualified staff who dispensed medicines received training through the Dispensing Services Quality Scheme (DSQS) and held an NVQ qualification in pharmacy services. New dispensing staff received DSQS training and completed their probation period, and were working towards the NVQ qualification. We saw staff working as dispensers who were undergoing NVQ dispensing training and they were supported by a GP and another trained dispenser at the branch site and also had contact with the dispensary manager at the main site. Whilst there was a GP on site to provide support we were told that some dispensed medicines were checked by reception staff who had received DSQS training but who themselves did not hold an NVQ qualification. This ensured that medicines dispensed by staff in training are thoroughly checked by a trained dispenser.

Storage of medicines, including emergency medicines and vaccines, was checked at both the main and branch surgeries and this was appropriate for temperature and

Are services safe?

stock was rotated. Arrangements were in place to manage Controlled Drugs safely. Prescription pads at the main surgery were not in a locked cupboard. The provider may wish to note that a risk assessment for the storage of medicines and prescriptions would identify and assist with managing potential shortfalls relating to security.

Cleanliness & Infection Control

The patients we spoke with reported that they found the surgery and consultation rooms were kept clean. For example one patient said, “The surfaces are kept sparkling, I wouldn’t mind knowing what they use so I can get in on the act at home.” Another patient said on a comment card “The surgery is lovely and clean!”

We looked at the general surgery areas, treatment and consultation rooms within the main site. We found that these were well maintained and clean. We saw that curtains within treatment and consultation rooms were dated to ensure that these were changed regularly. Signs informing patients and staff of good hand washing techniques were displayed next to most hand washing facilities.

At the time the practice first registered with CQC they declared non-compliance with the regulations in relation to infection control. They had an action plan to achieve compliance by April 2013. We saw evidence that some of the planned improvements had been implemented. This included the introduction of a cleaning schedule for the practice. We saw evidence of a range of policies and procedures in place to support staff in cleanliness of the surgery and infection control. These included clinical waste management, hand hygiene, single use instruments, cleaning and infection control.

The practice raised an issue at registration with the floor not being fully sealed in the treatment room at the branch surgery at Bootle. They had stated they would achieve compliance with this by April 2014. However action had still not been taken due to uncertainty over the replacement of the heating system. Following a discussion with the practice manager and a GP partner they informed us that they had decided the treatment room floor would be replaced as soon as practically possible at Bootle to minimise the risk of infection.

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

We found that Seascale Surgery had processes in place to maintain a clean environment and they had taken action to reduce the risk of the spread of infections.

We saw that a record was kept of staff immunisation details and hepatitis B status. This helped identify potential risks and reduce the risk of the spread of infections.

Staffing & Recruitment

We spoke with the practice manager about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet people’s needs. They showed us the systems they used to arrange rotas for all the different staffing groups to ensure they had enough staff on duty. They showed us the improvements they were making to this system to bring together all the different rotas so in the future they would be able to see all this information across the surgery.

They showed us how they monitored capacity, and peaks and flow within access to services across Seascale Health Centre. This ensured they had information to inform the number of staff needed and the skills mix to meet patient need.

Dealing with Emergencies

There were robust plans in place to deal with emergencies that might interrupt the smooth running of the service. Alternative sites had been identified for potential use if the main or branch surgery became unavailable for any reason. Risks to providing services because of power and utilities had been considered, as had interruption of access to both clinical and paper records.

Equipment

We saw records to demonstrate that equipment was well maintained and serviced regularly. We saw that where required, equipment was calibrated in line with manufacturer’s guidelines.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. There was a good clinical audit system. Care and treatment was delivered in line with best practice.

Staff were aware of the importance of working with other services to achieve the best outcomes for patients.

Our findings

Promoting Best Practice

We saw that Seascale Health Centre operated a clinical audit system which continually improved the service and provided the best possible outcomes for patients. We saw that staff carried out assessments which covered health care needs. We saw that people with long term conditions were identified from their care plans and it was arranged that they came to the surgery once rather than several times to review their needs. A patient told us about the support they had with managing a long term health condition. They told us, "I see the same doctor all the time. This is good, because I have a long term condition and he knows all about it. I get a blood test once a year to check on my health."

