

Patterdale Lodge Medical Centre

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?

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 Patterdale Lodge Medical Centre on 10 March 2016. The overall rating for the practice was good however the practice was rated as requires improvement in safe.

At our previous inspection in March 2016 we rated the practice as 'requires improvement' in providing safe services. We issued two requirement notices to the provider relating to recruitment and staff training. The provider sent us an action plan and also assurances that they would mitigate any risks identified. The full comprehensive report on the 10 March 2016 inspection can be found by selecting the 'all reports' link for Patterdale Lodge Medical Centre on our website at www.cqc.org.uk.

This inspection visit was carried out on 11 October 2017 to check that the provider had met their plan to meet the

legal requirements. The findings of this inspection were that whilst the provider had taken some action to meet the legal requirement notices insufficient action had been taken with regard to recruitment processes.

Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However the system to disseminate and share learning from incidents should be improved.
- Some improvements had been made to the recruitment process however gaps were still found in the information required to be held to ensure patients were treated and cared for by appropriately skilled and competent staff.
- Risks to patients were overall assessed and managed.
- Improvements had been made to the systems in place to monitor staff training.

Summary of findings

- The practice had effective infection prevention and control systems in place.
- Medical equipment had been tested and calibrated since the last inspection.
- Staff were aware of procedures for safeguarding patients from the risk of abuse.
- The GPs were able to demonstrate how they used best practice guidance in the care and treatment provided to patients.
- Services were planned and delivered to take into account the needs of different patient groups.
- Information about services and how to complain was available. The practice managed complaints effectively.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The provider needs to make improvements.

Importantly, the provider must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition the provider should:

- Review how emergency drugs are stored and monitored.
- Review the process to monitor uncollected prescriptions.
- Carry out the legionella action plan to mitigate risk to staff and patients.
- Review the significant event process to ensure learning and actions are disseminated practice wide.
- Review the audit process to ensure outcomes are disseminated practice wide.
- Review the two week referral system to ensure it can be effectively monitored.

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?

At our previous inspection on 10 March 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed to the recruitment process and how the practice monitored the training needs of staff. At this inspection we found that whilst some improvements had been made, further improvements were still needed to the recruitment process. We identified that the learning from significant events was not always effectively shared and that improvements should be made to the management of uncollected prescriptions and emergency medication.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff felt supported and they told us they had access to training and development opportunities appropriate to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and who returned comment cards were positive about the care they received from the practice. Responses to the National GP Patient Survey (July 2017) relating to the caring approach of the practice were in-line with local and national averages. We observed staff engaging with patients in a professional and respectful manner.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with guidance about how to handle a complaint.

Good



Are services well-led?

The practice is rated as good for providing well-led services. The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had

Good



Summary of findings

a number of policies and procedures to govern activity and held regular governance and staff meetings. However work was needed to ensure health and safety systems and processes were effectively monitored to ensure safety and service improvement.

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 services for older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice had established a pilot scheme to visit their patients living in care and nursing homes on a weekly basis to prevent unplanned admissions to hospital and to improve health outcomes for patients.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice had two carer champions to support and signpost carers.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management. However there was no effective system in place to recall patients for a structured annual review to check their health and medicines needs were being met.
- Patients at risk of hospital admission were identified as a priority.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had employed a Practice Pharmacist to review those patients on multiple medicines to optimise their care.
- Longer appointments and home visits were available when patients needed them.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

Families, children and young people

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

- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 7.30pm Monday to Wednesday and 8am to 6.30pm Thursday to Friday.
- The practice had two branch surgeries that patients could access GP and nursing appointment from throughout the week.
- Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice.
- The service offered a medical triage service to ensure patients were seen by the most appropriate clinician. Telephone consultations were also offered.
- The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, contraceptive services, smoking cessation advice and family planning services.

Good



People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They knew how to contact relevant agencies in normal working hours and out of hours.

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).

