

Derwent House Surgery

Quality Report

Cockermouth Community Hospital and Health
Centre
Derwent House Surgery
Isel Road
Cockermouth
Cumbria
CA139HT

Tel: 01900 324100

Website: www.derwentsurgery.co.uk

Date of inspection visit: 29 April 2014

Date of publication: 03/09/2014

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.

Summary of findings

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Summary of findings

Overall summary

Derwent House Surgery shares a new purpose built building with another practice. They moved into the premises in late January 2014. They provide primary care services for patients in the area of Cockermouth and its rural vicinity. The service provides a telephone triage medical advice for callers and face to face consultations with doctors and nurses. Although we noted there was some concern from staff and patients we spoke with about access to appointments.

Patients we spoke with told us they were happy with the care and treatment they received and they always felt safe. We found patient safety was ensured because staff were learning from incidents and there were systems in place to promote good infection control and stop the spread of related infections.

The provider had taken robust steps to ensure all staff went through a rigorous recruitment and induction process which helped them to provide suitable care for the patients.

We spoke with members of staff who were positive about the management and leadership team and felt supported in their roles. They said the management and leadership team were approachable and listened to suggestions to improve the service provided. These included diagnostic and screening procedures, family planning, maternity and midwifery, surgical procedures and the treatment of disease disorder or injury.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe.

Patients were protected from harm and abuse because suitable policies and procedures were in place, which enabled them to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable patients from the risk of abuse and their human rights were respected and upheld.

Are services effective?

Overall the service was effective.

Care and treatment was delivered in line with best practice guidelines. Clinicians were able to prioritise patients and make use of available resources. We found there was no negative comments from the current commissioner of care and services offered by the practice.

Are services caring?

Overall the service was caring.

Patients we spoke with were generally happy of their experience when they used Derwent House. We found the practice provided effective care to a wide range of patient groups who had different needs. Patients found the staff friendly who cared for and responded to their needs. We observed good interaction between patients and staff and that staff treated patients with respect and protected their dignity and confidentiality.

Are services responsive to people's needs?

Overall the service was responsive to people's needs.

There was an open culture within the organisation and a comprehensive complaints policy. Complaints about the service and significant events were taken seriously and were responded to in a timely manner. Patient and staff made suggestions to the provider on how to improve the service and these had been acted on. Although we noted there was some concern from staff and patients we spoke with about access to appointments.

Are services well-led?

Overall the service was well-led.

Summary of findings

There was a visible leadership team with vision and purpose. Structures were robust and there were systems in place for managing risk. The provider welcomed challenge and promoted an open and fair culture.

Summary of findings

What people who use the service say

We spoke with five patients and generally their comments were positive. They said the staff treated them with respect and dignity. Although some patients did state they had to wait for long periods to get appointments. We looked at the results of the yearly patient survey held in December 2013, generally the results were positive and showed a positive attitude towards the provider and the service they provided. These comments included that the doctors were excellent and staff were very helpful and understanding. The patients said they received excellent care from highly professional staff who were friendly and supportive. Patients stated they liked having the facility to

book non urgent appointments online and repeat prescriptions in the same way. However some patients had also expressed difficulty in getting appointments within 48 hours and then had to take the first available appointment or were contacted by the GP by telephone.

Comments cards had been left by the CQC to enable patients to record their views on the service. We found there had been only two completed comments cards, and both referred to negative comments about the telephone system and to the complaints system.

Derwent House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector a GP **for part of the day** and a practice manager.

