

Cumbria Medical Services Limited

# Cumbria Medical Services Limited

## Inspection report

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## Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

## Overall summary

We carried out an announced comprehensive inspection on 16 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

#### Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

#### Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

#### Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

#### Are services well-led?

# Summary of findings

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Forty six people provided feedback about the service, either by submitting comment cards or by talking to us on the day. All 46 patients told us they were happy with the service received, that staff were caring, knowledgeable and professional, and that the service could be accessed quickly and efficiently.

## **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to access the service and reported that they were able to access care quickly.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

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# Cumbria Medical Services Limited

## Detailed findings

### Background to this inspection

Cumbria Medical Services Limited is registered with the Care Quality Commission to provide primary care services to patients in Cumbria. The service is run by a team of GPs with specialist interest in minor surgery, dermatology and ophthalmology, supported by consultants.

The service is operated from a head office located at 1a Lakeland Business Park and provides services from within the following sites across the county:

- Captain French Surgery, The Gillinggate Centre, Gillinggate, Kendal, LA9 4JE
- Arnside House, Sycamore Lane, Carlisle, CA1 3SR
- Cockermouth Community Hospital, Isel Rd, Cockermouth, CA13 9HT
- Cleator Moor Health Centre, Birks Rd, Cleator Moor, CA25 5HP
- London Road Community Clinic, Hilltop Heights, Carlisle, CA1 2NS
- Keswick Community Hospital, Crosthwaite Rd, Keswick, CA12 5PH
- Penrith Community Hospital, Bridge Lane, Penrith, CA11 8HX
- Orchard House Surgery, South William Street, Workington, CA14 2ED
- Temple Sowerby Medical Practice, Linden Park, Temple Sowerby, Penrith, CA10 1RW
- St. Paul's Medical Centre, St. Paul's Square, Carlisle, CA1 1DG

- Workington Community Hospital, Park Lane, Workington, CA14 2RW
- Victoria Cottage Hospital, Ewanrigg Rd, Maryport, CA15 8EJ

We visited the head office in Cockermouth and Victoria Cottage Hospital on the day of inspection.

The service provides a range of minor surgery, ophthalmology and dermatology services, such as hernia repair, vasectomy, carpal tunnel surgery and removal and diagnosis of skin lesions. Patients are seen at the site of their choice (where possible) following referral by their GP.

Cumbria is the second largest county in England and represents 48% of the land mass of the North West. Across Cumbria 51% of the population live in rural areas. There are 73 people per square kilometre on average.

In terms of patient population, there are above average numbers for all age groups over 50 and below average for all groups below 45. Average life expectancy for both males and females is close to the national average (males 78.6 years, females 82.2, compared to the national average of 78.9 and 82.8 respectively). However, this does not reflect the large variation within Cumbria itself, where the life expectancy in the most deprived areas for men is 13 years lower, and for women eight years lower, than people in the least deprived areas. 56.3% of the population reports having a long-standing health condition (national average 54%). In terms of ethnicity, the population is 98.5% white (national average 85.4%) with the lowest percentages of any CCG area in England of patients from black/black British, mixed, or other ethnic groups (0.1%, 0.5% and 0.1% respectively).

# Detailed findings

The inspection was carried out on 16th March 2018, and was led by a CQC inspector together with a clinical specialist advisor.

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

- Is it safe?
- Is it effective?

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse.

- The service 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 service 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).
- Most staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. On the day of inspection we saw that some staff who did not treat patients under the age of 18 had not completed any training in child safeguarding, however the Intercollegiate Guideline (ICG) "Safeguarding Children and Young People: roles and competences for health care staff" (2014) recommends all health care staff should complete training in safeguarding children to at least level one. When we raised this with the service they told us staff would complete this training immediately, and they sent us evidence that this had been done within two working days of the inspection.
- 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.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Service level agreements were in place with all the operators of the sites where the service held clinics to ensure that appropriate standards were maintained.

