

Dr Hans Schmid

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.

Ratings

Overall rating for this service

Good



Are services safe?

Good



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 inspection of this practice on 13 November 2014. Breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- **Regulation 10** HSCA 2008 (Regulated Activities) Regulations 2010 **Assessing and monitoring the quality of service providers**(Which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014);
- **Regulation 11** HSCA 2008 (Regulated Activities) regulations **Safeguarding people who use services from abuse**(Which corresponds to Regulation 13 of the HSCA 2008 (Regulated Activities) Regulations 2014 regulations 2014)

- **Regulation 12** HSCA 2008 (Regulated Activities) Regulations 2010 **Cleanliness and infection control**(Which corresponds to Regulation 12 (2) (h) of the HSCA 2008 (Regulated Activities) Regulations 2014);
- **Regulation 23** HSCA 2008 (Regulated Activities) Regulations 2010 **Supporting workers** (which corresponds to Regulation 18 (2) HSCA 2008 (Regulated Activities) Regulations 2014);

We undertook this focused inspection to check that the practice had followed its plan and to confirm that it now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Hans Schmid on our website at www.cqc.org.uk.

Our key findings were as follows:

- There were now systems in place to mitigate safety risks including fire safety. The premises were clean and

Summary of findings

tidy and the practice had taken steps to improve the way it assessed and planned their infection control activities. Arrangements in the practice for managing medicines, including vaccines, kept patient safe.

- There was better recording and use of audits to improve patient care. The practice promoted health education to empower patients to live healthier lives. Learning needs of staff were now identified through a system of appraisals, meetings and reviews of practice development needs.
- Feedback from patients and observations throughout our inspection showed the staff were kind, caring and helpful. The practice had developed action plans to address those areas where they performed lower than others in relation to patient satisfaction.
- Improvements had been made to support patients with disabilities to access the service.

- The practice had systems in place to respond to and act on patient complaints and feedback.
- The practice had taken action to address the concerns raised at the last CQC inspection. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients. The practice had fully involved stakeholders in the improvement activity for the practice.

There was an area where the practice should make improvements. The practice should:-

- Take sufficient steps to ensure the confidentiality of patients when discussing complaints and significant events with the patient participation group.

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 good for providing safe services.

Action had been taken to address all of the concerns raised during our previous inspection in November 2014.

The practice had implemented arrangements to ensure the safety and wellbeing of patients, staff and the general public. For example, good arrangements had been implemented to ensure fire safety. There was evidence of following manufacturer's guidelines for the storage of vaccines and vaccines were stored securely. Good infection control arrangements were in place and the practice was clean and hygienic.

Good



Are services effective?

The practice is rated as good for providing effective services.

Action had been taken to address all of the concerns raised during our previous inspection in November 2014.

The practice had made improvements to clinical audit and used National Institute for Health and Care Excellence (NICE) best practice guidelines and national patient safety alerts to target audit activity. We found the learning needs of staff were now identified through a system of appraisals, meetings and reviews of practice development needs. Records of staff training were well organised and provided an accurate summary of the training undertaken by staff. The practice now regularly shared information with other health professionals through multi-disciplinary meetings. There was a range of health promotion and support leaflets displayed in the practice waiting room, relevant to the needs of patients.

Good



Are services caring?

The practice is rated as good for providing caring services.

Action had been taken to address all of the concerns raised during our previous inspection in November 2014. The practice had taken action to ensure it understood the key issues raised by patients about the quality and accessibility of the service. They had undertaken a patient survey, discussed this with the new patient participation group (PPG) and developed an action plan to address any areas of underperformance.

The practice had improved arrangements to ensure patient confidentiality for those patients who contacted the practice by

Good



Summary of findings

phone. The practice should consider the level of detail they share with the PPG to ensure they do not indirectly breach the confidentiality of those patients who complain or who are the subject of a significant event.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Action had been taken to address all of the concerns raised during our previous inspection in November 2014. The practice had taken action to increase accessibility to the services for patients with disabilities. The practice now had a hearing loop in place and patients could sound a bell at the front door to let staff know they needed assistance in accessing the building. The practice now publicised its complaints process on the practice website and within the reception area of the practice. The practice had implemented a suggestions box for patients to submit their comments and suggestions to the practice.

Good



Are services well-led?