Background to Derwent House Surgery

Derwent House is situated at the Cockermouth Community Hospital and Health Centre. They share the premises with another practice and the Hospital. There is a pharmacy on site which is owned by GPs from both practices. Derwent House however has its own dispensary solely for the use of some of its patients. The practice has been at this location since January 2014. The service is responsible for providing primary care for approximately 6,700 patients. Derwent House covers the town of Cockermouth and its rural vicinity which is a large area. The provider reports to the Cumbria Clinical Commissioning Group (CCG). After normal practice hours there is an out of hours service provided by Cumbria Health On Call (CHOC) which provided cover for the practice.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 29 April 2014. During our visit we conducted a tour of the premises. We also spoke with a range of staff which included GPs at the practice the registered manager, the practice manager, receptionists, nurses, pharmacist and spoke with patients who used the service. We observed how people were being cared for and talked with patients who formed part of the Patient Participation Group (PPG). We reviewed information that had been provided by the provider and looked at the practice's policies, procedures and some audits. We reviewed other information that was available in the public domain, such as the practice's own website and the NHS choices website. We also reviewed two comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

Overall the service was safe.

Patients were protected from harm and abuse because suitable policies and procedures were in place, which enabled them to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable patients from the risk of abuse and their human rights were respected and upheld.

Our findings

Safe Patient Care

We spoke with patients who used the service who told us they felt safe and trusted the GPs and nurses. They did not raise any concerns about their safety. There were effective arrangements in place for the reporting of safety incidents or allegations in line with recognised guidelines. Staff told us how they would report matters to the practice manager and how they were recorded. They also told of how they received feedback on matters they raised.

Learning from incidents

We saw evidence of how the practice had dealt with complaints and other significant events. We saw how people had been updated and kept informed of the progress on the incident. We were told by staff how this had been discussed at staff meetings in order to gain information from lessons learned. This included also learning from external incidents as well as internal incidents. We found robust systems were in place which ensured that all lessons learned from complaints and significant incidents was acted upon then distributed to staff and also brought up at the monthly staff meetings. The staff told us they found this to be very useful way to learn.

Safeguarding

We spoke with staff about the safeguarding of vulnerable adults and children. All the staff could identify what constituted safeguarding and knew who to report it to in the first instance. Staff knew who the leads at the practice were for vulnerable adults and children. We saw evidence of who staff should report matters to for example the local authority safeguarding team or the designated safeguarding lead at the practice. Details of who to report issues to were also stored on the practices computer system. Staff spoke knowledgeably about safeguarding and explained in detail what they would do if they had any concerns.

Monitoring Safety & Responding to Risk

There was a rota of GPs who acted as duty doctor for the day and they undertook a telephone triage of all emergency calls from the patients, performed home visits when necessary and undertook some practice based patient consultations.

Are services safe?

We saw evidence the provider had in place procedures to deal with significant events. We saw how the clinical and non clinical incidents had been reported and recorded this included examples of how a fridge door had been left open, how a telephone had not been transferred, and the computer system closing down unexpectedly. We saw there had been appropriate investigations and actions taken to prevent reoccurrences. We saw how the provider shared this information with staff members at their regular team training sessions, which staff found very useful and a good way to learn. We saw that a PowerPoint presentation had been emailed to staff as well as being discussed at the staff meetings. This was detailed and highlighted four particular events and also asked for questions from the staff. We spoke with staff who told us how lessons were learned and how they acted upon issues very quickly and how they were implemented. An example of this was the pre-recorded message on the telephone system which had been changed several times since they moved premises. This was because people did not listen to the full message and disconnected the call. An example of this was 'what to do in an emergency' and patients thought this was the only message. When they attended the practice they informed staff of why they had disconnected the call so the message was changed so patients knew to respond to the system after they heard the entire message. This then made it clearer and safer for the patient as they were given clear instructions on what to do in the case of an emergency.

We spoke with staff and we saw evidence that staff had been trained in how to deal with medical emergencies which included resuscitation. This showed to us that patients could be assured if there was a medical emergency the provider had sufficient trained staff to deal with the particular situation.

Medicines Management

We found there were arrangements in place for the dispensing of medication and controlled drugs at the dispensary run by the practice in the same building. This was next to the pharmacy which is also in the same building. These however are two separate entities but could be confused by patients into thinking they are the same despite them being appropriately signed as Castlegate Pharmacy and Dispensary. This was a unique situation and patients from either practice can use the pharmacy provided they qualify. However only patients from Derwent House can use the dispensary.

