

St Pauls Practice

Quality Report

Spencer House
St Paul's Square
Carlisle
Cumbria
CA1 1DG

Tel: 01228 588121

Website: www.carlislehealthcare.co.uk

Date of inspection visit: 26 January 2018

Date of publication: 08/05/2018

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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Inadequate



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to St Pauls Practice	5
Detailed findings	7
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement

overall. (Previous inspection - St Paul's Practice was previously inspected in November 2014 and rated as Good. Brunswick House Medical Group (which has since merged with St Paul's Practice) was previously inspected in November 2015 and rated as Good. Both of these inspections took place prior to the merger in October 2016.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Inadequate

Are services well-led? Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at St Paul's Practice on 26 January 2018 as part of our inspection programme.

At this inspection we found:

- The service had formed from the merger of three Carlisle practices in October 2016, leading to a combined patient list size of approximately 36,000 patients. This was the first practice in Cumbria to undertake a merger of this size, and while the leaders at the practice understood the challenges of working at scale and had made attempts to address them, they were aware that improvements were still needed.
- The practice had systems to manage risk but some of these required improvements so that safety incidents were less likely to happen. When incidents did happen, the practice tried to learn from them and improve their processes.
- Despite making efforts to meet demand, the practice continued to have difficulties to ensure that patients

Summary of findings

could access the service in a timely manner. Patient feedback regarding access via the telephone or to appointments remained below local and national averages.

- Patient feedback was lower than local and national averages, and there had been a number of complaints about the attitude of some staff. On the day of inspection, however, we saw staff treating patients with compassion, kindness, dignity and respect.
- There were measures in place to focus on continuous learning and improvement but these had not been fed back to patients and had not led to adequate improvements of the service.
- On the day of inspection we saw that some staff had not completed annual training in the past 12 months in areas such as basic life support, safeguarding, fire safety and information governance. Furthermore, administrative and reception staff had not received annual appraisals since the practices merged in October 2016.
- The three practices which make up Carlisle Healthcare had worked together prior to the merger to establish a “Frailty Team” of trained nurses who carried out visits to housebound frail patients..
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice worked closely with other healthcare professionals in the area to offer a range of services to patients.

The areas where the provider **must** make improvements are:

- Ensure all that is reasonably practicable to mitigate the risks to the health and safety of service users receiving care or treatment is done.
- Ensure systems and processes are operated effectively.
- Ensure staff receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

For details, please refer to the requirement and enforcement notices at the end of the report.

The areas where the provider **should** make improvements are:

- Continue to follow the improvement programmes which have led to improved patient feedback regarding being treated with kindness and compassion and being involved in their care.
- Monitor the measures taken since the inspection to ensure they have led to sustainable improvements.
- Continue to use media equipment and other reasonable measures to reduce the possibility of patients’ personal information being overheard in public areas of the practice sites.

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

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

St Pauls Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist adviser and a practice manager adviser.

Background to St Pauls Practice

St Paul's Practice is located in Carlisle, Cumbria, and is registered with the Care Quality Commission to provide primary care services to patients living in the town and surrounding rural areas.

The practice provides services to around 36,250 patients on a General Medical Services contract from five sites:

- St Paul's Practice, Spencer House, St Paul's Square, Carlisle, Cumbria CA1 1DG.
- Brunswick House, 1 Brunswick Street, Carlisle CA1 1ED
- Arnside House, Sycamore Lane, Carlisle CA1 3SR
- North Carlisle Medical Centre, Eden Street, Carlisle CA3 9JZ
- Eastern Way, 1 Eastern Way, Carlisle CA1 3QZ

We visited St Paul's Practice, Brunswick House and North Carlisle Medical Centre during this inspection on January 26, 2018. On February 7, 2018 the lead inspector returned to Brunswick House to speak to staff who had not been available to speak to on the day of inspection.

St Paul's Practice and the other sites in the group are known collectively as Carlisle Healthcare, following a merger of three Carlisle practices in October 2016: St Paul's

Practice, Brunswick House Medical Group and North Carlisle Medical Practice. This is the first merger of GP practices on this scale in Cumbria. Prior to the merger, St Paul's Practice and Brunswick House Medical Group were inspected in November 2014 and November 2015 respectively and were both rated as good. North Carlisle Medical Centre was not inspected before the practices merged.

The buildings in which the practice is located differ from site to site. St Paul's Practice was purpose-built as a GP surgery in 1992. Brunswick House is located in a converted building. Both are in the centre of Carlisle. Both had wheelchair or step-free access, but on the day of inspection neither had automatic doors nor a working system for patients in wheelchairs to call for assistance. There was no car parking at either of these sites, although on street parking with a local residence permit or pay-and-display car parks were located nearby. North Carlisle Medical Practice is located in a modern, purpose-built building in the north of the city. Patient facilities used by the practice were located on the ground floor, and there was level-access, automatic doors and car parking available. Both Brunswick House and North Carlisle Medical Centres had an adjoining pharmacy. Patients at the practice can attend appointments and services at all five sites.

