

Dr Stephen Carr

Quality Report

(also known as Bank Street Surgery)

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Keswick

Cumbria

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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.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Stephen Carr on 5 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to reporting significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the waiting area and was easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The building had some limitations and the practice was aware of these and wished to improve the premises but had not yet been able to secure funding to do so.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.

We saw one area of outstanding practice:

- Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice highly for their experience of making an appointment

Summary of findings

and for how easy it was to get through the surgery by phone. For example, 99.3% patients said they could get through easily to the surgery by phone (CCG average 80.3%, national average 73.3%).

The area where the provider must make improvements:

- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum staff when used.

The areas where the provider should make improvements:

- Review governance arrangements to ensure the practice policies and procedures are up to date and reflect current guidance and their own policy.
- Monitor the new process of checking the stocks of controlled drugs held by the practice. This is in order to demonstrate these improvements become embedded into practise in the long term
- Review the practice's arrangements for the storage and distribution of prescriptions in line with recognised guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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 practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, however, some of these required review. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were always kept safe. For example, found when recruiting locum doctors the practice had not always recorded details of medical indemnity or a recent check of the performers list for general practitioners.
- The processes for checking the stocks of controlled drugs at the practice should be monitored to ensure they become embedded into practise.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes framework (QOF) as one method of monitoring its effectiveness. They had achieved 96.8% of the points available. This was the same as the local clinical commission group average (CCG) and above the national average of 93.5%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- A medicines optimisation work plan was in place to support effective prescribing and support effective patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals being completed or already scheduled for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice higher than others for several aspects of care. For example, 97.9% said they had confidence and trust in the last GP they saw compared to the local CCG average of 96.1% and national average of 95.2%.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of their local population and engaged with the local clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of a CCG medicines optimisation programme and participated in the CCG minor ailment service to support patient care.
- Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example, 99.3% found it easy to get through to this surgery by phone (CCG average 80.3%, national average 73.3%).
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had sufficient facilities and was equipped to treat patients and meet their needs.
- Appointments with the GP were 15 minutes long; nationally the average appointment time for a GP appointment is 10 minutes.
- Information about how to complain was available in the waiting area and easy to understand.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings that supported governance.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we identified some risks during the inspection that required review, for example the process for recruiting locum staff.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice sought feedback from patients and had an active patient participation group (PPG). The PPG told us the practice communicated with them effectively and they felt engaged by the practice.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

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

The practice is rated as good for the care of older people.

Good



- The practice offered effective care to meet the needs of the older people in its population.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This was acknowledged positively in feedback from patients and the patient participation group.
- The practice held monthly advice sessions provided by nationally recognised organisation that supported older people. This was advertised in the local press and the practice newsletter.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with heart failure. This was similar to the local CCG average of 99.6% and above the national average of 97.9%.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice held an unplanned admissions register.
- Nationally reported data showed that outcomes for patients with long term conditions were good. For example, the practice had achieved 97.7% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was above local CCG average of 93.6% and the national average of 89.2%.
- Care plans were used by the practice to ensure effective care and to support self-management. For example, when patients were deemed at risk of admission to hospital.
- Longer appointments and home visits were available when needed.
- All these patients were offered a structured annual review to check that their health and medicines needs were being met.

Summary of findings

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice met with district nurses on a regular basis.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- We saw that staff treated children in an age-appropriate way and were recognised as individuals.
- The practice uptake for cervical screening was 83.5% which was in line with the local CCG average of 82.5% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were generally suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice population greatly increased in the summer months when the practice registered a large number of patients who were working temporarily in the area.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.
- Extended opening hours for appointments were available each Wednesday until 7pm; appointments were available with a GP, nurse or healthcare assistant.
- Patients could book appointments and order repeat prescriptions online. The practice planned to improve the online services they provided.

Good



Summary of findings

- Additional services such as health checks for over 40's were provided.
- Text messages were used to remind patients of appointments if requested.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The number of patients with a learning disability was very low. The GP told us that no patients on this register were recorded as being homeless or having issues with drug addiction.
- They offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For example, the practice met with district nurses on a regular basis.
- They gave vulnerable patients advice about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A service for those experiencing depression and anxiety disorders held talking therapies sessions at the practice three days a week, this included time for patients not registered at the practice.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice held a register of patients experiencing poor mental health, 67% of the patients on this register had attended an annual health check in the last year.
- Nationally reported data showed that outcomes for patients with mental health conditions were generally comparable to local and national averages. For example, the practice had achieved 88.5% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was below the local CCG average of 95.4% and the national average of 92.8%.

