

# Caldbeck Surgery

## Quality Report

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

# Summary of findings

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# Summary of findings

## Overall summary

Caldbeck Surgery is a rural dispensing practice, located in the village of Caldbeck in the Lake District National Park, Cumbria.

We carried out an announced inspection on 6 May 2014.

During the inspection we spoke with patients and staff. We also reviewed completed comments cards. Feedback

from patients was very positive. They told us they were happy with the practice and the premises. We saw the results of a patient survey which showed patients were consistently pleased with the service they received.

The leadership team was very visible and staff found them approachable. There were excellent governance and clinical leadership measures in place.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service was safe but improvements were needed. Systems were in place to keep patients safe and protect them from avoidable harm. However, we found some medicines kept in doctors' bags were out of date and the arrangements for recording the use of these medicines were not robust.

### **Are services effective?**

The service was effective. Care and treatment was delivered in line with current best practice. Staff were appropriately qualified and had opportunities to develop their skills and knowledge. The practice worked closely with other providers to co-ordinate care.

### **Are services caring?**

The service was caring. Patients we spoke with were very complimentary about the practice. They all told us the staff were caring and helpful. Staff were aware of the need to obtain patients' consent to treatment.

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

The service was responsive to people's needs. The practice offered telephone consultations or face to face appointments depending on each patient's preference or need. There was an allocated doctor each day who solely carried out home visits and a weekly prescription delivery service. There was a clear complaints policy; staff and patients were aware of how to make and respond to any complaints.

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

The service was very well led. There was a well-established management structure with clear allocation of responsibilities. There were clear lines of accountability and responsibility within the practice. Staff were committed to improving standards and there were good working relationships amongst the staff and other stakeholders.

# Summary of findings

## What people who use the service say

We spoke with 22 patients on the day of our inspection. All of the patients were very complimentary about the service they received. They told us they were happy with the practice and the premises. Patients said that staff treated them with respect and explained any necessary medication or treatment.

We reviewed 20 comment cards which had been completed by patients. All of the cards contained positive feedback about the practice.

We also looked at the results of the most recent national patient survey. Over 70 patients completed the survey. Of those, 95% said they would either definitely or probably recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

The practice must ensure it has appropriate arrangements in place for the use, safe administration and recording of medicines used.

### Action the service **COULD** take to improve

The inspection team identified the following area for potential improvement:

- Some of the rooms used by the practice nurses for clinical treatments were carpeted. Good practice guidance is that clinical areas are not carpeted (Reference: Department of Health 'Health Building Note 00-10').

# Caldbeck Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector. The inspector was accompanied by a GP specialist advisor and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

### Background to Caldbeck Surgery

Caldbeck Surgery is a rural dispensing practice, located in the village of Caldbeck in the Lake District National Park, Cumbria. There are five GPs, a GP registrar, two nurses and a healthcare assistant. The clinical staff are supported by a team of administrative staff, led by the practice manager.

The practice has a list size of 4,800 patients, spread over approximately 700sq. miles.

### Why we carried out this inspection

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

### How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 6 May 2014. During our visit we spoke with a range of staff (all five GPs, two nurses, practice manager, reception staff, administrative staff and the medicines management officer) and spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Summary of findings

The service was safe but improvements were needed. Systems were in place to keep patients safe and protect them from avoidable harm. However, we found some medicines kept in doctors' bags were out of date and the arrangements for recording the use of these medicines were not robust.

## Our findings

### Safe patient care

The practice had a consistently good track record on safety. Information from the Quality and Outcomes Framework, which is a national performance measurement tool, showed that the practice appropriately identified and reported incidents. Where concerns arose they were addressed in a timely way. There were effective arrangements in place for reporting safety incidents. The staff we spoke with were all able to accurately describe the process they would follow if they witnessed such an incident. We spoke with a practice nurse who told us they were aware of an incident that had occurred recently. Some medication had been delivered which should have been put into the fridge immediately. This had not been done. The nurse said that following the incident, the practice manager had arranged a meeting to discuss what had occurred, learning for staff and measures taken to prevent such incidents from happening again. We saw changes had been recommended, including putting a sticker onto medication which needed to be stored in the fridge. During our inspection we looked at the medication and saw the new procedure had been followed.