The practice has a large team comprising 17 GP partners (three female, 14 male), eight salaried GPs (six female, two male), five advanced nurse practitioners (all female), three trainee nurse practitioners (all female), one specialist practitioner (female), five non-medical prescribing nurses (female), 17 practice nurses (all female), one paediatric nurse specialist (male), two pharmacists, six health care assistants, two trainee advanced practitioners, a six-person management team (including the practice manager), 61 members of clerical staff performing administrative, secretarial, reception and estates duties, and two apprentices.

Detailed findings

Opening times at the practice are 8am to 8pm from Monday to Thursday and from 8am to 6.30pm on Friday. The surgery is closed at weekends. Telephones at the practice are answered from 8am to 6.30pm Monday to Friday. Outside of these times, a pre-recorded message directs patients to 999 emergency services, NHS 111 or out-of-hours providers, as appropriate

The practice is part of North Cumbria clinical commissioning group (CCG). Information taken from Public Health England places the area in which the practice is located in the fifth least deprived decile. In general, people living in more deprived areas tend to have greater need for

health services. The practice's patient population is similar to the national average, and has a lower percentage of older patients than other practices in Cumbria. The number of patients with a long-standing health condition is higher than local and national averages (62.2% to 58% and 53.7% respectively) and the number of patients in paid work or full-time education is lower than local and national averages (54.4% to 59.4% and 61.9%).

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

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse, however some of these required improvement.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The policies outlined clearly who to go to for further guidance. There was a safeguarding children team which included the practice's safeguarding lead (a GP), a paediatric nurse and administrative support.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff had access to up-to-date safeguarding and safety training appropriate to their role. However, on the day of inspection we saw annual training for basic life support, fire safety, information governance and safeguarding was showing as being overdue for some staff. The practice could not show from their training records whether staff had completed this training, or whether they had completed safeguarding training to the appropriate level. Staff we spoke to on the day of inspection understood their role regarding safeguarding, information governance and fire safety.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was an infection control lead, and plans were in place to implement an infection control team to monitor standards across all the practice sites. However, consultation rooms at some of the sites were carpeted and we were told that clinical activities which may result in spillages of bodily fluids were being carried out in at least one of these rooms. This was against practice policy and national guidance from the Department of Health. Staff we spoke to on the day of inspection did not tell us of any measures which were in place to reduce the risk of spillages, nor to clean these should they occur. Since the inspection, the practice has submitted evidence to CQC to show that their policy has been updated to make it clear that these rooms should only be used in exceptional circumstances for low-risk procedures.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice carried out regular audits of their workforce to try and meet patient demand. Staff we spoke to on the day of inspection felt there was a need to recruit more staff, and the most recent audit of workforce in November 2017 showed the practice was 41 clinical sessions short of their target provision each week. At the time of inspection they had recently employed more GPs and were actively recruiting, as well as training advanced nurse practitioners.
- There was an effective induction system for all staff, tailored to their role.
- 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, for example, sepsis.

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines, however there was an area for improvement.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice employed two pharmacists who reviewed patient medication and checked all changes to patient prescriptions following discharge from hospital.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- Healthcare assistants administered vaccinations against a Patient Specific Direction (PSD). PSDs are a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. However, the system in use at the time of inspection meant that the healthcare assistants were administering the medicines before they had been legally authorised by a prescriber. Following the inspection we were sent evidence to show that an audit had been completed of the administration of medicines under a PSD at the practice. From this, areas for improvement were identified and protocols put in place to ensure all staff were aware that medicines could not be administered by a healthcare assistant without a signed PSD in place first. A review date for the audit was set, with the target of ensuring that signed PSDs were in place for all relevant patients prior to them receiving medication.

Track record on safety

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the system for ensuring ECG results were reviewed by a GP was improved following a significant event.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



Are services safe?