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

The practice had developed and implemented robust action plans to address each of the areas for improvement identified in the last inspection report. The practice had a robust strategy and supporting business plans which reflected their vision and values, compliance to which was regularly monitored. They had improved governance arrangements to ensure effective decision making and to enable a clearer route to improving the service. We found leadership within the practice, and across the team there was the experience, capacity and capability to run the practice and ensure high quality care. The practice had started a patient participation group to gain patient feedback, and had used this as an integral step in improving services.

Good



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.

When we inspected the practice in November 2014 we found there were aspects of the practice which required improvement and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



People with long term conditions

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

When we inspected the practice in November 2014 we found there were aspects of the practice which required improvement and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Families, children and young people

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

When we inspected the practice in November 2014 we found there were aspects of the practice which required improvement and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

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).

When we inspected the practice in November 2014 we found there were aspects of the practice which required improvement and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

When we inspected the practice in November 2014 we found there were aspects of the practice which required improvement and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



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).

When we inspected the practice in November 2014 we found there were aspects of the practice which required improvement and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received four CQC comment cards, of which three were from patients and one from a staff member. All cards which were all positive about the standard of care received. In particular they commented positively on staff, with the following words used to describe staff; lovely, friendly and helpful.

The practice had carried out a patient survey through Client-Focused Evaluations Programme (CFEP UK Surveys). This allowed the practice to benchmark their performance against other practices that used this organisation to survey patients. From the practice population of 6,000 there were 269 patients who responded (4.5% of the practice population). Overall, the

practice had a 71% mean patient satisfaction score. This compared with the national mean score of 73%. The practice scored better on indicators relating to experiences of particular clinicians, for example how respectful they were, the explanations they gave and the concern they showed for the patient. They scored less well on indicators relating to access, such as waiting times, opening hours and telephone access. The results of this survey were displayed in the practice reception area.

The practice had implemented an action plan to improve the patient satisfaction with the service. They had developed this in consultation with the Patient Participation Group.

Areas for improvement

Action the service **SHOULD** take to improve

- Take sufficient steps to ensure the confidentiality of patients when discussing complaints and significant events with the patient participation group.

Dr Hans Schmid

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

The team included a GP, and a specialist advisor with experience of GP practice management.

Background to Dr Hans Schmid

The area covered by the practice is within the city boundaries of Carlisle. The practice is situated within walking distance of the city centre. The building itself consists of two Victorian terraced buildings which are knocked into one building to make the surgery. Patient areas are on the ground and first floors. There is wheelchair access to the building and patients can be seen at ground floor level if they cannot manage the stairs. There is no parking outside of the premises, however pay and display, and disabled parking, are available in the city centre.

The provider is the lead GP, Dr Hans Schmid. There are also two salaried GPs (one male and one female) who work at the practice.

The practice provides services to approximately 6,000 patients of all ages. The practice treats all age groups but the majority of the patients seen at the practice are between 20-65 years of age.

The practice area has relatively high levels of deprivation and an increasing population whose first language is not English. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England.

Staff who work at the practice include a practice manager, assistant practice manager and an IT manager. A nurse practitioner, three practice nurses, three health care assistants, medicines manager, medical secretaries and reception staff also work there.

The service for patients requiring urgent medical attention out of hours is provided by Cumbria Health on Call (CHOC).

Opening times are between 8am and 6pm Monday to Friday. There are two late evening surgeries every week until 7.30pm and one early morning from 7am.

Why we carried out this inspection

We undertook an announced focused inspection of Dr Hans Schmid on 26 August 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 November 2014 had been made. We inspected the practice against all five questions we ask about services:

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

This is because the service was not meeting some legal requirements.

How we carried out this inspection

The inspector:

Detailed findings

- Asked the practice to provide evidence in advance of the inspection date to demonstrate how they had meet the relevant regulations.
- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems;
- Carried out an announced inspection visit on 26 August 2015;
- Spoke to staff and patients;
- Looked at documents and information about how the practice was managed;
- Reviewed patient survey information, including the NHS GP Patient Survey;
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record

When we inspected the practice in November 2014 we identified some concerns in relation to how the practice addressed safety risks such as fire safety. During the inspection in August 2015 we found the practice had addressed all of the concerns. It had done this by:

- Reviewing their approach to fire safety including policies, procedures and protocols;
- Reviewing the fire risk assessment in place;
- Contacting fire safety experts for advice and guidance;
- Identifying fire wardens within the practice and providing them with additional training to help them undertake this role;
- Undertaking fire drills within the practice;
- Auditing the practice fire drill procedures to check on adherence to policy and to identify learning.