### Learning from incidents

The practice was open and transparent when there were near misses or when things went wrong. We saw there were monthly practice meetings to discuss any such events. We looked at the schedule of critical events for 2013-2014. The schedule detailed the events and any learning points and subsequent action taken. We saw there had been a significant event where the premises were not properly secured. We saw evidence that a thorough and rigorous investigation had taken place. This had identified some key learning points, for example, around access and lone working. These issues were discussed with staff at one of the regular 'open forum' meetings. We saw the procedures in relation to who was responsible for ensuring the building was secure and who held keys had been updated. We spoke with staff and they were aware of the issue and the changes to the procedures.

### Safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults. There were identified members of staff with clear roles to oversee safeguarding within the practice. This role included reviewing the

# Are services safe?

procedures used in the practice and ensuring staff were up to date and well informed about protecting patients from potential abuse. The clinicians held quarterly meetings to discuss ongoing or new safeguarding issues. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected. We saw records which confirmed all staff had attended training on safeguarding. All practice staff had attended Level 1 safeguarding for adults and children. Clinical staff had, in addition, completed Level 2 training and the safeguarding lead had attended Level 3 training.

The practice had a process to highlight vulnerable patients on their computerised records system. This information would be flagged up on patient records when they attended any appointments so that staff were aware of any issues.

## Monitoring safety and responding to risk

Staff had sufficient support and knew what to do in emergency situations. The practice had resuscitation equipment and medication available for managing medical emergencies. We saw all items including drugs were within the expiry date and regular equipment checks were undertaken. All of the staff we spoke with told us they had attended CPR (resuscitation) training. The practice manager told us clinical staff attended CPR training every 18 months and administrative staff every three years. We looked at records which confirmed this.

The fire alarms were tested on a weekly basis. The practice manager told us fire drills were carried out every six months.

The practice manager had agreed staffing levels with the provider. We looked at the staff rotas and saw these levels were maintained. The doctors told us they managed staffing levels and very rarely needed to use locum doctors.

## Medicines management

The provider held medicines on site for use in an emergency or for administration during a consultation (for example, vaccinations). We checked a sample of drugs to ensure they were in date. Vaccines are required to be stored below a certain temperature. We asked the nursing staff how they ensured the vaccines were stored appropriately. They described the 'cold chain process' whereby the vaccines were delivered in a cool box then

immediately transferred to a fridge. The temperature of the fridge was checked daily to ensure it was within the correct range. We looked at records which showed us these processes and checks had been carried out.

Arrangements for the storage and recording of controlled drugs, which are strong medicines that require extra administration checks, were followed. We saw stock checks of controlled drugs were carried out each month by two staff. We looked at a sample of the controlled drugs, and found the records matched the levels of stock held.

We looked at the medication held in the doctors' bags. We found the provider had breached Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the medication in all five of the doctors bags. This medication was used when doctors carried out home visits to patients. We found out of date medication in three of the bags. Some of the medication was dated April 2013; the majority was dated between February and April 2014. We also saw a box of aspirin which did not have expiry date information either printed or written on. The doctors immediately disposed of the out of date medication. We did see in one bag that there other vials containing the same medications; these were in date and could have been used. However, the presence of the out of date medications demonstrated that the practice did not have appropriate arrangements in place for the use and safe administration of medicines.

We asked the doctors about the arrangements for checking the medication was in date. They told us the bags were checked every three months by a healthcare assistant. We looked at the records of these checks and found they did not contain any details of the out of date medication.

We asked the doctors how they recorded the medication used during a home visit. The doctors showed us books they used but only one of these contained detailed information about the patient, date, medication given and batch number.

## Cleanliness and infection control

We looked around the practice and saw it was clean, tidy and well maintained. The waiting area was bright and airy. Personal protective equipment (PPE) and hand hygiene gel was available throughout the practice. Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels. This



# Are services safe?

meant patients and staff were informed about good hand hygiene. The practice had an up to date infection control policy and detailed guidance for staff about specific issues. For example, action to take in the event of a spillage and how and when to clean the toys in the waiting room.

The practice employed its own domestic staff. We saw the domestic staff completed cleaning schedules, on a daily, weekly, monthly and annual basis. One of the practice nurses carried out random spot checks on cleanliness of the practice.

We found the consultation rooms were in a good condition. Some of the rooms were not laid out in line with good infection control practice. For example, some of the rooms used by the practice nurses for clinical treatments were carpeted. Good practice guidance is that clinical areas are not carpeted (Reference: Department of Health 'Health Building Note 00-10').

We saw there were arrangements in place for the disposal of clinical waste. We saw sharps boxes were available in each of the consultation rooms for the safe disposal of sharp instruments such as needles and blades. We found the boxes had not been signed and dated to say who had constructed them and that they were safe to use. This meant there was no audit trail to show proper processes, to reduce the risk of injury and infection had been followed.