- The number of significant events and non-significant incidents was due to be recorded on a month-by-month basis on the practice's performance dashboard, in order to look for spikes in the number of events recorded. This dashboard was in development at the time of inspection.
- The practice had carried out a Serious Untoward Incident (SUI) report following problems with the telephone and computer systems shortly after the practices merged. This had resulted in the recovery of digital records and the installation of a new telephone system.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had carried out work in order to reduce the number of antibiotics prescribed. This was shown in the improved trimethoprim:nitrofurantoin ratio from 2.96 in April 2016 to 0.62 in September 2017 (lower numbers are better).
- The average daily quantity of Antibacterial items prescribed per Specific Therapeutic group was 0.25, which was better than the Cumbria average of 0.29. This had improved from 0.34 in December 2016.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.17, which was better than the Cumbria average of 0.19. The practice was actively identifying patients for whom the prescribing of this group of medications could be reduced. Out of 220 patients identified as suitable for reduction, 65 were now on an active reduction management plan and the number of these medications prescribed had dropped significantly since the practices merged.
- 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 are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. In January 2016, the three practices which make up Carlisle Healthcare had worked together prior to the

merger to establish a "Frailty Team" of trained nurses who carried out visits to housebound frail patients. The team was supported at a daily multidisciplinary team meeting, and carried out proactive care and support planning for patients. An audit in August 2017 showed that since establishing the service, 94% of patients who had been recognised as being housebound and having a severe frailty had received care and support planning from the team. As well as providing a service for patients, this team helped to reduce the demand on GP workload and was recognised with a "Our Health Heroes" award in November 2017.

- The practice hosted a "Care Home Team" which was a team of nurses who carried out visits at care homes in the city. Each care home in Carlisle was linked to a specific GP practice, but this team carried out visits to perform care planning, and was supported by GPs from Carlisle Healthcare.. All new care home residents received a medicines optimisation review from one of the practice pharmacists.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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. 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.
- The practice scored highly on the Quality and Outcomes Framework for caring for people with long-term conditions. For example, they achieved 100% of the points available for diabetes (CCG average 97.6%, national average 91%) although the exception reporting

Are services effective?

(for example, treatment is effective)

rate was 19.8% (CCG average 11.5%); and 100% of the points for chronic obstructive pulmonary disease (CCG average 99.7%, national average 96.1%) with an exception reporting rate of 16.5% (CCG average 13.7%).

- Practice pharmacists led clinics for patients who took anticoagulant medications and for patients with osteoporosis.
- Patients with chronic obstructive pulmonary disease (COPD) who were admitted to hospital had a review with a specialist COPD nurse following discharge.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice employed four specialist paediatric nurses and nurse practitioners.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme and the same as the local average of 77%.
- 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 those with a learning disability. All patients with a learning disability were offered an annual health review.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (exception reporting rate 5.8%, CCG average 4.8%). This is comparable to the local and national averages.
- Data from November 2017 showed the practice had a dementia diagnosis rate of 80%. This was above the target rate of 68%, as well as above local and national averages.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months (exception reporting rate 10.8%, CCG average 11%). This is comparable to the local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (exception reporting rate 11.1%, CCG average 10.4%). This is comparable to the local and national averages.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.8% and national average of 95.5%. The overall exception reporting rate was 14.2% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. There was a well-embedded programme of clinical audit at the practice, with 17 clinical audits carried out in the past twelve months which had led to improvements such as more appropriate prescribing. Findings from internal and external audits were presented by clinicians at practice meetings.

Are services effective?

(for example, treatment is effective)

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as the CCG's Quality Improvement Scheme.

At the time of inspection the practice was developing a performance dashboard which allowed staff to monitor performance in a number of areas related to patients' care and treatment, including areas such as prescribing, hospital admissions and screening uptake.

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, we saw there were some gaps in mandatory annual training and appraisals.

- The practice understood the learning needs of staff and provided training to meet them. Records of skills, qualifications and training were maintained. We were told that staff were encouraged and given opportunities to develop. However, we saw that some staff had not completed annual training in the past 12 months in areas such as basic life support, safeguarding, fire safety and information governance. Some staff we spoke to said they find it hard to find time for training as their workload has been busy since the merger.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. However, we saw that administrative and reception staff had not received annual appraisals since the practices merged in October 2016. It was a concern that this particular staff group was not receiving regular formal supervision given that staff reported they regularly faced challenging behaviour in reception or on the telephone due to patient frustrations regarding difficulties making appointments. We also received a number of complaints from patients prior to the inspection which detailed inappropriate or impolite behaviour from

reception staff. Administration and reception staff we spoke to on the day of inspection told us they felt supported and that they were able to raise concerns with their direct line manager.

- There was a clear approach for supporting and managing 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held a daily multidisciplinary team (MDT) meeting for the Frailty Team, as well as a wider weekly MDT meeting.

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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, such as stop smoking campaigns and tackling obesity.

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.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

While on the day of inspection we saw staff treating patients with kindness, respect and compassion, patient feedback in this regard was lower than for other practices. We also received complaints from patients about the attitude of some staff.

- Staff we spoke to understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff we spoke to knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke to nine patients on the day of inspection, including two members of the patient participation group. All of these patients told us staff treated them with kindness and respect, though one person told us they felt rushed during a GP appointment.
- We received three patient Care Quality Commission comment cards, two of which were positive about the service experienced. The third complained about waiting times on the phone and the attitude of reception staff.