- GPs worked with specialist services to review care and to ensure patients received the support they needed.
- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services.
- Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society and were offered resources such as talking therapies and on-line self-help resources.
- The practice offered patients with poor mental health the option of ordering their medication over the telephone.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 287 survey forms were distributed and 119 were returned. This represented 0.9% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average and national averages of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG and national averages of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards and spoke with one patient all comments were positive about the standard of care received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service **SHOULD** take to improve

- Review how emergency drugs are stored and monitored.
- Review the process to monitor uncollected prescriptions.

- Carry out the legionella action plan to mitigate risk to staff and patients.
- Review the significant event process to ensure learning and actions are disseminated practice wide.
- Review the audit process to ensure outcomes are disseminated practice wide.
- Review the two week referral system to ensure it can be effectively monitored.

Patterdale Lodge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second inspector and a GP specialist advisor.

Background to Patterdale Lodge Medical Centre

The provider Patterdale Lodge Group Practice has one main surgery known as Patterdale Lodge Medical Centre and two smaller branch surgeries called High Street Surgery and Burtonwood Surgery. We inspected Patterdale Lodge Medical Centre and the branch surgery known as High Street Surgery.

Patterdale Lodge Medical Centre is responsible for providing primary care services to approximately 12,331 patients. The practice is situated in Newton Le Willows. The practice is based in an area with higher levels of economic deprivation when compared to other practices nationally. The practice has a higher patient population with patients with a long standing health condition when compared to other practices locally and nationally.

The practice is managed by three registered GP partners in addition there are five salaried GPs. The nursing team consists of an advanced nurse practitioner, four practice nurses and three health care assistants. There are both male and female clinical staff. The practice is managed by a

practice manager and deputy practice manager. The service is supported by a team of reception and administrative staff. The practice is a training practice for GP registrars.

The practice is open from 8am to 6.30pm Monday to Friday. Extended hours are provided Monday to Wednesday evening until 7.30pm. Patients can also access appointments at the two branch surgeries. The High Street Branch is open Monday to Friday 8.30am to 1.30pm with extended hours provided Monday and Wednesday with the latest available appointment being 5pm.

The practice has a Personal Medical Service (PMS) contract. The practice offers a range of enhanced services including avoiding unplanned hospital admissions, minor surgery, family planning and flu and shingles vaccinations.

We undertook a comprehensive inspection of Patterdale Lodge Medical Centre on 10 March 2016. The practice was rated as good overall however it was rated requires improvement in safe.

Why we carried out this inspection

We undertook a comprehensive inspection of Patterdale Lodge Medical Centre on 10 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall however the practice was rated as requires improvement in safe. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Patterdale Lodge Medical centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a further announced comprehensive inspection of Patterdale Lodge on 11 October 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 11 October 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 living 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

At our previous inspection on 10 March 2016, we rated the practice as requires improvement for providing safe service. Improvements were needed with regard to the recruitment processes and how the practice monitored the training needs of staff. At this inspection we found that improvements had been made however further improvements were needed. The practice is rated as requires improvement for providing safe services.

Safe track record and learning

- There was a system for reporting and recording significant events. However the system in place to formally share actions and learning from significant events was not effective and formal records demonstrating how learning and actions had been shared and monitored were not available. There was limited evidence that periodic reviews of significant events to monitor for trends and to provide assurance that actions and learning taken from significant event analysis had been embedded.
- There was a system in place for the management of patient safety alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. Records showed that GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and they told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service and midwifery service to discuss any concerns about children and their families and how they could be best supported.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Supplies of personal protective equipment, such as gloves and aprons were available and there was a system for the safe management of clinical waste. Spillage kits for the safe management of bodily fluids were accessible for staff. One of the practice nurses was the infection prevention and control (IPC) clinical lead. They had received training in infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and we were told staff had received training.
- The arrangements for managing medicines vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of their in house Pharmacist and the CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted the system to monitor uncollected scripts was not being routinely followed.
- We reviewed four personnel files and found that some required checks had not been carried out. There was a lack of consistent approach to the recruitment and selection systems and processes.

Are services safe?