### 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.
- There was an effective induction system for temporary 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.
- When there were changes to services or staff the service 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters and other correspondence included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including local anaesthetic and emergency medicines and equipment, minimised risks. The service 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.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

# Are services safe?

- The service 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 service 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 systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety. For example, the service made changes to the clinical templates to include advice for clinicians and patients as a result of a significant event.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service 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.
- 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.

### Monitoring care and treatment

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

- The service used information about care and treatment to make improvements.
- Service Quality and Performance reports were produced for each area of the service (for example, dermatology) on an annual basis to measure performance and monitor where patients were discharged following treatment or referred on to another service. These were available on the service's website so they could be viewed by patients.
- Clinical performance was monitored through audit. For example, the accuracy of diagnosis by each clinician against the outcome of histology was measured. The service managed a high level of accuracy in initial diagnoses. In 2017, between 77% and 96% initial diagnoses in dermatology were correct, and for surgery the accuracy of initial diagnoses was between 94% and 98%. The service then reviewed those diagnoses which were initially inaccurate. We saw that no serious conditions had been missed or identified late as a result of an inaccurate initial diagnosis.
- Post-operative infection rates were monitored. Patients were sent a questionnaire 12 weeks after their operation to ask whether or not they had sought treatment for a post-operative infection. Furthermore, a sample of

patients was followed up with a face-to-face consultation to review if the reported rates were the same as actual rates of infection. From a sample of 100 patients followed-up in person in 2016, none had needed treatment for infection.

- There was a programme of clinical audit. Audits carried out by clinicians at the service had been presented nationally.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the service could demonstrate how they stayed up to date with training and guidance.

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- Healthcare assistants were given in-house training in areas such as sterile technique, assisting with minor surgery, and post-operative wound care.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

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.



# Are services effective?

(for example, treatment is effective)

- The service used the same clinical computer system as all the GP services in Cumbria to ensure information could be shared securely and efficiently. They had an agreement in place with a local NHS trust to manage their IT systems.

## **Supporting patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives. They discussed changes to care or treatment with patients and their carers as necessary. The service produced information leaflets and published information on their website to help patients to manage their conditions after treatment and to promote improvement. For example, there was a patient newsletter available on the website which included pictures and information about when to seek advice about skin lesions and moles.

## **Consent to care and treatment**

The service 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. However, while we saw that informed consent was being taken for all procedures, staff told us that some clinicians took verbal instead of written consent from patients who were having vasectomy operations. Guidance from the General Medical Council states that written consent should be sought from a patient if “there may be significant consequences for the patient’s employment, or social or personal life” as a result of the surgery. We saw that the service routinely monitored their policy on consent and managers told us that the service would seek further guidance on this matter and review their policy in line with this guidance. Following the inspection, we received evidence to show that this had been done.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of other feedback received by the service.

The service used a number of methods of collecting patient feedback, such as promotion of the use of the I Want Great Care website ([iwantgreatcare.com](http://iwantgreatcare.com)) and by sending surveys to patients via text message following their appointment. Feedback we saw matched what patients told us on the day of inspection and showed that they felt they were treated with kindness, respect and compassion.

Patient feedback collected directly by the service and through the I Want Great Care website was extremely positive about the care received. For example, the service sent surveys to a minimum of 50% of the 369 patients who attended for minor surgery between October and December 2017, achieving a 95% response rate, and found that:

- 100% patients said they were treated with courtesy throughout from reception to clinician.
- 99% patients said they were given a clear explanation of their condition and treatment
- 91% patients rated the service excellent and 9% good
- 99% patients said they were extremely likely or likely to recommend the service to their family and friends.

This data was similar to the feedback received from patients who attended the service for other treatments, with between 85% and 100% of patients rating the service as excellent, and between 98% and 100% saying they would recommend the service to family and friends.

The service had a total of 88 reviews (a combined total for reviews of the service overall and for individual clinicians) on the I Want Great Care website and had an overall rating of five stars out of five.

### 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. They helped them ask questions about their care and treatment.