The practice carried out the General Practice Assessment Questionnaire (GPAQ) in December 2017 to gather further patient feedback. From 119 responses:

- 76% of patients described their experience at the practice as excellent, very good or good, compared to only 1% who described it as poor. Nobody described their experience as very poor.
- 96% of all patients surveyed felt the GP was good or very good at listening to them.
- 94% of all patients surveyed felt the GP was good or very good at giving them enough time.
- 98% of all patients surveyed said they definitely had confidence in the GP they saw.

The scores for the number of patients who found the receptionists helpful were consistent with the National GP Patient Survey results in July 2017 (82% said they felt they were very helpful or fairly helpful) while scores for nursing staff were higher among patients who responded to those questions. For example:

- 84% of patients who responded to the question felt the nurse was good or very good at giving them enough time .
- 84% of patients who responded to the question felt the nurse was good or very good at putting them at ease.
- 82% of patients who responded to the question felt the nurse was good or very good at listening to them.
- 89% of patients who responded to the question would be happy to see the nurse again.

The most recent feedback from the practice's Friends and Family test in January 2018 was mostly positive about the care received at the practice. From 327 patients surveyed, 236 (72%) said they would be likely or extremely likely to recommend the practice. This showed improvement from the in the National GP Patient Survey. Commonly used words to describe the care by clinicians at the practice included words like "caring", "professional", "friendly" and "courteous".

These results showed evidence of improvement since the July 2017 annual National GP Patient Survey, which showed that while most patients felt they were treated with compassion, dignity and respect, the practice was below average for its satisfaction scores on consultations with GPs and nurses. 253 survey forms were distributed and 101 were returned. This represented a 43% response rate and 0.2% of the total practice list. In this survey the practice had ranked lowest of 41 practices in North Cumbria for its satisfaction scores regarding patients' confidence and trust in nursing staff, fifth lowest for overall experience, and joint-sixth lowest for helpfulness of reception staff.

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.

Are services caring?

- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 80% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 76% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG - 91%; national average - 97%.
- 54% of respondents would recommend this surgery to someone new to the area; CCG - 79%; national average - 77%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients 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 identified patients who were carers. They did this by asking patients at consultations or when they joined the practice. There was also information about carers'

services in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 360 patients as carers (1% of the practice list).

- Staff told us that if families had experienced bereavement their usual GP typically contacted them, but that there was no specific policy to send a sympathy card or follow this up with a visit.

The practice performed well in data from the GPAQ survey in December 2017 for questions related to GPs. For nursing staff scores were higher than those achieved in the National GP Patient Survey. For example, from 119 responses:

- 98% of patients who answered the question felt the GP was good or very good at involving them in decisions about their care.
- 97% of patients who answered the question felt the GP was good or very good at explaining their condition.
- 94% of patients who answered the question felt the GP was good or very good at providing or arranging treatment.
- 84% of patients who answered the question felt the nurse was good or very good at involving them in decisions about their care.
- 83% of patients who answered the question felt the nurse was good or very good at explaining their condition.
- 84% of patients who answered the question felt the nurse was good or very good at providing or arranging treatment.

Again this demonstrated improvement from the results of National GP Patient Survey, which showed that while most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, results were below local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.

Are services caring?

- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- However, in the waiting areas at the three sites we visited patients either queued or waited for their

appointments close to the reception desk, and as a result conversations and patient personal information could be overheard. A radio was sometimes played at St Paul's Practice to minimise this, but it was not on at all times during the day of inspection and personal information could be heard when it was not playing. Television screens at North Carlisle Medical Centre had the sound turned down. Receptionists tried to keep their voices low to avoid being overheard, and there was a sign at North Carlisle Medical Practice asking patients to stand back, but conversations could still be heard. Reception staff told us a room was available at each site where they could talk to patients privately, but there was no sign to advertise this to patients. Since the inspection, the practice have sent us evidence to show that signs are now in place to encourage patients to request to use the private rooms if they are discussing sensitive information at reception. They have told us that the radios and media equipment in place will be used to minimise the possibility of personal information being overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

While the practice organised and delivered some services to meet patients' needs, there were areas that needed to be improved.

