

St Pauls Practice

Inspection report

St Paul's Medical Centre
St Paul's Square
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating January 2018 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at St Paul's Practice on 26 January 2018. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2018 inspection can be found by selecting the 'all reports' link for St Pauls Practice on our website at www.cqc.org.uk.

This inspection was an announced follow-up comprehensive inspection which took place on 2 and 6 November 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- Improvements had been made since the last inspection in response to concerns raised in the inspection report.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Although improvements had been made, patient feedback regarding access by telephone and to appointments was still among the lowest in the local area, and well below local and national averages.
- There was collaboration and support across all staff and a common focus on improving quality of care and people's experiences.

We also saw some areas where the practice should make improvements:

- Continue to make improvements to telephone access and access to appointments, and gather patient feedback to ensure these improvements are effective.
- Continue to look for ways to communicate and engage with staff and patients.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser, a practice nurse specialist advisor and a second CQC inspector.

Background to St Pauls Practice

St Paul's Practice is located in Carlisle, Cumbria, and is registered with the Care Quality Commission to provide primary care services to patients living in the town and surrounding rural areas.

The practice provides services to around 36,250 patients on a General Medical Services contract from five sites:

- St Paul's Practice, Spencer House, St Paul's Square, Carlisle, Cumbria CA1 1DG.
- Brunswick House, 1 Brunswick Street, Carlisle CA1 1ED
- Arnside House, Sycamore Lane, Carlisle CA1 3SR
- North Carlisle Medical Centre, Eden Street, Carlisle CA3 9JZ
- Eastern Way, 1 Eastern Way, Carlisle CA1 3QZ

We visited St Paul's Practice, Brunswick House, North Carlisle Medical Centre and Eastern Way during this inspection.

St Paul's Practice and the other sites in the group are known collectively as Carlisle Healthcare, following a merger of three Carlisle practices in October 2016: St Paul's Practice, Brunswick House Medical Group and North Carlisle Medical Practice. This is the first merger of GP practices on this scale in Cumbria. Prior to the merger, St Paul's Practice and Brunswick House Medical Group

were inspected in November 2014 and November 2015 respectively and were both rated as good. North Carlisle Medical Centre was not inspected before the practices merged.

The buildings in which the practice is located differ from site to site. St Paul's Practice was purpose-built as a GP surgery in 1992. Brunswick House is located in a converted building. Both are in the centre of Carlisle. Both had wheelchair or step-free access. There was no car parking at either of these sites, although on street parking with a local residence permit or pay-and-display car parks were located nearby. North Carlisle Medical Practice is located in a modern, purpose-built building in the north of the city. Patient facilities used by the practice were located on the ground floor, and there was level-access, automatic doors and car parking available. Eastern Way is a small, purpose-built practice building with an adjoining car park. Brunswick House and North Carlisle Medical Centres had an adjoining pharmacy. Patients at the practice can attend appointments and services at all five sites.

The practice has a large team comprising 15 GP partners (three female, 12 male), seven salaried GPs (four female, three male), six advanced nurse practitioners (all female),

four trainee nurse practitioners (all female), one specialist practitioner (female), five non-medical prescribing nurses (female), 17 practice nurses (all female), one paediatric nurse specialist (male), two extended role practice nurses (both female), three pharmacists, six health care assistants, two trainee advanced practitioners, a six-person management team (including the practice manager and two deputy managers), 67 members of clerical staff performing administrative, secretarial, reception and estates duties.

Opening times at the practice are 8am to 8.30pm from Monday to Friday. The surgery is closed at weekends. Telephones at the practice are answered from 8am to 6.30pm Monday to Friday. Outside of these times, a pre-recorded message directs patients to 999 emergency services, NHS 111 or out-of-hours providers, as appropriate

The practice is part of North Cumbria clinical commissioning group (CCG). Information taken from Public Health England places the area in which the practice is located in the fifth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's patient population is similar to the national average, and has a lower percentage of older patients than other practices in Cumbria. The number of patients with a long-standing health condition is higher than local and national averages (62.2% to 58% and 53.7% respectively) and the number of patients in paid work or full-time education is lower than local and national averages (54.4% to 59.4% and 61.9%).