A GP partner told us "Apart from having well trained staff for instance in Mental Capacity Act training, we have regular palliative Care Gold Standard meetings. I do a lot of reading and on line training to keep up to date" The nurse practitioner told us "I'm responsible for the nursing team and work with them on their training needs and carry out their appraisals".

The practice told us how they recognised potential short falls in the service they provided, for example, they had recently released two nurses to complete a diploma in diabetes care but they had recognised this and plans were in place to manage this shortfall.

Management, monitoring and improving outcomes for people

A GP partner explained to us how they carried out regular audits and looked at comparative data with other practices in the area. We saw that the nurses worked as a team and worked closely with the district nurses and health visitors to anticipate problems and provide good care. The nurses did their own audits and reflected on practice. The Macmillan nurse attended clinical meetings and discussed significant problems. Gold Standard meetings were held where all cancer patients' care is discussed and co-ordinated.

Are services effective?

(for example, treatment is effective)

Staffing

We saw examples of the staff induction training in staff training files. We also saw yearly appraisals and staff we spoke with confirmed that they received these. There was also evidence in staff files of the identification of learning needs and continuing professional development (CPD).

One member of staff told us “I’ve only been here a year and realise I have a lot to learn. I’m doing a leadership and management course to improve my skills which I’m really excited about.” The nurse practitioner told us “All the nurses are experienced but I do support and mentor them all. Also because I work in out of hours as well, I can see the impact of in hours care and how needs can be met better. This also facilitates better understanding and communication with out of hours.”

One of the GP partners told us “ We have a good relationship with CHOC, the out of hours provider and use special patients reports when there are major or significant issues, like terminal care, they need to know about and we make sure anticipatory drugs are in the right place.”

Working with other services

Practice staff met on a weekly basis with other healthcare professionals working from the surgery site, including district nurses, physiotherapists and Macmillan nurses. This helped to coordinate care provided to people across the boundaries of services and ensured all health care professionals were kept up to date on the health and general circumstances for patients. One of the GP partners told us “We engage well with the local out of hours (OOH) provider and we are starting to work with the community

mental health teams to improve services and support for patients. We get daily reports from the OOH provider and any issues are flagged up immediately to the on call doctor.” A receptionist told us “Home visit requests are always put on the doctors list and they sort them out.”

One patient told us about how well services worked together when they had been discharged from hospital. They told us, “I see the same GP regularly. When I came out of hospital they rang me to check on my pain relief, and adjusted the medication to ensure it met my needs. I feel it was well coordinated, with district nurses and the local occupational therapy unit. I don’t know what part the GP surgery played in this, but I felt it worked very well.”

Health Promotion & Prevention

One of the GP partners told us that the practices’ new registration forms had additional questions which looked at social need and people who were at risk of abuse and this was followed up at their new patient check. The staff had received equality and diversity training recently, which we saw evidenced in staff training files. They also explained they invited teams that they didn’t see as often as they would like to their weekly meetings to improve communication. There were health promotion leaflets available in the waiting area in both surgeries. Due to being so far from the local hospital with such a big geographical practice area this was found to be really helpful.

The nurse practitioner explained how they communicated with the secretaries at the hospital which helped reduce inappropriate referrals and also helped patients to resolve referral issues directly with the departments concerned.

Are services caring?

Summary of findings

Overall the service was caring. Almost all of the feedback was very complimentary.

Staff were observed to be caring and compassionate with patients and feedback from people confirmed this.

People told us they felt they had enough information and time with the GP or nurse and treatment was explained to them.

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with six patients on the day of our inspection and five by telephone prior to our visit. Before the inspection comment cards were left in the reception waiting room, we received 34 responses and 2 people contacted CQC direct to give us feedback. All patients we spoke with and received feedback from reported that staff were very respectful of them and treated them with dignity. Only two patients raised issues both were regarding the appointment system. We discussed this with the practice manager and a GP partner on the day of our inspection.