Summary of findings

- Nationally reported data showed that outcomes for patients with dementia were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was above the local CCG average of 95.7% and the national average of 94.5%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.
- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations. They also worked well with the local mental health team.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. Results showed the practice was performing above local and national averages. Forms were distributed to 258 patients and 105 were returned giving a response rate of 40.7%. This was 5.9% of the practice population.

- 99.3% found it easy to get through to this surgery by phone (CCG average 80.3%, national average 73.3%).
- 94.4% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 97.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.8%, national average 85.2%).
- 99.3% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 94.1% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 88.1% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6%, national average 64.8%).

As part of our inspection we also reviewed 21 CQC comment cards which were all positive about the standard of care received. Comments received focused on the good availability of appointments and described the service received as good.

We spoke with six patients during the inspection, including four members of the patient participation group (PPG). All said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum staff when used.

Action the service **SHOULD** take to improve

- Review governance arrangements to ensure the practice policies and procedures are up to date and reflect current guidance and their own policy.

- Monitor the new process of checking the stocks of controlled drugs held by the practice. This is in order to demonstrate these improvements become embedded into practise in the long term
- Review the practice's arrangements for the storage and distribution of prescriptions in line with recognised guidance.

Outstanding practice

- Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice highly for their experience of making an appointment

and for how easy it was to get through the surgery by phone. For example, 99.3% patients said they could get through easily to the surgery by phone (CCG average 80.3%, national average 73.3%).

Dr Stephen Carr

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr Stephen Carr

The practice is located in Bank Street Surgery, Keswick and provides primary medical services to patients living in Keswick in the Allerdale area of Cumbria. The practice provides services from one location, which we visited as part of the inspection.

The practice is based in converted premises in the centre of Keswick; the building is split into two parts with no clinical services provided in the annex. There is no on-site parking or disabled parking but this is available within a short walk from the practice. A disabled WC is available in the annex. A ramp ensures access to the ground floor clinical rooms. Nursing appointments are held on the first floor via a set of stairs, a ground floor room can be used for nursing or other appointments when required by patients.

The practice has one male GP. The practice employs a practice manager, two practice nurses, a medicines manager and one health care assistant who also undertook a secretarial role. There are four members of staff who carry out administrative or reception duties, a notes summariser and a cleaner. The practice provides services for around 1,700 patients based on a General Medical Services (GMS) contract.

The practice is open from 8am to 6:30pm Monday to Friday. On Wednesday the practice is open extended hours and closes at 7pm. Appointments are available with the GP, nurse or health care assistant.

Information from Public Health England placed the area in which the practice was located, in the ninth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people over the age of 45.

The service for patients requiring urgent medical care out of hours is provided by the 111 services and Cumbria Health on Call Limited (CHOC).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff. This included the single-handed GP, the recently appointed practice manager, medicines manager, a nurse and a healthcare assistant who also undertook a secretarial role. We also spoke with six patients who used the service, including four members of the patient participation group (PPG).
- Observed how reception staff interacted with patients and carers. We also spoke with carers, patients and their families.
- Reviewed the personal care or treatment records of patients.
- Reviewed 21 comment cards where patients and members of the public shared their views and experiences of the service.

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?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We found that;

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- Prior to the inspection the practice provided details of their significant events policy and four significant events recorded in the last 12 months. During the inspection we found out that three more significant events had occurred during this time. The process for the management of significant events was appropriate.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had reviewed their procedures for informing patients of their diagnosis to ensure patients were always informed by a clinician and were able to discuss any issues with them at the time.
- The practice carried out a thorough analysis of significant events and these were discussed at weekly meetings. Staff were made aware of the minutes of these meetings via email.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again. Staff told us the practice had an open culture.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. However, we identified some areas where processes and procedures required improvement as well as evidence of good practice. For example, we found:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding

meetings when possible. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3.