Are services safe?

At our previous inspection on 26 January 2018, we rated the practice as requires improvement for providing safe services because:

- **The practice was not following their policies in relation to infection control;**
- **PSDs (Patient Specific Directions) had not always been signed by healthcare professionals or countersigned by an authorised person prior to medications being administered;**
- **The system for reporting test results to patients had no final step to ensure patients with abnormal results had received them.**

These arrangements had improved when we undertook a follow-up inspection on 2 and 6 November 2018.

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The practice held weekly safeguarding meetings with health professionals including midwives and health visitors. There was a safeguarding lead and all staff knew how to identify and report concerns and learning from safeguarding incidents were available to staff. Staff received up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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.) Staff were risk assessed to determine whether or not they required a DBS check before starting their role.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. The policy had been updated to

try and avoid, or at least limit, the use of carpeted rooms when clinical procedures were required. Spillage kits were available to deal with any spillages on carpeted floors and staff were aware of this and knew how to use them.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary and newly-recruited staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The system for reporting test results had been improved to add a final step to ensure that patients who had abnormal results had been contacted.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- A new system had been implemented to ensure that a signed PSD was in place for all patients who were due to receive medications administered by a healthcare assistant. Healthcare assistants we spoke to understood the procedure.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing was comparable to CCG and England averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

At our previous inspection on 26 January 2018, we rated the practice as requires improvement for providing effective services because:

- **Some staff had not completed annual training in the previous 12 months in areas such as basic life support, safeguarding, fire safety and information governance;**
- **Administrative and reception staff had not received annual appraisals since the practices merged in October 2016.**

These arrangements had improved when we undertook a follow-up inspection on 2 and 6 November 2018.

We rated the practice and all of the population groups as good for providing effective services overall.

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2017/18. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice hosted a "Care Home Team" which was a team of nurses who carried out visits at care homes in the city.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were above the World Health Organisation target percentage of 95% for most immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was in line with local and national averages in 2016/17.
- The practice's uptake for breast and bowel cancer screening was in line with the national average in 2016/17.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may have made them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- In January 2016, the three practices which make up Carlisle Healthcare had worked together prior to the merger to establish a "Frailty Team" of trained nurses who carried out visits to housebound patients. Previously, this was for frail elderly patients, but had since been extended to all patients who were unable to attend the practice, and had been renamed the "Housebound Team." The team was recognised with a "Our Health Heroes" award in November 2017.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The number of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the previous 12 months was comparable to the national average.
- The number of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the previous 12 months was in line with the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives, such as the clinical commissioning group's (CCG) Quality Improvement Scheme.

- In 2017/18 the practice had achieved all of the total number of 559 QOF points available, compared to the CCG average of 554 and the national average of 539. Overall the practice exception reporting rate was slightly above local and national averages at 13.3% (CCG average 10.1%, national average 10.1%).
- The practice used information about care and treatment to make improvements. For example, they had used an audit to reduce their benzodiazepine prescribing. These medications can cause side-effects in patients with long-term use.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided protected time to meet them. All staff had now completed mandatory training relevant to their role.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. All staff had had an appraisal in the past 12 months, and staff we spoke to told us they felt more supported since the last inspection. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may have been vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients on the day of inspection was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's National GP Patient Survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them.
- The practice's National GP Patient Survey results in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. Signs were in place to let patients know they could request the use of a private room.
- Signs in reception asked patients to wait away from the reception desk and media equipment was used to try and prevent conversations from being overheard. These were improvements made since the last inspection.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 26 January 2018, we rated the practice as inadequate for providing responsive services because:

- **People were frequently and consistently unable to access appointments and services in a timely way;**
- **People experienced unacceptable waits for some appointments or to talk to somebody on the telephone;**
- **The practice had not made adequate provisions for patients who required assistance with access. Call bells did not work at some practice sites and there were no signs to inform patients how to call for assistance;**
- **Patients were unable to find their way around some of the buildings easily and independently;**
- **The practice had received 286 complaints from patients about access to appointments in 2017, but there were still improvements which needed to be made in these areas.**

These arrangements had improved when we undertook a follow-up inspection on 2 and 6 November 2018, however there were still areas which required improvement.