Overview of safety systems and processes

When we inspected the practice in November 2014 we identified some concerns in relation to safety systems and processes

- In November 2014 we found there was a lack of evidence to confirm all staff had received training appropriate to their roles relating to the protection of children, and safeguarding of vulnerable adults. There was no evidence to demonstrate the practice regularly shared information about at risk patients, through a multi-disciplinary forum.

During the inspection in August 2015 we found the practice had addressed all of the concerns. For example, the practice had undertaken an audit against the Local Children's Safeguarding Board toolkit to assure itself that it was working within local guidelines. An action plan was put in place to address any areas for improvement.

The practice also provided us with notes of multi-disciplinary meetings, which demonstrated it had implemented meetings and now met regularly with health visitors and district nurses to share information about patients at risk of abuse.

- In November 2014 we found the arrangements to manage medicines in the practice had weaknesses. This included one of the refrigerators used to store medicines was unlocked. Also, although the practice was recording a daily refrigerator temperature, staff were not recording the minimum and maximum temperature in line with best practice guidelines. This provided inadequate assurances medicines were stored at an appropriate temperature in line with manufacturer specifications.

During the inspection in August 2015 we found the practice had addressed all of the concerns. For example, the practice had improved the monitoring of fridge temperatures and was now monitoring the current, minimum and maximum temperature each working day. The practice had identified a recent failure in one of their fridges and we saw evidence it had taken appropriate action in relation to this.

- In November 2014 we found the practice did not have in place effective operation of systems designed to assess the risks of, and prevent, detect, and control the spread of healthcare associated infections. There were no policies and procedures in place to guide staff as to how they should do this and no infection control audit had been carried out.

During the inspection in August 2015 we found the practice had addressed all of the concerns. For example, the local Clinical Commissioning Group infection control nurse visited the practice on 22 April 2015 to review and give advice on the infection control arrangements. The practice acted upon their recommendations, for example to fit hand sanitizer dispensers and undertake hand hygiene training with staff. The practice undertook an infection control audit in May 2015 and developed an action plan to address any concerns or areas of improvement identified.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

When we inspected the practice in November 2014 we identified concerns in relation to the way the practice conducted clinical audit.

During the inspection in August 2015 we found the practice had made improvements and this had addressed all of the concerns. There had been three clinical audits completed since the last inspection, and two of these were where the improvements made were implemented and monitored. The practice planned to follow up the third audit after six months. We saw the practice had used National Institute for Health and Care Excellence (NICE) best practice guidelines and national patient safety alerts to target audit activity.

For example, recent action taken as a result of audits had included changing the policies and procedures in relation to the storage of discarded medicines within the practice and taking action to ensure patients were not prescribed medicines which were not meant to be prescribed together.

Effective staffing

When we inspected the practice in November 2014 we identified concerns with staff training and appraisals.

During the inspection in August 2015 we found the practice had addressed all of the concerns. The practice provided evidence

- We found the learning needs of staff were now 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 scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had an appraisal within the last 12 months.

- 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. We checked staff files which confirmed staff were receiving training relevant to their role. Records of staff training were well organised and provided an accurate summary of the training undertaken by staff.

Coordinating patient care and information sharing

When we inspected the practice in November 2014 we identified concerns with how the practice worked with colleagues and other services. There were no regular or formal multi-disciplinary team meetings.

During the inspection in August 2015 the practice provided us with notes of multi-disciplinary meetings, which demonstrated formal meetings were now held regularly with health visitors and district nurses. This helped to assess and plan on-going care and treatment for those patients most at risk of deterioration or poor health.

Health promotion and prevention

When we inspected the practice in November 2014 we identified there was limited information available in the practice waiting room relating to local groups and support agencies for patients. For example, leaflets sign-posting carers to local support groups.

During the inspection in August we found the practice had addressed these concerns. There was a range of information displayed giving patients information and advice about common health conditions, such as diabetes, cancer and sexual health. There was also information displayed informing patients about a local carers group.

We spoke with a member of the Patient Participation Group (PPG) who told us the practice had discussed the information displayed within the waiting room with the group to gather ideas for improvements. The practice currently had a display about diabetes. The PPG member told us the practice intended to change the theme regularly and would display information related to awareness campaigns, such as Parkinson's disease week.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

When we inspected the practice in November 2014 we found the practice scored below the National average for a number of indicators within the National GP Patient Survey.

