

Windermere and Bowness Medical Practice

Inspection report

Windermere Health Centre Goodly Dale Windermere LA23 2EG Tel: 01228514830

Date of inspection visit: 9 January 2023 Date of publication: 10/02/2023

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 location	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	

Overall summary

Windermere and Bowness Medical Practice

We carried out an announced comprehensive inspection of Windermere and Bowness Medical Practice on 6 and 9 January 2023. Overall, the practice is rated as Good.

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This was the first inspection of this GP practice under this registered provider.

This inspection was a comprehensive rating inspection where we reviewed all five key questions; Safe, Effective, Caring, Responsive and Well led.

Each key question is rated as follows:

Safe - good

Effective - good

Caring - good

Responsive - good

Well-led - good

How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Reviewing evidence from the provider for this service.
- Conducting staff interviews whilst on site and using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Reviewing feedback surveys completed by practice staff.
- A site visit by one inspector.
- Reviewing practice performance data and intelligence.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
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• information from the provider, patients, the public and other organisations.

We found that:

- Safe care was prioritised, the practice team worked proactively with partners to safeguard vulnerable people.
- The provider had focused on implementing a stable clinical staff team since taking on the provision of care at the practice. This included recognising the challenges of recruiting to a rural location and using the wider Cumbria health on call (CHOC) clinical team to support the practice.
- The provider was aware there was further work required for patients with long-term conditions and had a plan in place to offer all patients with long-term conditions comprehensive reviews.
- Some clinical audits had been carried out and there was an audit plan to fully embed improvement work. These required fully embedding to demonstrate improvement on patient outcomes.
- GP patient survey results for the practice were significantly higher than national results.
- The CHOC governance arrangements and leadership provided a high level of support and oversight for the local management team.
- The practice had an active patient engagement group which was working collaboratively with the practice team to improve health promotion in the local area.

We found one area out outstanding practice.

The actions that the provider had taken since they took over the practice had made significant improvements in care and access for patients and engagement with patient representatives and the local community. This is based on what patient representatives informed us and national GP patient survey results:

- The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment had increased from 91% in 2020 to 98% in 2022.
- 86.5% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone, which was significantly higher than the England average of 53%.
- The percentage of respondents who were satisfied with the general practice appointments times available to them increased from 69% in 2020 to 78% in 2022. The national average for 2022 was 55%.

We found that there were no breaches of regulations.

There were areas where the provider **should** make further improvements:

- Risk assess the provision of and access to emergency medicines held on site.
- Provide comprehensive reviews for all patients with long-term conditions.
- Fully reflect mental capacity assessment and best interest discussions in records of all patients who have advanced decisions to decline cardiopulmonary resuscitation.
- Fully embed the quality improvement and clinical audit systems to evidence continual improvement on patient outcomes.
- Fully embed the formal supervision arrangements and oversight for non-medical prescribers.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist professional advisor who spoke with staff using video conferencing facilities and completed clinical searches and patient record reviews without visiting the location.

Background to Windermere and Bowness Medical Practice

Cumbria Out of Hours (CHOC) are commissioned to provide primary medical services at Windermere and Bowness Medical Practice by Lancashire and South Cumbria integrated care board (ICB) under an "alternative provider medical services contract". CHOC is a not for profit social enterprise which has provided out of hours primary care services throughout Cumbria and the Scottish borders since 2009 and in 2015 took on a contract to run one general practice which was struggling. This has been followed by several other rural practices and the CHOC vision includes reaching out to support struggling rural practices in future years.

Windermere and Bowness Medical Practice is located at Windermere Health Centre, Goodly Dale, Windermere LA23 2EG. The health centre issituated between Windermere and Bowness, with adequate parking and easy access for the population. The practice is situated within the Lake District National Park and serves a rural population, as well as providing urgent access for tourists visiting the area.

The practice is open from Monday to Friday from 8am to 6.30pm. The practice offers appointments throughout that period at 15-minute intervals. Evening and weekend appointments are available through the primary care network (PCN).

The practice clinical team comprises the clinical lead (a GP), a salaried GP, two advanced nurse practitioners, one paramedic and two part-time nurses, with a health care assistant. The wider CHOC clinical team of GPs and advanced nurse practitioners provide regular clinical sessions at Windermere and Bowness. A practice manager and practice coordinator with a team of eight non-clinical staff support the clinical team.

When the practice is closed, patients can access out of hours services offered locally by contacting NHS 111.

The practice provides services to a patient population of 5104, 97% are white, 1.5% are Asian and 1.5% mixed race. Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Life expectancy for females is 88 years and 82.3 years for males, which are higher than England averages of 83 years and 79 years respectively.

The building has step free access, although some internal doors are not suitable for wheelchair users.

CHOC lease the premises from a landlord and have worked with the integrated commissioning board and the landlord to agree renovations required to make the building more suitable for delivering health services with a focus on sustainability and accessibility.