We rated the practice, and all of the population groups, as requires improvement for providing responsive services .

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. We saw signs had been put in place to help patients navigate the practice sites, as this had been a concern highlighted at the inspection in January 2018.
- The practice made reasonable adjustments when patients found it hard to access services. Since the inspection in January 2018 call bells had been repaired and signs had been put in place to inform patients how to call for assistance.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients over 75 had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice hosted a care home team which was a team of nurses who carried out visits at care homes in the city. All new care home residents received a medicines optimisation review from one of the practice pharmacists.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local multidisciplinary team to discuss and manage the needs of patients with complex medical issues.
- The surgery offered an INR (International Normalised Ratio) clinic for patients on warfarin. INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. Patients could access clinics at each of the five practice sites, and the clinics were managed by the practice's clinical pharmacists.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Parents calling with concerns about a child had their needs reviewed by the triage doctor, to help identify the level of urgency and were either offered a telephone or face-to-face consultation.
- The practice's premises were suitable for children and babies.
- There were advanced nurse practitioners and practice nurses who specialised in paediatric care.

Are services responsive to people's needs?

Working age people (including those recently retired and students):

- Extended opening hours appointments and repeat prescriptions were available to order online.
- From October 1st, evening and weekend appointments could be booked through the practice. These are delivered by Carlisle Healthcare on weekday evenings and by a third-party provider at weekends.
- The practice used a text messaging service for appointment reminders, information on the service, and also to enable patients to give direct feedback.

People whose circumstances make them vulnerable:

- The practice held registers of patients living in vulnerable circumstances, including carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was the only one in the clinical commissioning group (CCG) area to undertake the violent patient (section 21) scheme, which allows patients previously excluded from GP practices to access primary care services.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with dementia were invited to attend for an annual review in their birthday month, to help ensure their needs were being met appropriately.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure patients were receiving the care and support they needed to stay healthy and safe.
- Alerts had been placed on the clinical system to 'flag' patients with dementia, so clinicians could take this into account during a consultation.

Timely access to care and treatment

At the inspection in January 2018, people were frequently and consistently unable to access appointments and services in a timely way. People experienced unacceptable waits for some appointments or to talk to somebody on the telephone.

At this inspection in November 2018 we saw patient feedback on the National GP Patient Survey for access by telephone and to appointments was still among the lowest in the local area, and well below local and national averages. This data was published in July 2018 and collected between January and March 2018 and was the most up-to-date patient feedback regarding access at the time of inspection. The practice was not able to supply any other patient survey results which showed that, despite the changes made, patients were better able to access appointments or contact the practice by telephone without having to wait.

Therefore, while positive changes had been made, improvements were still required which affected patients in all of the population groups.

- Feedback from patients stated waiting times, delays and cancellations were improving since the last inspection, but still needed to be improved. Feedback we received was mixed regarding access: of the eight patients we spoke to on the day of inspection, five said they could get an appointment when they needed one and three said they could not.
- The practice was working hard to promote online services in an attempt to diversify the way patients communicated with the practice and to reduce the demand on the telephone system. A total of 31% of the patient list (approx. 11,000 out of 36,250 patients) had signed up for online services, with 17% (approx. 6,000 patients) registered to book appointments online and 8% (approx. 3,000 patients) signed up to access their test results online. However, at the time of inspection there was no data to show whether or not this had resulted in an improvement for patients trying to contact the practice.
- The practice had launched a new website the day before the November 2018 inspection. This website gave patients the option to communicate securely with the practice as an alternative to using the phone. This had not been in place for long enough to have had an impact on telephone access at the practice by the time of the inspection.
- We checked the appointment system in real time on the afternoon of the inspection and found the next routine appointment with a GP was within two working days. In January 2018 the wait for a routine GP appointment was

Are services responsive to people's needs?

one month. However, we did see that the wait to see some GPs was longer than others, with the wait for a routine appointment with one part-time GP still over a month.