The amount of medicines stored were monitored and we saw evidence they were checked for their expiry dates which ensured their effectiveness. We looked at the fridges and fridge temperatures and saw evidence of the recording of the temperatures on a daily basis. However on the date of inspection we saw the temperature had increased to 9 degrees instead of the upper limit of 8 degrees. We pointed this out to the registered manager and the practice manager who immediately altered the temperature and contacted the pharmacist to ensure all the medication would still be effective as per their guidelines on the recording of temperatures sheet. All controlled drugs were locked in suitable cabinets in accordance with guidelines.

We checked the emergency drugs, defibrillator and oxygen. We were told these were checked on a regular basis and these checks were recorded by another manager. We spoke with the pharmacist who told us how they regularly checked the GPs drug bags and the emergency drugs and how if anything had either been used or was coming up to being out of date it was replaced immediately. We saw the Controlled Drugs (CD) policy for the practice and their dispensary attached to the premises. We also saw evidence of other policies which included the CD cabinet keys, stock check and Derwent House Dispensary stock. This included how the CDs were entered into the register as well as how they received them from their supplier. This was to protect patients from the risks associated with the management of medicines to show how they were recorded, obtained, handled kept safe and dispensed through safe administration. All these documents demonstrated an exemplary process and audit objectives.

Cleanliness & Infection Control

We looked at three consulting rooms and saw hand sanitising liquids were located close to the sinks. The wall mounted dispensers had embossed into them written and pictorial information which promoted good hand hygiene.

There were sufficient quantities of gloves and aprons and the consulting couches had paper rolls which protected them. Staff showed us where the spillage kits were located to deal with any spillage of body fluids such as blood or urine. There were appropriate procedures in place to protect staff and patients from dangers associated with sharps. These bins were stored suitably out of the reach of children.

Are services safe?

We spoke with staff who told us they were trained in infection control. We saw evidence of audits in infection prevention and control and saw where areas had been identified these had been given dates by when they hoped to have had the matters completed by. We saw evidence of how and when the clinical waste was disposed of, there was a regular removal by a contracted company who provided receipts when the items had been removed from the premises. We also saw the cleaning schedule which was followed by the cleaners and then audited on an ad hoc basis by a manager at the practice.

We spoke with staff on reception and asked how they dealt with samples brought in by the patients. Both members of staff told us they did not require personal protective equipment as they did not touch them. They asked the patient to follow them and showed them where the samples should be deposited. If samples were required to be stored in a fridge they contacted the nurse who wore PPE and the nurse then placed them into a separate designated fridge which was not used for anything other than the storage of these samples.

Staffing & Recruitment

We saw evidence of references being requested and notes from interviews plus CVs and evidence of identity. Staff we spoke with thought the recruitment process was thorough. All staff were subject to checks to ensure they were suitable

to work with vulnerable people and staff spoke of having to complete an induction course. We saw the provider had a procedure for the recruitment of staff. Checks were undertaken of GPs and nurses with their respective registration bodies General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). We spoke with the practice manager who told us of the process which ensured clinical staff continued to be registered with the GMC and NMC.

Dealing with emergencies

We spoke with staff and we saw evidence that staff had been trained in how to deal with medical emergencies which included resuscitation. This showed to us that patients could be assured if there was a medical emergency the provider had sufficient trained staff to deal with the particular situation.

Equipment

We toured the premises and saw everything in the consulting rooms was new. This included the furniture and the consultation couches. There was a defibrillator and oxygen for use in case of a medical emergency. This equipment was checked on a regular basis to ensure it worked correctly. We saw electrical equipment was tested annually to ensure it was safe to use.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective.

Care and treatment was delivered in line with best practice guidelines. Clinicians were able to prioritise patients and make use of available resources. We found there was no untoward comments from the current commissioner of care and services offered by the practice

Our findings

Promoting best practice

The practice had some clinical templates (a clinical template is what a form or sometimes called screens is based on in an information system) and used a variety of best practice guidelines for example National Institute for Health Care Excellence (NICE). They have also some locally produced templates.