We asked the reception staff about the procedures for accepting specimens of urine from patients. They showed us there was a box for patients to put their own specimens in. The nursing staff then used PPE to empty the box and transfer the specimens. We saw there were spillage kits (these are specialist kits to clear any spillages of blood or other bodily fluid) located throughout the building. These actions meant staff were protected against the risk of health related infections during their work.

## Staffing and recruitment

There were clearly defined staff recruitment systems in place. We saw there was a documented recruitment policy. There was a job description and person specification for each role and evidence of selection and grading at interview. All of the staff we spoke with confirmed they had completed a written application and attended a formal interview.

We looked at a sample of recruitment files. We saw recruitment checks had been undertaken, which included

a check of the person's skills and experience through the curriculum vitae (CV), references and identification confirmation. The practice manager told us they checked clinical staff's registrations with their professional bodies such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) annually.

We found that police clearance checks (called Disclosure and Barring Service (DBS) checks) had been carried out for all of the clinical staff that were in contact with patients. The practice manager also told us they were going to review whether it was necessary to carry out DBS checks for non-clinical staff.

## Dealing with Emergencies

The provider had detailed plans in place to ensure business continuity in the event of any foreseeable emergency, for example, fire or flood. The practice manager told us these plans had been successfully put into place during power failures.

We looked at the arrangements in place to cope with changes in demand for the service, for example, seasonal variations. The practice manager told us that the area did not have a significant amount of tourists, and any that requested an appointment were seen. We found the practice had undertaken a detailed planning exercise when there had been a potential swine flu pandemic. We also saw adjustments to staffing and availability of appointments were made around public holidays, for example, some staff worked annualised hours to provide additional cover at busy times. This demonstrated the practice took a proactive approach to anticipating changes in demand.

## Equipment

Staff had access to appropriate equipment to safely meet patients' needs. The consultation rooms were equipped with personal protective equipment, such as gloves and aprons. We found medical equipment including blood pressure monitoring machines, defibrillators, scales and thermometers had recently been checked and calibrated (adjusted, if necessary, to ensure accurate results for patients). This was carried out annually and we saw certificates from September 2013 which confirmed the checks had taken place.

We saw electrical equipment was tested annually (last tested in February 2014) to ensure it was safe to use.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The service was effective. Care and treatment was delivered in line with current best practice. Staff were appropriately qualified and had opportunities to develop their skills and knowledge. The practice worked closely with other providers to co-ordinate care.

## Our findings

### Promoting best practice

Care and treatment was delivered in line with recognised best practice standards and guidelines. We found all of the doctors had a good level of knowledge and were up to date with clinical guidelines, including that published by professional and expert bodies. For example, clinical staff were aware of and following prescribing guidelines.

The practice had protocols in place when referring patients. For example, referrals were made within 24 hours of the initial appointment for patients with suspected cancer. This is in line with the NICE (National Institute for Health and Care Excellence) recommendations.

The arrangements for 'choose and book' (which gives patients choice of place, date and time for their appointment) were clearly defined. When a patient was referred, the referring doctor sent a voice recording of the request to the administrative officer responsible for registering the patient onto the 'choose and book' system. The officer then selected a choice of service, based on the information provided by the doctor, which had been agreed with the patient.

### Management, monitoring and improving outcomes for people

Delivery of care and treatment achieved positive outcomes for people. We reviewed the most recent Quality and Outcomes Framework (QOF) scores for the practice. The QOF is part of the General Medical Services (GMS) contract for general practices. Practices are rewarded for the provision of quality care. The practice's overall score for the clinical indicators was higher than the local and national average.

The practice participated in clinical audits and peer review, which led to improvements in clinical care. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the weekly GPs meetings. An audit on patients diagnosed with cancer identified some actions which could lead to improvements in patient care. We found the practice responded to the issues identified. For example, having a named GP in each case to co-ordinate care and increased

# Are services effective?

## (for example, treatment is effective)

use of the practice information system to monitor dates for blood tests and patient reviews. This had recently been implemented, so the practice had not reviewed whether this initiative had been successful.

The practice had also carried out an analysis of patients who had attended the local Accident and Emergency (A&E) department. This showed that very few patients had attended A&E unnecessarily. Staff felt that co-ordinated primary care work with individual patients with complex health needs helped to achieve this.

Complete, accurate and timely performance information was published by the practice on their website. This included the results of the patient survey and the subsequent action plan.