- We noted that a member of clinical staff had commenced employment and had carried out clinics prior to their DBS check being returned.
- Records showed that the practice had not taken appropriate action to share concerning information with other stakeholders with regard to a locum clinicians professional competencies.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and fire drills and safety checks on equipment were taking place.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.
- We noted that an external specialist company had carried out a risk assessment of the practice's water system with regard to the risks associated with legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that the report including actions to be undertaken dated 29/06/2017 had not been carried out practice. The practice manager acknowledged the actions from the report had not been carried out but would now be actioned.

- The practice had experienced staffing issues in the last eighteen months. This had resulted in the practice using locum clinicians to meet the clinical needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Emergency medicines were kept in more than one place and some of the emergency medicines were kept with non-emergency medication. We found one box of aspirin that was out of date following discussion with a member of staff an in date box of aspirin was found in the same cupboard. The oxygen cylinder was half full and the expiry date was July 2019. Not all clinical staff knew where the emergency medicines and equipment were kept.

- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 March 2016, we rated the practice as good for providing effective services. At this follow up inspection on 11 October 2017 the practice continues to be rated as good for providing effective services.

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications and interventions. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via the two week appointment system which was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible. We noted that this referral system could be made more robust by monitoring whether patients had been provided with an appointment. This would ensure that the process could be audited to ensure its effectiveness.

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. Current results (data from 2015-2016) showed the practice had achieved 99% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 9.7% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

compared to the Clinical Commissioning Group (CCG) (10.7%) and national (9.8%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 78% compared to the CCG average of 80% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% (CCG average of 90%, national average of 89%).
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 84% (CCG average of 81%, national average of 84%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% (CCG average of 92%, national average of 90%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 80% (CCG and national average of 83%).
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 73% (CCG average of 79%, national average of 76%).

We saw that audits of clinical practice were undertaken. Examples of audits included audits of referrals for colonoscopy surveillance, nursing home quality improvement audit and medication audits. The audits showed changes had been made to individual clinician's practice where this was appropriate however there was limited evidence that outcome from audits were routinely disseminated to the staff team.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure clinical and non-clinical staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. A record was made of the training provided to nursing and administrative staff. However, the system used made it difficult to easily identify staff training needs without going through individual records. GPs held their own training records which meant the practice manager was not able to oversee the completion of training that needed to be regularly refreshed. Some staff needed refresher training in fire safety, information governance, infection control and basic life support. A training plan was in place to address this. Staff had access to and made use of e-learning training modules and in-house training. The practice manager told us that they ensured locum GPs had completed training in safe practices such as safeguarding adult and child training and basic life support. However, a copy of training certificates had not always been retained.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records

and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a GP appointment if they had a long term condition or were prescribed multiple medications. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. For example, the percentage of women aged

Are services effective? (for example, treatment is effective)

25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 83% compared to the CCG average of 21% and the national average of 81%.

Childhood immunisation rates for under two year olds ranged between 94% and 97% with the national expected

rate being 90%. Immunisation rates for the 5 year age group were comparable to the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

Are services caring?

Our findings

At our previous inspection on 10 March 2016, we rated the practice as good for providing caring services. At this follow up inspection on 11 October 2017 the practice continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with CCG average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average of 90%, national average of 86%).

- 97% of patients said they had confidence and trust in the last GP they saw (CCG average of 97%, national average of 95%).
- 83% of patients said the nurse gave them enough time (CCG average of 94%, national average of 92%).
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average of 91%).
- 96% of patients said they had confidence and trust in the last nurse they saw (CCG average of 98%, national average of 97%).
- 81% of patients said they found the receptionists at the practice helpful (CCG and national average of 87%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 overall in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average of 82%).
- 82% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average of 92%, national average of 90%).

However, results for nurses involving patients in decision making about their care were lower than local and national averages:-

Are services caring?

- 69% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, the national average of 85%).

The practice had experienced nursing vacancies in the last twelve months which had recently been resolved.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 350 patients as carers (2.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. There were two members of staff who acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced 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

At our previous inspection on 10 March 2016, we rated the practice as good for providing responsive services. At this follow up inspection on 11 October 2017 the practice continues to be rated as good for providing responsive services.