Another GP we spoke with was the lead for medicine management and dispensing who had recently completed a review of the minor surgery which was performed at the practice. GPs we spoke with who had also worked as locums at other practices felt that Derwent House was excellent especially the way they worked for and towards the caring of their patients. We had a discussion with the GPs about the clinical templates as used by the practice nurses in the review of patients with long term conditions. They told us about two templates of patients of working age and a person over 65 years of age respectively. The conditions discussed ranged from hypertension, chronic heart disease, chronic kidney failure and diabetes. We were told the templates were also used for the review of patients with long term conditions and that they were comprehensive in scope. They included indicators based on academic evidence, were completed by the nurses and were auditable.

Management, monitoring and improving outcomes for people.

We found the practice manager reviewed the practices clinical results (Quality and Outcomes Framework, (QOF) with other practices to ensure they were performing within the required clinical guidelines. The practice had recently looked at the number of accident and emergency referrals and hospital admissions.

The practice also carried out internal audits to ensure patient illnesses were followed up. For example patients identified with a long term condition had review appointments with the nurses in accordance with best practice guidelines.

Staffing

There was a good training plan being implemented which identified what training each member of staff needed and also indicated when further refresher training was due. This

Are services effective?

(for example, treatment is effective)

included the GPs and all the health professionals. This enabled the practice manager to plan for cover for the GPs when they carried out their training to ensure a continuity of service for the patients.

Staff we spoke with told us they received an annual appraisal and 1:1 with their managers, but the 1:1 meetings were very much on an ad hoc basis. Staff told us and we saw evidence of training they had completed and how they were subject to refresher training as and when qualifications needed to be updated. The practice manager told us how they had recently introduced a new training schedule for all clinical and non clinical staff so training and refresher training would be more organised and structured. This also assisted the clinical staff in their continual personal development towards their respective revalidations.

Working with other services

After normal practice hours there is an out of hours service provided by Cumbria Health On Call (CHOC) which provided cover for the practice. Due to the fact that

Derwent House shares a building with another surgery the practice manager told us how they worked together to provide services for the patients at both venues. This included how on alternate days the two practices provided staff to meet and greet patients and point them in the right direction for the respective reception areas of the two surgeries plus to then show them where they were to receive their consultations.

Health Promotion & Prevention

New patients who wished to register with the practice were asked to complete a registration pack which was available either to download from their website or to call in at the surgery to complete the forms. Patients were then given an appointment for a simple registration medical with one of the nursing team. Consultations included their medical history, and any other factors such as smoking, alcohol, blood pressure, height and weight. There was numerous health promotion and general well-being leaflets on display, these included advice for carers and people living with dementia to sexual health matters.

Are services caring?

Summary of findings

Overall the service was caring.

Patients we spoke with were generally happy of their experience when they used Derwent House. We found the practice provided effective care to a wide range of patient groups who had different needs. Patients found the staff friendly who cared for and responded to their needs. We observed good interaction between patients and staff and that staff treated patients with respect and protected their dignity and confidentiality.

Our findings

Respect, Dignity, Compassion & Empathy

The provider had a 'Supporting our Patients Policy' and we saw evidence of this and read it. This covered areas such as 'Differentiation' which gave specific training to staff who required special assistance or support from GPs at the practice who had knowledge of older people, dementia awareness, mental health issues and end of life care. The policy included 'Procedures' whereby the GP would update patient records where they had specific care requirements or needs.

We spoke with patients who used the service and they told us the staff were kind and caring. We saw receptionists who spoke with patients in a kind and respectful manner. Patients we spoke with told us they felt they were treated with dignity and respect. We observed that patient's privacy was maintained by the receptionists in a purpose built glass booth which was located in the main area of the entrance to the practice. We spoke with the receptionists who told us there were private waiting rooms available for patients should they wish to discuss anything personal.