- Follow-up appointments could now be booked directly by the clinician. In January 2018 we saw and received complaints from patients saying they were often told no appointments were available when they tried to book follow-ups through reception. Feedback we received from patients and staff at the November 2018 inspection was positive about this change.
- While St Paul's Practice was treated as the "hub" for urgent appointments due to the duty team being based there, urgent on-the-day appointments were now available at all sites.
- The practice ran a regular audit of routine appointments to monitor demand and to try and rota more staff at busier times.
- The practice had taken steps to encourage patients to cancel appointments they no longer needed. However, this had not yet had an impact on the number of missed appointments.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The number of complaints had been showing a downward trend before the inspection in January 2018, and this had continued. In the 12 months prior to the last inspection the practice had received 533 complaints, compared to only 37 since then.
- The practice continued to log "grumbles" (low level verbal complaints) to look for trends. We examined these and found them to be appropriate to be dealt with outside of the formal complaints process.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 26 January 2018, we rated the practice as requires improvement for providing a well-led service because:

- **Significant issues which threatened the delivery of safe and effective care had not been adequately managed;**
- **Most staff we spoke to outside of the management level were not aware of and did not understand the vision, values and strategy and their role in achieving them;**
- **The management team at the practice was based centrally, with no manager or leader in place at each of the five sites;**
- **There was feedback from some staff who said that they felt unsure of what their role was due to changes in the ways of working following the merger;**
- **The practice did not do all it could to involve patients, the public, staff and external partners to support high-quality sustainable services.**

These arrangements had improved when we undertook a follow-up inspection on 2 and 6 November 2018.

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were in the process of addressing them.
- Leaders at all levels were visible and approachable. They could show they now worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The issues which threatened the delivery of safe and effective care had been addressed. Processes had been put in place to make sure any changes that had been made were being implemented and were having an impact.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were now aware of and understood the vision, values and strategy and their role in achieving them. They had been involved in reshaping the vision and mission statement since the last inspection.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt more respected, supported and valued than they did in January 2018. They were proud to work in the practice. They told us that they felt much more supported since the last inspection.
- The practice showed they were trying to focus on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They now had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals or supervision since the last inspection. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.

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- The practice actively promoted equality and diversity. Staff had received equality and diversity training since the last inspection, and this had now been added to the training schedule for the practice. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were now clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- The management structure at the practice had changed since the last inspection. There were now two deputy practice managers who supported the practice manager, while team leaders had had more responsibility delegated to them.
- There was now a member of the management team at each of the three main practice sites (St Paul's Practice, Brunswick House and North Carlisle Medical Centre) every day. Rotas in each of the sites showed where the managers were each day.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Since the last inspection practice leaders had improved policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was good oversight from the leadership.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The procedure for patients to receive their test results had been improved to add a final step to ensure no results which needed to be followed up were missed.

- Audits had been performed on changes made since the last inspection to ensure they had reduced risks to safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored. The practice participated in local quality improvement schemes and monitored their performance through this.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had made improvements to try and involve patients, the public, staff and external partners in order to support high-quality sustainable services.

- A staff forum had been started. Any member of staff could attend and raise any concerns with managers, or suggest ideas for improvements. Minutes were taken of

Are services well-led?

meetings and actions were logged to show who would carry them out and by when. Staff we spoke to highlighted the forum as a particular improvement since the last inspection.

- There was a staff newsletter and a new staff intranet.
- A staff survey carried out in October 2018 showed that, on the whole, staff felt communication at the practice was better, but that there were still areas where improvement could be made.
- The practice had launched a new website which focussed on patient interaction and appointed a communications lead. There was now a bi-monthly patient newsletter with information about the practice. They also used social media to engage with the patient population.
- We saw a lot more information on display at the practice sites which communicated changes to patients. There were large digital screens in the waiting areas displaying information about action which had been taken since the last inspection.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The leadership drove continuous improvement and staff were accountable for delivering change. Staff innovation was celebrated.

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice carried out PDSA (plan, do, study, act) cycles to measure changes and ensure they led to improvements (PDSA cycles are an improvement tool used to implement, monitor and adapt innovations).
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The leadership was planning for the future and looking to build new premises.

Please refer to the evidence tables for further information.