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, including avoiding unplanned hospital admissions, minor surgery, timely diagnosis of dementia and flu and shingles vaccinations. The practice had commenced since the last inspection multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Extended hours appointments were available to provide flexibility for patients.
- The practice had two branch surgeries that patients could access.
- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- GPs visited local care homes weekly. Visits were carried out by the same clinicians to provide continuity and these clinicians were available for senior care home staff for advice and guidance outside of these visits.
- The practice had employed a pharmacist who supported the service, for example by reviewing patients prescribed multiple medications to ensure patients had the medication they needed.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- Travel vaccinations and travel advice were provided by the nursing team.

- There were accessible facilities, which included a hearing loop and translation services.

Access to the service

Patterdale Lodge Medical Centre was open from 8am to 6.30pm Monday to Friday. Extended hours were provided Monday to Wednesday evening until 7.30pm. Patients could also access appointments at the two branch surgeries. We inspected the branch surgery known as 'High Street Branch' this was open Monday to Friday 8.30pm to 1.30 pm extended hours were provided Monday and Wednesday with the latest available appointment being 5pm. Patients could book appointments in person, via the telephone and on-line. The appointment system provided pre-bookable and on the day appointments. Routine appointments could be booked up to four weeks in advance for GPs and advance for nurses. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations and home visits were also offered.

Results from the national GP patient survey from July 2017 showed that patient's satisfaction with access to care and treatment were comparable to local and national averages. For example results showed:

- 73% of patients said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 80% and national average of 81%.
- 68% patients described their experience of making an appointment as good (CCG average of 69%, national average of 73%).
- 65% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average of 63%, national average of 64%).
- 80% of patients were satisfied with the surgery's opening hours (CCG and national averages 80%).
- 54% of respondents found it easy to get through to this surgery by phone (CCG average of 62% and national average of 71%).
- 75% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (CCG average of 71% and national average of 75%).
- 75% of respondents would recommend this surgery to someone new to the area (CCG and national averages of 79%).

Are services responsive to people's needs?

(for example, to feedback?)

Access was monitored to ensure it was meeting patient needs.

We received 2 comment cards and spoke with one patient. Overall they reported satisfaction with access to the practice. Patients commented on the helpfulness of reception staff and being able to get urgent and routine appointments without difficulty and in a timely manner.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person

who handled all complaints in the practice. Information signposting patients to the complaint procedure was available in the patient information booklet and on the practice website. A copy of the complaint procedure was available in the waiting area. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of four complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 10 March 2016, we rated the practice as good for providing well-led services. At this follow up inspection on 11 October 2017 the practice continues to be rated as good for well-led services.

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives which included

providing the highest quality medical care, involving patients in decision making and treating patients as individuals with dignity and respect. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

There were systems in place to enable staff to report any issues and concerns. The records of significant events showed that incidents were being reported and analysed. We found that some further improvements should be made to the recording of significant events so that any action to be taken could be consistently shared and to support the monitoring of actions and embedded learning.

Audits were taking place and changes had been made to individual clinician's practice however there was limited evidence that outcomes from audits were routinely disseminated to the staff team.

Issues were identified with regard to staff recruitment and how the practice shared concerns about a locum clinician's professional competency with other stakeholders.

Policies and procedures were in place to govern activity, identify and manage risks.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

Staff had received an appraisal within the last 12 months and a further appraisal had been planned and their training needs were monitored.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice is a training practice and has consistently received positive feedback with regard to the support and education provided to GP registrars. Discussion on the day of the inspection confirmed this.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

- The practice gathered feedback from patients through the complaint system and GP national patient surveys and acted on this.
- The practice an active patient participation Group (PPG) that worked with the practice to support improvement for patients.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

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

Continuous improvement

Since the last inspection the practice had appointed a new senior partner to support service improvement. The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, learning disability health checks and influenza immunisations. The practice was working to ensure it met the needs of its patient population. For example, the practice carried out weekly visits to care homes for older patients. The practice was aware of other challenges such as workforce, finance and workload challenges and it had introduced solutions to address them. This included the employment of a Pharmacist.

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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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work.</p> <p>The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed continued to have the qualifications, competence, skills and experience necessary for the work to be performed by them.</p> <p>Regulation 19(1)(2)&(5)</p>