While the area has a very low percentage of patients who had difficulty in communicating where English was not their first language they were able to access the practice. We spoke with staff who told us about the language line they could use, staff showed to us how they were familiar with the availability of the telephone service. A member of staff told us they had not had to use it on a regular basis as they had a low population of migrants in the Cockermouth area.

Consultations took place in the newly designed rooms which had a consulting couch for examinations and disposable curtains which offered protection for patients' privacy and dignity. Patients could ask for a chaperone if they required one to be present at the examination. This was usually pointed out by the receptionists when patients booked appointments or clinicians would point out to the patient a chaperone service was available as some of the appointments sometimes needed to be booked for a longer period. Staff told us how they respected the confidentiality of patients and that they had a room nearby where the

Are services caring?

patient could speak in a non clinical matter to the receptionists. Staff also spoke about respecting people's human rights, religion, background and individual preferences.

Involvement in decisions and consent

Patients told us they had been involved in decisions about their care and treatment. They were given time to ask questions and felt the staff clearly explained the treatments

to them. This also included information they had been given for any next steps in their treatment. These sometimes included best interest decision and assessment made under the Mental capacity Act (MCA).

They found the staff friendly and approachable, they said they responded to their needs and were caring. We saw evidence of patient surveys carried out by the provider in December 2013. Generally the results were positive and showed a positive attitude towards the provider and the service they provided.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs.

There was an open culture within the organisation and a comprehensive complaints policy. Complaints about the service and significant events were taken seriously and were responded to in a timely manner. We saw patient and staff suggestions for making improvements had been acted on. The provider was always seeking ways to improve the services offered. Although we noted there was some concern from staff and patients we spoke with about access to appointments.

Our findings

Responding to and meeting people's needs

We observed the staffing levels at the practice and how they had responded to the needs of the patients. In a morning at peak time there would be two members of staff taking the incoming telephone calls. This would then be reduced to one as the telephone requests quietened down. Urgent calls would be triaged by the on call GP and then if required the patients would attend one of the available surgeries that day or as thought best by the GP.

We saw the patient waiting area was warm and comfortable with sufficient seating. There was health promotion and general well-being leaflets on display. There were also small toys available for the use of children. The patient waiting areas were colour coded so patients knew which part of the practice to wait at until they were seen by the clinicians. We found locum doctors were not employed at Derwent House and the only person who was not a permanent member of staff was a nurse practitioner who had been recruited for a specific role, which contributed to the benefit of patients. The practice was accessible to patients with mobility difficulties. The consulting rooms were large with easy access for all patients. There were passenger lifts available for people to use if their appointment was on the lower ground floor. Free parking was available in a large car park directly outside the building. We saw there were marked bays for patients with mobility difficulties.

Access to the service

Derwent House practice is housed in a purpose built building and was accessible to patients with mobility difficulties. The consulting rooms were spacious and well laid out with easy access for patients with mobility issues. There were also toilets available. All surgeries were by appointment only and patients could make appointments either by telephoning the surgery, calling in at the surgery or via the on-line booking system.

Routine consultations were planned for 10 minutes but if patients felt they required longer they were advised to inform the receptionist at the time of booking the appointment. We found the opening times were clearly stated on the practice's own website from 8:30 am to 6:30pm. We saw patients were able to be assessed by a GP in a timely way which met their needs. This included for

Are services responsive to people's needs?

(for example, to feedback?)

example, urgent appointments if needed or telephone consultations and home visits for patients who would benefit from them. These were provided by the on call GP which showed people were able to access appointments on the day.

Concerns & Complaints

The practice had an effective complaints policy and procedure. We saw evidence of the recorded complaints how they had been recorded and responded to in accordance with their policy. Staff told us they tried to

rectify any concerns or adverse comments immediately. They said they gave people who wished to make a complaint a copy of the procedure if the matter could not be resolved at the time.

The practice manager undertook a review of the complaints on a monthly basis to establish any trends or identify any patterns. Staff were notified at their respective meetings of any incidents that had been reported. Examples of complaints received were about moving premises and being unable to get appointments within a timely slot. They also recorded complimentary comments about the service and these were also discussed at team meetings.