Patient feedback about their involvement in decisions about care and treatment was good. Of the patients who underwent minor surgery between October and December 2017 and responded to the request for feedback, 99% reported they were involved as much as they wanted to be in their care and treatment. This aligned with comments left on the service's website and [iwantgreatcare.com](http://iwantgreatcare.com).

### Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998.
- The service monitored the premises at which clinics were held and had service level agreements in place with the people responsible for those premises in order to ensure patients' privacy and dignity could be maintained while they were operating at those sites.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs (for example: online services, advanced booking of appointments, and advice for common ailments treated by the service.)
- The organisation improved services where possible in response to unmet needs.
- The service had service level agreements in place to ensure that facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, some visits were carried out in patients' own homes if they had difficulty travelling to the service and if the visit could be appropriately carried out there.
- The service aimed to deliver care as closely as possible to the patients' home, offering services from 12 different locations across the county. Patients could choose the venue and the time of appointment that was most suitable to their needs.
- There was no set length for appointment times, instead referrals were assessed by clinicians and appointments were set depending on the complexity of the case. Therefore longer appointments were available for anyone who needed them, and appointments for new patients were often longer to give time for a full assessment.
- There was a translation service available.
- Service level agreements were in place to ensure the sites used by the service could be easily accessed by patients.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service aimed to see all patients within eight weeks. At the time of inspection the average waiting time was four weeks, however, for some clinics they were often seen within two weeks. Extra clinics were scheduled if waiting times reached six weeks, or if patients would have to travel too far to attend.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. There were same day appointments available for those who urgently needed them. Patients could request an earlier appointment if they felt they needed one. Patients we spoke to told us this was often accommodated.
- The appointment system was easy to use.
- The service ran clinics on a Saturday over a four-week period to help clear the waiting lists of patients who were scheduled to be seen in secondary care.

### Listening and learning from concerns and complaints

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

- 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. Five complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care. For example, the procedure for informing patients when clinic venues had to be moved at short notice was changed following a complaint.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

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

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The service planned its services to meet the needs of the local population.
- The service monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work for the service.
- They focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

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

### Managing risks, issues and performance

# Are services well-led?

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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service 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. Service leaders had oversight of patient safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff for major incidents.
- The provider 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 service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service had worked with a patient to set up an active virtual patient participation group (PPG).
- Patients were sent a text message after their appointment to ask for feedback on their experience.
- The service had a patient newsletter. This included information on how to join the PPG as well as health promotion information.
- The service was transparent, collaborative and open with stakeholders about performance. Service Quality Reports, which detailed performance in each of the key areas of the service, were publically available on the service's website.
- The service was keen to work with other services to share the knowledge they had in their areas of expertise. To this end, the service ran a number of events throughout the past year including a dermatology study day, minor surgery skills, upper limb orthopaedic study evening, ophthalmology conditions and other talks to physiotherapists and practice nurses in the area. They also ran two dermatology teaching sessions for physician associates.
- GPs, GP trainees and general surgery registrars were regularly invited to observe clinicians at the service to promote learning.
- The service had promoted their model for community-based surgery to other clinical commissioning groups and providers from across the country who had expressed an interest.

## Continuous improvement and innovation

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

# Are services well-led?

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

- There was a focus on continuous learning and improvement at all levels within the service. Performance was continually monitored to look for ways to improve, and the results of audits which had led to improvements were presented to external agencies.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Due to the difficulties experienced in recruiting doctors in Cumbria, the service offered a bursary to local students who wanted to study medicine in order to encourage more people from Cumbria to train as medical professionals. They were also funding a dermatology diploma for a local GP to gain more experience in dermatology.
- There were plans in place for the service to move into new premises, which would allow them to offer services from their own site.
- The service offered a range of in-house learning to their staff, such as teaching sessions on dermoscopy for clinicians.
- The service was awarded the General Practice Dermatology Team of the Year in 2014 and made the top-five shortlist for the Dermatology Team in the 2016 British Medical Journal Awards.