### Staffing

Staff were appropriately qualified and competent to carry out their roles safely and effectively.

There were effective induction programmes in place for all staff, including locums. We found there were comprehensive induction programmes for each role within the practice. We looked at the locum information pack and saw that the induction lasted between two and four weeks.

Staff had opportunities for professional development beyond mandatory training. One of the nurses told us “We have our usual annual training but we are supported to go on other courses when we identify training needs.” This training also enabled staff to maintain their professional registration. We found the clinical team were aware of staff training needs. Monthly open forums were held for all staff, during which there was the opportunity to review educational needs.

Once a month the practice closed for an afternoon for Protected Learning Time (PLT). Some of the time during these afternoons was dedicated to training. One of the doctors had completed a law degree and provided excellent training to staff on confidentiality and consent issues during a PLT. Some training was also delivered by external experts, for example, a Macmillan nurse provided some training on palliative care.

The practice had mechanisms in place to ensure staff appraisal took place. The nursing and administration staff had an annual appraisal with the practice manager. We found these were up to date. All of the staff we spoke with

said they felt supported. Comments included “The practice manager is very open, as are the GPs” and “Although I have an annual appraisal if there’s anything in-between that I want to discuss then I can go to the practice manager.”

The practice did not have formal training plans in place for staff. The local Clinical Commissioning Group (CCG) had requested that a training needs analysis be completed and submitted by the end of April 2014. The practice manager told us this information had been provided. The CCG had funded access to some on-line training which would also enable the practice to develop a training matrix. This would enable the management team to see at a glance when training was due.

### Working with other services

The doctors worked closely with other health and social care providers, to co-ordinate care and meet people’s needs. We saw a clinical meeting had been arranged to co-ordinate care for a patient with complex needs who was in hospital. The practice safeguarding lead had good relationships with social services, health visitors and school nurse services. We found regular, both formal and informal, information sharing meetings were held.

We found appropriate and effective end of life care arrangements were in place. The practice maintained a palliative care register. We saw there were procedures in place to inform external organisations about any patients on a palliative care pathway. This included identifying such patients to the local out of hour’s provider, Cumbria Health on Call (CHOC).

Some patients shared with us their experiences of referral to secondary care. They told us they had concerns about the lack of communication about their appointment times. One patient explained that one of the GPs wrote to the hospital on their behalf as they were unhappy with the previous response.

### Health, promotion and prevention

The practice proactively identified people who needed ongoing support. This included carers, those receiving end of life care and those at risk of developing a long term condition. Patients with long term conditions were reviewed each year.

We found that new patients were offered a ‘registration medical’, with one of the doctors, to ascertain details of

# Are services effective?

(for example, treatment is effective)

their past medical histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height and weight).

Information on a range of topics and health promotion literature was available to patients in the waiting area of the practice. This included information about screening

services, smoking cessation and child health. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. We saw the practice had 'Did you know' leaflets located throughout the waiting room. These contained details on how to access exercise opportunities by referral from the GP.

# Are services caring?

## Summary of findings

The service was caring. Patients we spoke with were very complimentary about the practice. They all told us the staff were caring and helpful. Staff were aware of the need to obtain patients' consent to treatment.

## Our findings

### **Respect, dignity, compassion and empathy**

We spoke with 22 patients on the day of our inspection. They were all happy with the care they received. People told us they were treated with respect and were positive about the staff. Comments included "I am very satisfied with the surgery, they are caring, helpful and flexible", "All of the GPs here are excellent" and "This is by far the best surgery I have had."

Before the inspection took place we had asked people who used the service to complete comment cards. We received 20 completed cards. The comments were overwhelmingly positive, for example, "I am always treated with respect, kindness and dignity", "Superb care in every respect" and "I would say the surgery is a model for a rural surgery."

We also looked at the results of the most recent patient survey, which was published in February 2014. 64 patients completed the survey during January 2014. Feedback was very positive. Comments included "I have only been with this surgery for 6 months but it is by far the best surgery I have ever been to. All the doctors are excellent, the nurses and healthcare assistant are exceptional and receptionists brilliant. I doubt there are any areas you could improve on" and "This is a superb medical practice."

We observed the reception area and saw staff responded to patients in a caring way. We saw there was a separate waiting room which meant conversations with the receptionists could not be overheard by other patients. Staff were aware of how to respect people's privacy and dignity. Consultations took place in purpose designed rooms with an appropriate couch for examinations and curtains to protect privacy and dignity. There were signs explaining that patients could ask for a chaperone during examinations. We were told only the nurses and healthcare assistants were trained to act as chaperones. We spoke with these staff and they described the process they would undertake to protect people.