Are services well-led?

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

Summary of findings

Overall the service was well-led.

There was a visible leadership team with vision and purpose. Structures were robust and there were systems in place for managing risk. The provider welcomed challenge and promoted an open and fair culture.

Our findings

Governance arrangements.

The practice provided reports to the CCG. There were regular reviews of meetings which undertook reviews of performance, these included performance information clinical and strategy management. There was evidence of regular audits which took place at the surgery this meant that Information could be analysed to identify any trends which could impact on the service. It also enabled the practice to focus on specific areas for development and measure quality. We also saw evidence of the patient surgery survey which provided information on the patient experience at Derwent House. The practice demonstrated a corporate structure which supported transparency and openness. There were regular meetings of the GPs where they discussed any issues raised. Issues discussed included serious incidents, complaints and clinical governance issues. Any lessons learned or actions identified were then shared with other members of the practice. This showed to us the practice operated an open culture and actively sought feedback

Staff engagement and involvement

Members of staff we spoke with were positive about the management of the service. They felt supported and that they could approach the practice manager or any GP at any time. Staff also said they were encouraged to continually learn to help improve the service. There was an established management structure with clear areas of responsibility for all staff. Staff we spoke with had a good understanding of their areas of responsibility and told us they took an active role in ensuring a high level of service was provided on a daily basis. We saw evidence of how management sought to learn from stakeholders especially through patient participation groups, about their patient experience

We saw evidence of and staff confirmed they received an annual appraisal which enabled them to discuss their performance and plan for their future objectives. We also saw the provider's appraisal and personal development plan policy which was comprehensive. The provider supported clinical and non clinical staff and provided training opportunities which aimed at providing safe care and treatment to patients. Staff we spoke with felt they worked for a good and supportive provider.

Are services well-led?

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

We reviewed the current training records for staff, the provider was changing systems to an external organisation where staff would receive specific training in relation to their particular role. This would be recorded and suitable reminders sent out as and when further refresher training was required. Some of this learning would be online and there was evidence of how this would support the clinical staff with their own accreditation as well as non clinical staff with their mandatory training. We spoke with staff about whistleblowing procedures and they confirmed they would raise issues with the practice manager and were confident they would be listened to. They said they would also contact the registered manager. All staff were given a copy of the staff handbook which contained evidence of the whistle blowing policy. One member of staff said, "I like working here it's different to the other place but I would not hesitate in going to see any of the managers they have an open door policy and are very approachable."

Patients experience and involvement

There was evidence of audits which had taken place, an example of this was the annual surgery survey where they received 134 completed questionnaires. These had either been completed by the patients on a paper version or online. This meant that information could be analysed to identify any trends which could impact on the service and focus on areas which needed development. We saw evidence of patient audits on their experience at Derwent House and there was a system in place whereby patients were encouraged to complete these and hand them to

members of staff. The service held a yearly patient feedback questionnaire and generally the comments were positive, and the provider responded to the issues raised where appropriate.

The practice had a Patient Participation Group (PPG) which met every two months to discuss a wide range of subjects that impacted on the patients' experience of using the services. Meetings were held with the Practice Management and representatives from the doctors, nurses and reception team. Topics discussed at the February 2014 meeting included how things were now working in the new building access to appointments and improved communications to patients. We spoke with five members of the PPG, who had raised similar issues about the practice and these were being acted upon.

Learning and improvement

We saw evidence of how the provider listened to staff and patients collectively. An example of this was the booth used by the receptionists which was not ideally positioned as it was some distance away from the entrance to the building. The provider changed this to a different booth or pod which gave a better location for patients as they entered the building. A monthly meeting was held with another practice located in the same building. This enabled both practices the opportunity of peer review, shared learning and to share responsibilities without duplication. This showed to us how the provider was responsive to suggestions and welcomed challenge in an open and fair way to change and improve the service.