- Some services were tailored in response to patient needs. These included extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The facilities and premises we visited were mostly appropriate for the services delivered. There was level access at all the sites we visited, however at both St Paul's Practice and Brunswick House there were no automatic doors nor any signs informing patients how to call for assistance if they needed help with access. Both sites had a bell which did not work on the day of inspection, and we saw some patients struggling to open doors. Also, there were multiple waiting areas inside Brunswick House, but no signs informing patients of where to go. Patients had to open various doors inside the practice building to get to where they needed to go, but again none of these doors were automatic nor were there signs informing patients how to ask for assistance should they need it. On the day of inspection we were approached by patients at Brunswick House who did not know where they needed to go to be seen. There were no concerns with premises at North Carlisle Medical Practice. Since the inspection, we have been sent evidence to show that the practice have installed numbered signs for the waiting areas at Brunswick House, as well as clearly-marked signs directing patients to those areas. We have been told that the doorbells at both St Paul's Practice and Brunswick House have been repaired, and we have seen that the practice has installed signs prompting patients who require assistance to use the bells to call a member of staff.

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 had put themselves forward to host the "Care Home Team", which was a team of nurses who carry out visits at nine homes in the city, with a maximum capacity of around 475 patients. GPs from the practice gave clinical support to the team.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. In January 2016, the three practices which make up Carlisle Healthcare had worked together prior to the merger to establish a "Frailty Team" of trained nurses who carried out visits to housebound frail patients. The team was supported at a daily multidisciplinary team meeting, and carried out proactive care and support planning for patients. As well as providing a service for patients, this team helped to reduce the demand on GP workload and was recognised with a "Our Health Heroes" award in November 2017.

People with long-term conditions:

- The surgery offered an INR (International Normalised Ratio) clinic for patients on warfarin. INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. Patients could access clinics at each of the five practice sites, and the clinics were managed by the practice's clinical pharmacists.
- 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.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered sexual health services and contraceptive/family planning services.

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

- GP consultations were available during the evenings until 8pm on Monday to Thursday which supported patients who were unable to attend the practice during normal working hours.
- Appointments were offered on a Friday afternoon to HGV drivers who may be away from home during the rest of the week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was the only one in the clinical commissioning group (CCG) area to undertake the violent patient (section 21) scheme. There were currently 14 patients from across all of North Cumbria on the register, but the practice also saw patients from the 12-bedded probation hostel which was used for people who may still pose a risk to the public and who are on license whilst their sentence is being completed. These patients were risk assessed by a GP partner. The practice employed a GP who had qualifications in forensic science.

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.
- The practice was active in signposting patients to community groups who supported people experiencing poor mental health.

Timely access to the service

People were frequently and consistently unable to access appointments and services in a timely way. People experienced unacceptable waits for some appointments or to talk to somebody on the telephone.

From the merger in October 2016 until the time of inspection, CQC received 11 complaints from patients at Carlisle Healthcare, all of which concerned patients' ability

to access the service in a timely manner. A further five complaints were received about two of the three separate practices in the 12 months prior to the merger. In each of these complaints, and in feedback from the patients we spoke to on the day, we were told that people found it difficult to contact the practice by telephone or to make appointments with a GP.

The practice had taken a number of measures since the merger to try to address this issue. These included:

- Operating a triage system whereby a "duty team" of GPs and advanced nurse practitioners triaged patients requesting a same day appointment over the telephone, and then offered the most appropriate appointment available. An audit of this system had been carried out to ensure patients who would benefit most from seeing their regular GP did so, while those who could see any practitioner were offered the soonest available appointment. The duty team was based at St Paul's Practice, and once all the same-day appointments at the other sites had been booked, patients were offered appointment at St Paul's Practice if they needed to be seen urgently.
- Offering routine and some urgent appointments were available to all patients across all five sites of the service.
- Recruiting more GPs and employing pharmacists and advanced nurse practitioners who were able to see patients for certain appointments instead of a GP.
- Replacing the telephone system and creating a call handling team to answer calls. The practice had also installed a monitoring system which allowed receptionists at each practice site to see demand on the telephone system in real time and to be able to assist the call handling team when demand was high, if reception was not busy.
- Carrying out multiple analyses of the appointment system to try and meet demand, as well as to predict times when demand for appointment would be higher.
- Promoting self-care where appropriate.
- Offering online booking of appointments.

Despite these measures, on the day of inspection we saw that:

Are services responsive to people's needs?

(for example, to feedback?)