### **Involvement in decisions and consent**

We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and support groups.

Patients told us they felt they had been involved in decisions about their care and treatment. They said the

## Are services caring?

clinical staff gave them plenty of time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given. One patient said “The nurses have been fabulous with my daughter, her checks have been informative.... they listened well.” Another said “The doctor listened to us as a family and advised us.”

We asked staff how they ensured they obtained patients’ consent to treatment. Staff were all able to give examples of how they obtained verbal or implied consent. Comments included “I ask first and make sure I have either verbal or written consent” and “We have consent forms but sometimes we just get verbal consent as that can be more appropriate.”

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person’s best interests and in line with the Mental Capacity Act (MCA) 2005. We found the doctors were aware of the MCA and used it appropriately. The doctors described the procedures they would follow where people lacked capacity to make an informed decision about their treatment. They gave us some examples where patients did not have capacity to consent. The doctors told us an assessment of the person’s capacity would be carried out first. If the person was assessed as lacking capacity then a “best interest” discussion needed to be held. They knew these discussions needed to include people who knew and understood the patient, or had legal powers to act on their behalf. This should ensure any decision made on behalf of the patient was done in their best interests.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The service was responsive to people's needs. The practice offered telephone consultations or face to face appointments depending on each patient's preference or need. There was an allocated doctor each day who solely carried out home visits and a weekly prescription delivery service. There was a clear complaints policy; staff and patients were aware of how to make and respond to any complaints.

## Our findings

### Responding to and meeting people's needs

Staff told us that where patients were known to have additional needs, such as being hard of hearing, were frail, or had a learning disability this was noted on the medical system. This meant the GP or nurses would already be aware of this and any additional support could be provided, for example, a longer appointment time. The clinicians would also always go to the waiting area to escort the patient to the consultation room.

The practice was set in a rural location and patients lived in an area of approximately 700 sq. miles. A relatively high proportion of the patients were elderly and housebound. We found the practice had good arrangements in place to ensure it met the needs of its patients. There was an allocated doctor each day who solely carried out home visits and a weekly prescription delivery service. Some of the staff told us they also visited patients on their way to or from the practice. The practice had close links with the 'Northern Fells Group'. This is a local community charity which offers a minibus service to transport patients to and from the practice.

We asked staff how they made sure that people who spoke a different language were kept informed about their treatment. Staff told us they had access to an interpretation service.

The practice building was accessible to patients with mobility difficulties. We saw there was a button on the external door to summon help if necessary. The consulting rooms were large with easy access for all patients.

Free parking was available in a car park directly outside the building. We saw there were no marked bays for patients with mobility difficulties. We spoke with the practice manager about this. They told us that the practice had previously considered whether marked bays should be in place. A decision was made not to have marked bays as patients travelled to the practice in various vehicles, including large trucks. Managers felt this would have made it difficult to control use of any marked bays. We saw that access to the car park was via a gate and a cattle grid was in place.

### Access to the service

Caldbeck Surgery was open from 8.00am to 6.30pm Monday to Friday. We found that patients were able to

# Are services responsive to people's needs?

## (for example, to feedback?)

book appointments either by telephone or using the on-line system. Face to face and telephone consultations were available to suit individual needs and preferences. The practice manager told us if a patient wanted an emergency appointment then they could have one the same day. We saw the next routine (non-emergency) available appointment was within three days.

We looked at the results from the most recent national patient survey (2013). We saw that 96% of respondents said they were fairly or very satisfied with the opening hours. We also spoke with some patients on the day of our inspection. The majority of people told us they could make an appointment within a reasonable timescale. Some patients told us they sometimes had to wait longer if they wanted to see a named doctor. We saw this had already been raised by the patient participation group (this is a group set up to promote partnership between patients and the practice to highlight patient concerns and needs) and a plan was in place to ensure people could see their preferred doctor within two weeks.

We found the practice had an up to date leaflet which provided information about the services provided, contact

details and repeat prescriptions. The practice also had a clear, easy to navigate website which contained detailed information to support patients. This included several 'How do I' guides, for example, 'register at the practice', 'get test results' and 'get help out of surgery hours.' This demonstrated patients were provided with information on how to access the service.

### Concerns and complaints

We saw there was a detailed complaints policy in place. This was contained in the practice leaflet and was available on the practice's website.