- Notices in the waiting room and the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The GP recorded that the patient had been offered a chaperone and declined this in the patients' clinical record; this was in line with GMC guidance.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. All staff had undertaken infection control training appropriate for their role.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. All of the medicines we checked during the inspection were found to be in date.
- We reviewed the arrangements for managing medicines, including emergency drugs and vaccinations at the practice. The GP carried a prescription pad for use at home visits. We were told by the GP they did not keep a personal log of prescriptions; however we did see the practice had kept some paper records of prescriptions handled. This was confirmed by other staff we spoke with, who said the date when prescription pads were issued was recorded.
- The practice kept a supply of controlled drugs. There were arrangements in place to ensure these were stored securely. The practice had not needed to use these supplies in the last three years. Out of date controlled drugs had recently been destroyed as required with the

Are services safe?

support of the community pharmacist. The practice monitored the stocks of controlled drugs held but this was not always consistently completed. We checked an audit form for one medicine and found that the balance of medicine at the practice had not been always checked on a monthly basis. The records showed the stock had been checked on 18 March 2015 and not again until 30 September 2015. The records showed the stocks had been checked again on 4 November 2015.

- We reviewed three personnel files for permanent members of staff and found that most appropriate recruitment checks had been undertaken prior to employment. All recruitment checks should be completed prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found that a DBS check had been submitted but not received yet for the most recently employed member of staff. The practice had submitted the application before their starting date and had taken steps to assess this risk.
- We reviewed the arrangements for recruiting locum GPs at the practice. The practice had a locum recruitment checklist. We found that the checklist had not been used. We reviewed the records of the last three locum GPs used in 2015; the files held some details but not all contained details of current medical indemnity or performers list checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- We saw evidence that there were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy in place. The most recent assessment of the practice had last been updated in January 2015. This assessment was very comprehensive. The practice had a fire risk assessment; this was last reviewed in February 2014. A fire drill had been recently carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had last carried out portable appliance testing (PAT) in June 2014, the practice manager made note to ensure this testing was

scheduled. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is the bacterium that causes legionnaire disease which is a serious form of pneumonia.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Patients' paper notes were stored in unlocked drawers in a room that was used by an attached member of staff for counselling sessions. These staff had signed a confidentiality agreement with the practice. This room was kept locked when not in use.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan stated it had been updated in October 2015. However, the plan still referenced the primary care trust which is no longer in place and the details of where paper medical records were stored was incorrect. The plan requires further review to ensure accuracy and effectiveness.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- From discussion with the GP and the nurse we found that staff completed effective assessments of patients' needs in line with clinical guidelines and that these were reviewed as appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014/2015) showed the practice achieved 96.8% of the total number of points available compared to the local clinical commissioning group (CCG) average of 96.8% and the national average of 93.5% with 6.4% exception reporting. This practice was not an outlier for any QOF targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CGG and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months at the practice was 82.9% compared to 77.5% nationally.
- Performance for asthma related indicators was better than the CGG and national averages. For example, the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions at the practice was 84% compared to 75.3% nationally.
- Performance for hypertension related indicators was better than the CGG and national averages. For example,

the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less at the practice was 91.7% compared to 83.6% nationally.

- Performance for mental health related indicators was lower than the CGG and national averages, however, there were some areas of good performance. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months at the practice was 100% compared to the national average of 88.5%.

Clinical audits demonstrated quality improvement.

- The practice provided details of three clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. There was evidence that findings were used by the practice to improve services. For example, recent action taken as a result of a two-cycle audit had resulted in new self-management plans being introduced for asthma patients and changes to diagnosis for two patients.
- We saw that a medicines optimisation work plan had been produced with the local medicines optimisation pharmacist with the aim of improving clinical outcomes and ensuring patient safety. This work was ongoing when we inspected the practice. It included work such as reviewing antidepressant prescribing to ensure patient compliance.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The GP was due to be revalidated in May 2016. All staff had had an appraisal within the last 12 months or an appraisal was scheduled. Both the nurses and the healthcare assistant were able to attend the local protected learning time training; this also ensured they had access to a local support network of peers.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Relevant training had been undertaken to support this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice. For example on their diet and for smoking cessation. Patients were signposted to the relevant service, for example, carers were referred to a local carer's forum. The practice was also actively involved in the Year of Care. One of the practice nurses was the Year of Care Lead Nurse for the Allerdale locality for this scheme. The Year of Care supports and improves patient involvement in care planning for long term conditions such as diabetes.
- A counsellor was available on the premises and smoking cessation advice was available from the practice.
- Information such as NHS patient information leaflets and local support organisations were also available.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.5%, which was comparable to the CCG average of 82.5% and the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were generally higher than the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.8% to 100% (CCG average 83.3% to 96.7%) and five year olds from ranged 66.7% to 100% (CCG average 77.5% to 97.9%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89.7% said the GP was good at listening to them (CCG average of 91%, national average of 88.6%).
- 99.4% said the Nurse gave them enough time (CCG average 94%, national average 91.9%).
- 97.9% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 83.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.7%, national average 85.1%).
- 95.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.5%, national average 90.4%).