- While urgent appointments were made available each day, when we checked the appointment system in real time there were no routine appointments available with a GP for one month (next available 26 February 2018) and the next routine telephone consultation was on 19 February 2018, over three weeks from the date of inspection. Routine appointments with a practice nurse were available within a week. Prior to inspection we were told by patients that they struggled to book appointments in advance, even when they had been requested to do so by a clinician. The practice carried out the General Practice Assessment Questionnaire (GPAQ) in December 2017, and this showed that 43% of patients felt it was not very easy or not easy at all to book appointments in advance, compared to 26% who said it was fairly easy. Only 1% of patients said it was very easy to book appointments in advance.
- Although patients were encouraged to book appointments via the telephone, we were told by staff that patients often walked in to reception to request an appointment. This was consistent with feedback we received from patients prior to the inspection. This meant that these patients could not be triaged by the duty team, and we were told that staff sometimes asked GPs and nurse practitioners working at their site to triage these patients, which impacted on the clinician's workload. It also meant that receptionists were often busy, reducing their ability to answer telephones when demand on the system was high. Data from the GPAQ in December 2017, which showed that from a sample of 119 patients, 21% (approximately one in five) normally booked appointments in person at reception.
- Staffing capacity was impacting on the availability of appointments. Staff we spoke to on the day of inspection felt there was a need to recruit more staff, and the most recent audit of workforce showed that in November 2017 the practice across its five sites was short of its desired level of service by 41 GP sessions each week. An earlier analysis in March 2017 relative to patient demand showed that the practice was only eight sessions short. The practice endeavoured to meet patient demand by offering appointments with other clinical specialities, such as advanced nurse practitioners and clinical pharmacists, to see patients.

Recently this has shown some improvement on meeting patient demand, however, the most recent analysis shows that practice remains short of some 14 GP sessions a week.

- While appointments were available at all five practice sites, staff and patients told us that patients often wanted to be seen at the site closest to them due to difficulties accessing sites across the city. This had an impact on demand, as we were told there were times when the practice had appointments available but patients did not feel they were convenient. Furthermore, while urgent appointments were withheld to be made available to patients on the day, these were not always shared among the sites according to demand.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was well below local and national averages. The practice ranked lowest of 41 practices in North Cumbria for its satisfaction scores regarding access by telephone, joint-third lowest for convenience of appointment, joint-fourth lowest for experience of making an appointment and waiting times at the surgery, and joint-sixth lowest in the CCG for ease of making an appointment. However, we noted that the practice also ranked last for satisfaction with their opening hours, despite the practice being open from 8am to 8pm Monday to Thursday and 8am to 6.30pm on Fridays.

- 62% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 19% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%.
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 72% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 58% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 41% of patients who responded said they don't normally have to wait too long to be seen; CCG - 57%; national average - 58%.

Are services responsive to people's needs?

(for example, to feedback?)

The GPAQ in December 2017 also showed that patient satisfaction with access to the service was low, but did show some improvement from the National GP Patient Survey results from July. For example, from 119 patients surveyed:

- 38% of patients who responded found it fairly easy or very easy to get through to someone at the practice on the phone, compared to 46% who found it not very easy or not easy at all.
- 71% said the practice was open at a time which was convenient to them, compared to 8% who said it was not.
- 45% said they could normally see a GP the same day if they needed to, compared to 27% who said they could not.
- 47% found it fairly easy or very easy to speak to a doctor or nurse at the practice, compared to 33% who found it not very easy or not easy at all.
- 27% found it fairly easy or very easy to book appointments in advance at the practice, compared to 43% who found it not very easy or not easy at all.
- 24% of patients said they could be seen the same day or next if they wanted to see a particular doctor. The most common answer was five days or more (34%).
- 46% of patients said they could be seen the same day or next if they were willing to see any doctor.

The surgery's Friends and Family Test responses from January 2018 were mixed regarding patients' opinions of appointments. From 33 responses, 10 patients said they were seen "quickly" and "efficiently" while 10 complained about the length of time it took to be seen, to get an appointment, or to speak to somebody on the phone.

In 2017 the practice received 286 complaints from patients about access to appointments or via the telephone out of a total of 533 (approximately 54%). However, the number of these complaints had reduced significantly in the second half of the year compared with the first, with the practice receiving 205 complaints about access in the first six months of 2017, and 81 complaints in the second six months of the year. This reducing trend had continued into 2018. Data we were sent following the inspection showed that there had been a total of 19 complaints related to access to appointments in the first three months of 2018.

Complaints regarding access via telephone had showed particular improvement. For example, 21 complaints had been received about the telephone system in November 2016 (shortly after the new telephone system was installed) compared to five in November 2017. Data sent to us following the inspection showed there had been one complaint about telephone access in the first three months of 2018. The overall number of complaints about appointments had also continued to reduce. However, this has coincided with an increase in the number of complaints received by CQC about access at the practice (six in the six months from August 2017 to January 2018 compared to five in the 10 months from October 2016 to July 2017).

While the practice had undertaken a number of measures to attempt to meet demand, and had put in new systems in response to patient complaints, on the day of inspection we saw no information on display to inform patients of this work, nor any notices which encouraged patients to call the practice for appointments or to book online, rather than walking in to reception. Also, while the practice had been proactive in appointing pharmacists and advanced nurse practitioners to reduce the demand on GPs, we saw no information which promoted these roles to patients or explained the work they could do. Staff we spoke to were not aware of any work which had been done to promote these roles to patients.