Comments we received from patients included;

- “All the staff are cheerful and happy. They are concerned for your welfare. The GPs seem to care. I’ve been seeing the same GP for some time now”.
- “The staff and GPs – I have no problems with any of them”.
- “I am treated with respect. You don’t get the ‘doctors receptionist’ syndrome here. They are generally welcoming and helpful”.
- “There are no problems getting appointments here, the reception staff are brilliant and I feel respected. I have been given enough information. I can usually get to see the doctor that I want”.
- “I don’t have any concerns about privacy or confidentiality”.
- “The new appointment system is very good”.

We observed patients being attended to by the reception staff at both surgeries who were polite and professional when dealing with patients. The staff we spoke with all displayed a passion for patient care and were keen for the service to be patient centred.

Involvement in decisions and consent

Patients reported that they felt they had enough time to speak with the doctor and other clinical staff when they went in for appointments. They also told us that they were given enough information about their health conditions and the staff explained the treatment options to them. They said they were supported to make their own decisions about which treatment options to choose. Clinical staff explained to us that they used written information to assist them to engage patients in decisions and adjusted the

Are services caring?

leaflets to take into account the learning needs of the patient. They explained they made care planning for patients with multiple long term conditions more patient focussed than disease focussed.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. There was a clear complaints policy and patient feedback was acted upon.

Patients overall told us they were happy with access to services provided and staff had a good understanding of the local community's needs.

Our findings

Responding to and meeting people's needs

People told us that they could normally see a GP of their choice. They told us about changes that had been made to the appointment systems to introduce a telephone triage service approximately a year ago. They told us this had been a positive change and had greatly improved the service provided by the surgery as it reduced the need to travel unnecessarily to seek medical advice. They told us this was particularly important in rural communities, such as those covered by the Seascale Health Centre.

The practice does not offer extended opening hours for patients. This was trialled previously with a low take up rate. CHOC provided out of hours services within the practice boundaries.

The practice manager and a GP told us there was a very small population of patients where English was not a first language. However, the majority of these were also able to speak English. We saw evidence that translation services were available for those who needed it. This was publicised in the reception areas in a number of languages. We also saw the surgery had an induction loop for those people who were hard of hearing and a notice was displayed advertising its availability.

As the practice is in a very rural community, a number of staff members of the practice are also on the practice list as well as close family members. The practice had recognised this as an area of risk and had implemented arrangements to ensure that their personal information was kept secure and could only be accessed by those healthcare professionals who needed to access it. Staff confirmed that these arrangements were in place to ensure their personal information was kept confidential.

The practice had recently recruited two care coordinators for people over the age of 75. This resource was shared with a neighbouring practice. It was planned that these staff would coordinate the care of people who were mild to moderately frail. This would also include those who were recently bereaved or at risk of isolation and reduced links into the community. It was planned as a six month programme to reduce the risks of declining health for this

Are services responsive to people's needs?

(for example, to feedback?)

population group. A GP partner explained “ We do bloods here and have a centrifuge so there's more flexibility so people don't always have to have bloods done in the morning”.

Practice staff had a good understanding of their local communities, and we saw evidence to demonstrate that they were planning how they could meet the needs of the local population but were also planning how to continue to meet the needs of local communities into the future.

Access to the service

We discussed the appointment system with a member of reception staff who explained to us how this worked. Any urgent requests for appointments were seen on the day, routine within two working days but there could be a small wait to see a GP of the patient's choice, they showed us the appointment booking screens which confirmed this. Several patients we spoke with told us that access to appointments had greatly improved since the system

changed just over a year ago. One person said it was a great help that they could ring up and ask for the GP to call them if they wished to have a telephone appointment particularly because they had a distance to travel to the surgery. Another patient we spoke with thought that the repeat prescription system “Works really well”.

Concerns & Complaints

We saw that the service had an effective complaints procedure. There were complaint leaflets and signs in the waiting rooms telling people how to make a complaint and there was information regarding complaints on the practice website. We looked at a sample of complaints and saw that they were responded to appropriately, in line with the policy and patients were kept informed with the progress and result of any investigation. Staff we spoke to said “We get very few complaints and they can usually be sorted by explaining things”.

Are services well-led?

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

Summary of findings

Overall the service was very well led. There was a good structure and clear allocation of responsibilities. There was an open and supportive culture.