All of the patients we spoke with said that they knew they could speak to a member of staff if they had a complaint.

Staff we spoke with were aware of the complaints policy. They told us they would deal with minor matters straight away, but would inform the practice manager of any complaints made to them. This meant patients could be supported to make a complaint or comment if they wanted to.



# Are services well-led?

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

## Summary of findings

The service was very well led. There was a well-established management structure with clear allocations of responsibilities. There were clear lines of accountability and responsibility within the practice. Staff were committed to improving standards and encouraged good working relationships amongst the staff and other stakeholders.

## Our findings

### Leadership and culture

There was a well established management structure with clear allocation of responsibilities. The doctors all had individual lead roles and responsibilities, for example, safeguarding, risk management, performance and quality. Each of the doctors had a good understanding of, and were sensitive to, the issues which affected patients and staff. One member of staff told us “The doctors are proactive; they are interested in their (and our) education and the future.”

We spoke with all five of the doctors. They all demonstrated a clear understanding of their area of responsibility. Each person took an active role in ensuring that a high quality service was provided to the patients.

### Governance arrangements

Caldbeck Surgery had a clear corporate structure designed to support transparency and openness. Weekly ‘primary healthcare team’ meetings were held, attended by the doctors, practice nurses and members of the district nursing team. These sessions were used to discuss any serious incidents, complaints and clinical governance issues in detail. Any lessons learnt or actions identified were then cascaded to the other members of the team.

### Systems to monitor and improve quality and improvement

The practice pro-actively evaluated the services provided. We saw records of the checks and audits they carried out to make sure the practice delivered high quality patient care. These included checks of patient referrals, staffing, the environment and medication. We saw if any issues were identified a plan was developed with a timescale for action. For example, we looked at the results a recent anti-coagulation management audit (anti-coagulant medicines reduce the ability of the blood to clot and therefore reduce risks of a stroke or heart attack). Three areas for improvement were identified, including improving patient recall arrangements. At the time of the inspection this work was ongoing.

### Patient experience and involvement

The practice had an active Patient Participation Group (PPG). We saw there were 10 patient members of the PPG

# Are services well-led?

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

and representatives from the practice, including one of the doctors. The Group generally met every few months; all minutes were available on the practice website or at reception upon request.

We spoke with three members of the PPG. We saw the group were involved in how the practice operated. They told us they were fully involved in setting objectives with the practice for the year ahead, and contributed to any changes required following the annual patient survey. They said they were listened to and felt that patient opinion and feedback was always welcomed by the practice and suggestions were acted upon. This showed patients on the PPG were involved in the monitoring of the practice.

Several of the patients we spoke with during our inspection were not aware of the PPG. We saw details were included on the practice website but some patients told us it would have been useful to have contact details on display in the waiting room.

## **Staff engagement and involvement**

All of the practice staff met regularly. There were various weekly meetings, including a practice meeting attended by the doctors and practice management team. The doctors met each morning before the practice opened to discuss any urgent clinical or patient issues. In addition, there were monthly meetings prior to the PLT afternoons for all staff. Staff told us they felt listened to and able to raise any concerns they had. Comments included “I feel involved in

what’s going on and am able to offer my opinion”, “I feel listened to, they like staff to come up with ideas to make changes” and “They are happy to change things, it’s a lovely place to work.”

The practice had robust whistleblowing procedures and a detailed policy in place. Staff we spoke with were all able to explain how they would report any such concerns. They were all confident that concerns would be acted upon.

## **Learning and improvement**

The practice had management systems in place which enabled learning and improved performance. For example, a critical event was noted in relation to missed results from a screening test for prostate cancer. The practice demonstrated it had learned from this. A new protocol was developed to ensure results were captured and shared appropriately. We saw implementation of the new protocol was monitored to ensure it was effective.

## **Identification and management of risk**

The practice ensured that any risks to the delivery of high quality care were identified and mitigated before they became issues which adversely impacted on the quality of care. Risks were discussed at the monthly practice meeting; any action taken or necessary was documented and cascaded to all staff. We found that appropriate risk assessments, such as those for fire, infection control and water safety were available and up to date.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.</p> <p>Patients were not protected against the risks associated with unsafe use and management of medicines because appropriate arrangements were not in place for the use, safe administration and recording of medicines used. Regulation 13.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.</p> <p>Patients were not protected against the risks associated with unsafe use and management of medicines because appropriate arrangements were not in place for the use, safe administration and recording of medicines used. Regulation 13.</p>