Furthermore, a notice behind reception at each site stated that there had been 586 missed appointments in December 2017, and staff we spoke to told us this number was consistent with previous months, but there was no other information on display to encourage patients to inform the practice when they could not make their appointment, nor did notices behind reception fully explain how patients could inform the practice if they needed to cancel. There had been no analysis of these missed appointments to look for trends in order to determine if there was more that could be done to improve this and to free up these appointments for patients who needed them.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a sample of patient complaints and found that they were handled in a timely way.
- The practice learned lessons from individual concerns and complaints, and staff were able to give examples of lessons learned.
- The practice had received 533 complaints in 2017. They carried out a thorough analysis of these complaints to look for trends, as well as to identify the most complained about areas, in order to look for improvements. However, despite over 50% of complaints in 2017 being related to access via telephone and booking appointments, improvements were still required in these areas.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had not delivered high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. Although this was the first practice in Cumbria to undertake a merger of this size, the leaders at the practice understood the challenges of working at scale and were attempting to address them. On the day of inspection we saw that progress had been made since the practices merged in October 2016 and that the leadership team were aware that improvements still needed to be made.
- Staff told us leaders were visible and approachable, but on the day of inspection we saw evidence that not all staff groups were being fully supported or included in discussions with senior managers.
- Since the inspection, the leaders at the practice have taken a number of steps to attempt to address some of the concerns raised by the inspection team. These have included making improvements to the practice premises, changing policies and auditing the impact of these changes, and issuing a patient newsletter. Furthermore, a whole-practice learning event was held in March so that staff could discuss the challenges they faced and come up with possible solutions as a team.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients but not all staff were aware of this.

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

- However, most staff we spoke to outside of the management level were not aware of and did not understand the vision, values and strategy and their role in achieving them. Since the inspection, the practice had scheduled whole-practice learning events, part of which involved helping staff to understand the vision and strategy.

Culture

The practice required improvements in order to embed a culture of high-quality sustainable care.

- There were processes for providing staff with the development they needed, such as appraisal and career development conversations, but these were not always followed as administrative and reception staff had not received annual appraisals since the practices merged in October 2016.
- Equality and diversity training was not included in the practice training policy, however the practice told us after the inspection that this policy was under review. Staff we spoke to felt they were treated equally.
- We were told there were positive relationships between staff and teams. We saw evidence of meetings which had been held with staff groups at which changes were discussed. While a recent “listening event” held by the practice did not include any members of the administration and reception staff other than their team leaders, following the inspection the practice sent us a document showing the outcome of a whole-practice learning event held in March 2018, at which some of the matters raised with the practice at inspection and suggestions for improvements were discussed by all staff groups.
- Most staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 told us they had confidence that these would be addressed.

Are services well-led?

Requires improvement 

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

- Clinical staff, including nurses, were considered valued members of the practice team.

Governance arrangements

The arrangements for governance and performance management did not operate effectively.

- Significant issues which threatened the delivery of safe and effective care had not been adequately managed. Despite 286 complaints about the telephone and appointment systems in 2017, and carrying out multiple reviews, the practice continued to struggle to meet demand for appointments. The practice had carried out multiple analyses of the appointment system and had attempted to share appointments across the five sites to meet demand, with more clinician appointments being added at the North Carlisle site since the merger, relative to the number available before the practices merged. Despite this, we were told that when appointments were made available some patients were not accepting these as they were not at a site that was convenient for them. Furthermore, there had not been a thorough analysis of the missed appointments, despite there being 586 in December 2017, in order to look for ways to improve access.
- The management team at the practice was based centrally, with no manager or leader in place at each of the five sites. North Carlisle Medical Practice, which had been a large practice in its own right prior to the merger, therefore did not have a manager on site to support staff. Practice leaders did not have a clear oversight of what was happening across the different sites. They had established policies and procedures but some of these required improvement to ensure safety, while there was evidence that some policies were not being followed by all staff.
- Staff told us they were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Although we saw that some staff had not completed appropriate training related to safeguarding, all staff we spoke to understood their role with regard to this, and they knew what constituted and how to raise a concern.

- There was feedback from some staff who said that they felt unsure of what their role was due to changes in the ways of working following the merger. Staff also fed back that communication between the various sites could be challenging.

Managing risks, issues and performance

While there were processes in place for managing risks, issues and performance, some of these were not adequately managed.