During the inspection in August 2015 we found the practice had taken action to understand and start to improve their performance in relation to patient satisfaction with the service. They had carried out a patient survey through Client-Focused Evaluations Programme (CFEP UK Surveys). This allowed the practice to benchmark their performance against other practices that used this organisation to survey patients. From the practice population of 6,000 there were 269 patients who responded (4.5% of the practice population). Overall, the practice had achieved a 71% mean patient satisfaction score. This compared with the national mean score of 73%. The practice scored better on indicators relating to experiences of particular clinicians, for example how respectful they were, the explanations they gave and the concern they showed for the patient. They scored less well on indicators relating to access, such as waiting times, opening hours and telephone access. The results of this survey were displayed in the practice reception area.

The practice had discussed the result of this survey with the patient participation group and had developed an action plan to address areas of lower performance. There was evidence they were progressing and refining this action plan to achieve the improvements needed.

They had made changes to the way telephone calls were taken to improve privacy, by moving the telephone lines away from the reception desk.

During the inspection the practice shared with us notes of recent patient participation group meetings. We saw the practice were sharing details and discussing significant events and complaints with the group to identify how they could improve. Whilst it was good the practice were involving the group to identify improvements, we were concerned with the level of detail that was shared. Although no directly identifiable information, such as names or addresses, was shared, the level of detail given might enable group members to indirectly identify those involved. We spoke with the lead GP and the practice manager about this. They told us they would review and refine their approach in future to reduce the risk of identifying patients when discussing complaints and significant events with the PPG.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

When we inspected the practice in November 2014 we identified concerns with how the practice ensured equal access for patients with disabilities. This was because the practice did not have a hearing loop in place to support those with hearing impairment to access the service. Also there was no information displayed outside the building to direct patients and visitors as to how they could contact staff if they had difficulty accessing the building.

During the inspection in August 2015 we found the practice had addressed all of the concerns. We saw a portable hearing loop was available in reception. A notice was displayed next to a bell at the front door, directing people to press the bell if they needed assistance.

Listening and learning from concerns and complaints

When we inspected the practice in November 2014 we identified concerns with how the practice communicated the complaints process to patients and members of the public. There was no information on the practice website or displayed within the practice about how to complain or directing people to where they could find this information.

During the inspection in August 2015 we found the practice had addressed the concerns.

There was now a reference on the practice website advising complainants should contact the practice if they had a complaint. There was a practice complaints leaflet and an NHS complaints leaflet displayed in the reception area. The practice had also implemented a suggestions box, which was prominently displayed in the reception area.

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

When we inspected the practice in November 2014 we found the practice did not have an achievable or realistic plan which set out how they would achieve what was set out in the statement of purpose for the practice. There was no documented practice business development plan in place.

During the inspection in August 2015 we found the practice had implemented an improved vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values. The practice had addressed the concerns identified during the last CQC inspection and had taken action to improve.

Governance arrangements

When we inspected the practice in November 2014 we found governance arrangements were ineffective. There was no monitoring of performance and no defined system for clinical audit to improve the quality of the service.

During the inspection in August 2015 we found the practice had addressed all of the concerns.

The practice had implemented an overarching governance framework which supported the delivery of the strategy and good quality care. They had planned and delivered improvement activity to address the concerns raised at the last CQC inspection. We found structures and procedures in place ensured :

- 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;
- There was a comprehensive understanding of the performance of the practice;
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions;
- Significant events, complaints and clinical audit were used to monitor and improve the quality of service.

Leadership, openness and transparency

When we inspected the practice in November 2014 we found there was a lack of clarity about authority to make decisions. Quality and safety were not the top priority for leadership.

During the inspection in August 2015 we found the practice had addressed all of the concerns.

We found leadership within the practice, and across the team there was the experience, capacity and capability to run the practice and ensure high quality care. Managers encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and notes were kept of these 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, were confident in doing so and felt supported if they did. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

When we inspected the practice in November 2014 we found there was minimal engagement with people who used the service, staff or the public.

During the inspection in August 2015 we found the practice had addressed all of the concerns.

The practice now proactively gained patients' feedback and engaged patients in the delivery of the service. The practice encouraged and valued feedback from patients. Since the last inspection they had set up a new patient participation group (PPG). There was evidence the practice had discussed the areas for improvement identified and the findings of the CQC inspection visit in November 2014. They were involved in developing and reviewing the action plan put in place. The practice had also gathered feedback from patients through surveys and complaints received.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. There was evidence of good staff consultation throughout

Are services well-led?

Good 

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

the planning and implementing of improvement activity following the last CQC inspection. Staff told us they felt involved and engaged to improve how the practice was run.