There was a system of audits and risk management in place to ensure patient, staff and visitor safety. There was a governance strategy in place and the practice understood how they needed to take forward the practice in the future.

Our findings

Leadership & Culture

Both clinical and administrative staff described the culture in the service as being open and supportive. A member of staff told us “This is a great practice to work for and if there are any problems or I’ve got ideas for improvements, I feel happy to bring them up and feel I am listened to”. Another member of staff told us “I work closely with the practice manager and if she is away for any reason I can take over. For example, in bad weather or when we had a power cut recently. The working arrangements are very clear”. Another member of staff said “I have my appraisal done by a doctor. I have had no complaints”.

There was a well-established management structure with clear allocation of responsibilities. The practice manager and GP partner told us that one of the key aims of the practice is to seek stability. This included seeking new partners to join the practice to take the practice into the future, due to the retirement of one GP and re location of another. They said “Succession planning is an issue here but we have had some good applications for partners and I’m very hopeful we can address that issue in the near future”.

Governance Arrangements

Seascale Health Centre has a governance strategy. Its philosophy is focussed on developing a positive culture and learning from experience is encouraged. The governance is shared between the practice management and the GP partners, for example, one GP partner had the lead role for health and safety and risk management. Another GP partner is responsible for learning through experience which includes complaints, compliments and suggestions and significant events. A member of staff told us “This is a really open and responsive practice but because many staff are also patients, we are very aware of confidentiality issues and we have systems to record sensitive issues separately. Also it’s important to separate health and employment issues by using different people whenever possible to address these points”

Systems to monitor and improve quality & improvement

We saw the practice proactively evaluated the services provided. We saw records of the checks and audits carried

Are services well-led?

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

out to make sure the practice delivered high quality patient care. We saw that if issues were identified action plans were put in place to monitor progress and had dates for completion.

Patient Experience & Involvement

The practice produced a public and patient engagement newsletter on a monthly basis called “Wellwellwell”. This was used to keep patients informed of planned changes and also to seek further input from patients on an on going basis.

The practice have an active patient participation group (PPG) which meets quarterly, there is also a virtual group where patients can have their say without having to attend a meeting overall. Numbers of patients involved are approximately 100. The latest patient survey and PPG annual report are available on the practice website. Comments in the survey of March 2014 are positive.

We spoke with a number of patients who were either on the PPG as an active member or as part of a virtual group. Members told us that they felt Seascale Health Centre staff were open to considering and incorporating the views of patients in the way that services were delivered. One member of the PPG told us, “We have very open and frank discussions (at the PPG).” Another member told us, “At the moment the practice manager runs the PPG. However they have tried to support us as a group taking more of an active role in this. I don’t feel like we are quite at the stage where we can run it ourselves yet. It is a bit of a learning curve on both sides but they do actively use the PPG when they are considering new ways of doing things.”

The patients we spoke with told us they were happy with the care and treatment provided by Seascale Health Centre. “I feel well supported here. We have a privacy room for distressed patients. If I have suggestions to make I feel listened to”.

Staff engagement & Involvement

One of the GP partners told us “We promote a spirit of openness and no one (I hope) feels intimidated to speak to me or any of the doctors about a problem. Similarly our newsletter for staff and patients gives news and information and supports our practice ethos of care and compassion”.

Staff received protected learning each month and there are regular staff meetings. The practice nurse told us “We discuss clinical and organisational issues at team meetings and the minutes of the partners meetings are published so everyone knows what’s going on. Staff attended the patient reference group PRG on a regular basis to get feedback and explain policies and challenges we face.”

Learning & Improvement

Staff we spoke with all said they felt supported to carry out their roles. We looked at a sample of staff files and they all had received an annual appraisal and there was identification of training and development needs. Staff told us they could readily access training or development over and above basic training if they asked for of they felt they needed it to perform their role.

Identification & Management of Risk

We saw that staff had access to policies and procedures on the practice intranet. There were risk assessments in place to ensure safety. There were weekly meetings to discuss significant events and to learn from these incidents. There were plans in place to deal with any emergencies which may disrupt the running of the service.

Staff were subject to checks to ensure their suitability to work with vulnerable people. There was an induction process which enabled staff to be assessed as competent in areas relevant to their work.