- On the day of inspection we were told there was no final step to ensure patients who had been referred for clinical tests had received their results. This included results of urgent tests for suspected cancers. The system in place at the time of inspection asked patients to contact the practice if they had not received their results within a given timeframe, rather than the practice contacting the patient to make sure they had received and were aware of their results. This was a concern as data and patient feedback prior to the inspection showed that patients often struggled to contact the practice by telephone, something the practice acknowledged. This increased the risk that patients who did not receive their results were not contacting the practice to inform them, or giving up if they were unable to get through. Before the inspection, CQC received a complaint from a patient who stated that they were unable to contact the practice about their test results and therefore would not be trying again. Since the inspection, the practice have sent us evidence to show they have updated their policy to make it clear that it is up to the clinician ordering the tests to decide whether or not a patient needs to be contacted, and to clearly record the reasons for their decision on the patient's electronic record. A daily audit will be performed of test results to see that these have been actioned and that any patients requiring a follow-up call have received it. The practice also told us that patients will also be able to check their test results online should they have any concerns.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

Are services well-led?

Requires improvement 

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

- 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.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information but there were improvements that could be made.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses but these could go further. For example, data was collected on the number of missed appointments each month, but this was not fully analysed to look for ways in which missed appointments could be reduced and access could be improved.
- Quality and operational information was used to try and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in meetings where all management staff had sufficient access to information, but this had not yet led to sufficient improvements in the service provided.
- 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.
- We did not see information for patients about the merger or what the practice was trying to achieve with their vision and strategy. We were told on the day of inspection that some patients did not understand what the practices were attempting to do by merging and felt that their practice had been “taken over” by the others, but as yet there was no communication from the practice to explain this. Furthermore, on the day of inspection there were very few signs at the practice sites which identified them as being part of Carlisle Healthcare, and signage from the previous practices was still in place. Following the inspection the practice sent evidence to show that signs had been installed outside each of the five practice buildings to identify them as Carlisle Healthcare sites.
- We saw no information on display to inform patients of the work that had been done to attempt to improve access at the practice, despite a high number of patient complaints about access and the low satisfaction scores and poor patient feedback in this regard. Since the inspection, the practice has published a newsletter on their website which details work which has been carried out since the merger.
- There was an active patient participation group (PPG) who met quarterly. A recent “listening event” to gather feedback from staff and patients included members of the PPG. . While the event did not include any members of the administration and reception staff other than their team leaders, their views were gathered through a questionnaire sent to staff before the event. Following the inspection we were sent evidence from to show a whole-practice learning event had taken place, which involved members of all staff groups.
- The practice worked closely with the clinical commissioning group to try and recruit more staff.

Continuous improvement and innovation

There were systems and processes in place to look for learning, continuous improvement and innovation. Improvements had been made since the merger in October 2016, but the partners acknowledged that further improvements needed to be made.

Engagement with patients, the public, staff and external partners

The practice did not do all it could to involve patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

Requires improvement 

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

- The practice was developing a performance dashboard which would allow staff to monitor performance in a number of areas related to patients' care and treatment, including areas such as prescribing, hospital admissions and screening uptake.
- A "Frailty Team" of trained nurses who carried out visits to housebound frail patients had been established jointly by the three practices prior to merging. This was recognised with a "Our Health Heroes" award in November 2017.
- The practice had made a number of improvements regarding appropriate prescribing of medications.
- Talks with other services had begun to establish a mental health care-coordination multidisciplinary team meeting.
- The practice had made several changes to the telephone system in order to try and improve access, such as putting together a call handling team and installing displays on reception so that reception staff could help to manage demand. However, while complaints about the phone system had reduced in the last six months of 2017, there were still some issues which needed to be improved.

Requirement notices

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The practice had not done all that was reasonably practicable to mitigate the risks to the health and safety of service users receiving care or treatment.</p> <ul style="list-style-type: none">• Healthcare assistants were administering medicines without the prior written direction of a prescriber.• Samples were being taken in clinical rooms which were carpeted. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Persons employed by the service provider had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

This section is primarily information for the provider

Requirement notices

- It could not be evidenced that annual training had been completed by some staff within the past 12 months.
- Administration and reception staff had not received an annual appraisal since October 2016.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not operated effectively to assess, monitor and improve the quality of the services provided, mitigate the risks relating to health, safety and welfare of services users, maintain records kept in relation to persons employed in the carrying on of the regulated activity, or to seek and act on feedback from relevant persons and other persons on the services provided in the carryon on of the regulated activity for the purposes of continually evaluating and improving such services.</p> <ul style="list-style-type: none">• The system to ensure that patients who had been referred for clinical tests had received their results did not go far enough to ensure these results had been received and acted upon.• The appointment system was not adequate to meet demand.• The systems to collect feedback from staff and patients had not led to sufficient improvements to the service.• Changes at the practice were not being communicated effectively to patients and staff.• There was evidence that policies were not being adhered to. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>