- 94.4% said they found the receptionists at the practice helpful (CCG average 89.9%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choices of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 88.1% said the last GP they saw was good at explaining tests and treatments (CCG average of 89.1%, national average of 86%).
- 80.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.3%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice manager planned to introduce more effective processes to record and support carers at the practice. For example, plans had been made to introduce care plans for carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had recently agreed to take part in an initiative by a national cancer charity to improve uptake for bowel and cervical cancer that the local CCG was supporting. They were part of the CCG medicines optimisation project and had produced a work plan as part of this including work to ensure effective prescribing.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- Appointments with the GP were 15 minutes long, nursing appointments were flexible in length as required.
- There were longer appointments available for people with a learning disability or long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- The practice provided extended hours each Wednesday when they opened till 7pm. Appointments were available with the GP, nurse or health care assistant.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop and translation services were available. When patients were not able to access the first floor nurses room a ground floor room was available.
- There were monthly drop in sessions by a nationally recognised organisation that supported older people at the practice to provide advice and support for older patients.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday with the exception of Wednesday when the practice was open until 7pm as part of the extended hours scheme to support patient access. These appointments were available with the GP, nurse or healthcare assistant.

Appointments were available between 9am and 11:15am each day and 3:30pm to 6pm with extended hours available each Wednesday evening until 7pm.

In addition to pre-bookable appointments that could be booked up to four months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People told us on the day of the inspection that they were able to get appointments when they needed them.

- 83.1% of patients were satisfied with the practice's opening hours (CCG average of 77.8%, national average of 74.9%).
- 99.3% patients said they could get through easily to the surgery by phone (CCG average 80.3%, national average 73.3%).
- 94.1% patients described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 88.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.6%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, however, we found evidence it was not always being effectively implemented.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, in reception.
- We reviewed the practice's complaints procedure. It had been scheduled for review in January 2015 but this had not yet been completed. The policy did not reflect the current local structure as it referred to primacy care trusts which have not been in place since the end of March 2013. The practice had not recorded any complaints in the last 12 months.
- During the inspection it was brought to our attention a matter that had been raised verbally as a complaint by a patient in April 2015 had not been recorded as such by the practice. We saw evidence within the practice's

Are services responsive to people's needs?

(for example, to feedback?)

electronic systems confirmed a mistake had been made at that time linked to this matter. We mentioned this to the new practice manager who immediately took steps to look into this matter further.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- From discussion with the clinical staff we heard of good examples of patient focused care and staff were able to describe examples of good quality care.
- There was engagement with the CCG by the practice manager.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and demonstrated that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, some of these required review, for example the complaints policy was scheduled for review in January 2015, this had not been completed. The practice's recruitment policy and locum induction policy contained no dates of when they had been implemented or when review was required.
- There was a clear understanding of the performance of the practice.

However, we found:

- All complaints received were not recorded by the practice. During the inspection it was brought to our attention a matter that had been raised verbally as a complaint by a patient in April 2015 had not been recorded as such by the practice. We saw that evidence within the practice's electronic systems confirmed a mistake had been made at that time linked to this matter. We mentioned this to the new practice manager who immediately took steps to look into this matter further.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions but some of these required review. For example, the process for recruiting locum GP staff at the practice was not in line with the current guidance or the policies in place at the practice.

- We reviewed the business continuity plan for the practice. This plan had been updated in October 2015. The plan covered the actions to be taken in the event of key risks to the practice such as loss of power. However, the plan still referenced the primary care trust which was no longer in place and the details of where paper medical records were stored was not correct.

Leadership, openness and transparency

The lead GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The lead GP encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and an apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the lead GP and the practice manager. Staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for

improvements to the practice management team. For example, the introduction of text message appointment reminders had been identified as a priority by the PPG and this had now been implemented by the practice.

- The practice had also gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Effective recruitment procedures were not followed when employing locum staff. Regulation 19 (2)(4)(a)