

Dr Hans Schmid

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
What people who use the service say	7
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Dr Hans Schmid	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Hans Schmid (also known as Warwick Road Surgery) on 13 November 2014. We inspected this service as part of our new comprehensive inspection programme and visited the main surgery in Carlisle.

Overall, we rated the practice as requires improvement, although there was one area where the practice was rated as inadequate.

Our key findings were as follows:

- Patients reported good access to the practice, with urgent appointments available on the same day;
- Patients said that, and our observations confirmed, they were treated with kindness and respect;
- Patient outcomes were in line with, or just below average for the locality.

Importantly, the provider must:

- Review systems and processes which are in place to assess and monitor the quality of service, and ensure

there are sufficient systems in place to identify, assess and manage risks relating to health, welfare and safety of service users, this was in breach of Regulation 10 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service.

- Ensure there are suitable safeguarding arrangements in place to protect service users from the risk of abuse; this was in breach of Regulation 11 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse.
- Ensure there are effective systems designed to assess the risk of and prevent, detect and control the spread of infection, this was in breach of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.
- Ensure that staff are appropriately supported in relation to appropriate training and appraisal, this was in breach of Regulation 23 Health & Social Care Act 2008 (Regulated Activities) Supporting workers.

In addition, the provider should:

Summary of findings

- Consider instigating multi-disciplinary meetings with other healthcare professionals to improve patient care;
- Consider implementation of arrangements to capture the views of patients to improve the service provided by the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for safe. Staff were clear about reporting incidents, near misses and concerns. Patients were at risk of harm because systems and processes were not in place to keep them safe. An area of concern was safeguarding which was not given sufficient priority at all times and systems to keep patients safe were not fully embedded.

Requires improvement



Are services effective?

The practice is rated as requires improvement for effective as there are areas where improvements must be made. There was a limited amount of clinical audits in place to improve patient outcomes or systems for learning. There was very limited multidisciplinary working taking place. There were gaps in the management of training and appraisal for staff.

Requires improvement



Are services caring?

The practice is rated as requires improvement for caring as there are areas where improvements should be made. Data from National GP Patient Survey 2013/14 showed that scores were below the national average. We observed staff speaking to patients at reception during our inspection and found them to be professional and courteous.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for responsive as there are areas where improvement should be made. The practice knew the needs of their local population. Patients reported good access to appointments, with urgent appointments available on the same day. However, there was no patient feedback sought by the practice. There was an accessible complaints system and evidence the practice had responded to issues raised.

Requires improvement



Are services well-led?

The practice is rated as inadequate for well-led. The vision and values for the practice were not well developed. The arrangements for governance and performance did not operate effectively. Risks were not always dealt with appropriately or in a timely way. The practice had not taken any action to obtain the views of patients.

Inadequate



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 requires improvement for the care of older people. Patients aged 75 and over had a named GP. Safeguarding systems were not fully embedded in the practice which meant frail and vulnerable patients at risk of abuse might not be identified and appropriate action taken to protect them. There was very limited multidisciplinary working taking place.

Requires improvement



People with long term conditions

The practice is rated requires improvement for the population group of people with long term conditions. The GP, in conjunction with the nurse, oversaw patients with long term conditions and devoted a day of their time each week to the care of these patients. They were offered regular health checks. However due to the domains of safety, effective, caring and responsive being rated requires improvement there is an overall rating of requires improvement for this practice this population.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for population group of families, children and young people. Safeguarding systems were not fully embedded in the practice which meant there was a risk of the identification of vulnerable children and young people at risk of abuse. Appointments were available outside of school hours and the premises was suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the population group of the working-age people (including those recently retired and students). Access to the service was good for those who worked and could attend appointments during the day and there were health checks offered for those between the ages of 40 and 75 years old.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable.

Requires improvement



Summary of findings

The practice did not work with multi-disciplinary teams in the case management of vulnerable people. Safeguarding systems were not fully embedded in the practice which meant there was a risk of the identification of vulnerable patients at risk of abuse.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia). The practice did not work with multi-disciplinary teams in the case management of people experiencing poor mental health. They did have a system in place to refer patients to mental health services through normal channels. The practice found that communication with these types of services was difficult.

Requires improvement



Summary of findings

What people who use the service say

During the inspection we spoke with six patients. Patients were positive about the services they received at the practice. The patients we spoke with reported they felt safe and had no concerns when using the service. They told us that all staff treated them with dignity and respect and had time for them. CQC comment cards had been available to patients in the waiting area prior to our visit, however none had been completed.

The latest GP Patient Survey completed in 2013/14 showed that some of the ratings were below the national average. The results were:

- Percentage of patients rating their practice as good or very good – 78%, the national average was 85%;
- Percentage of patients who said their GP was good or very good at treating them with care and concern – 75%, the national average was 85%;
- Percentage of patients who said the GP involved them in care decisions – 78%, 81% was the national average;
- Percentage of patients who thought the nurse was good or very good at involving them in decisions about their care – 87%, the national average was 85%;
- Percentage of patients who thought it was easy to contact the practice by phone – 77%, the national average was 75%;
- Percentage of patients who were very or fairly satisfied with the opening times of the practice – 82%, the national average was 79.8%.

Areas for improvement

Action the service **MUST** take to improve

- Review the systems and processes which are in place for assessing and monitoring the quality of service, and ensure there are appropriate systems in place to identify, assess and manage risks relating to health, welfare and safety of service users.
- Ensure there are suitable safeguarding arrangements in place to protect service users from the risk of abuse.
- Ensure there are effective systems designed to assess the risk of and prevent, detect and control the spread of infection.

- Ensure that staff are appropriately supported in relation to appropriate training and appraisal.

Action the service **SHOULD** take to improve

- Consider instigating multi-disciplinary meetings with other healthcare professionals' to improve patient care.
- Consider implementation of arrangements to capture the views of patients to improve the service provided by the practice.

Dr Hans Schmid

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, and a specialist advisor with experience of GP practice management.

Background to Dr Hans Schmid

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

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

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

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

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

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

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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 with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local Clinical Commissioning Group (CCG) and the NHS Local Area Team (LAT).

We carried out an announced visit on 13 November 2014. During our visit we spoke with a range of staff. This included GPs, Practice Nurses, Healthcare Assistants, Reception and Administrative staff. We also spoke with six patients who used the service.

Are services safe?

Our findings

Safe track record

As part of our planning we looked at a range of information available about the practice as part of our Intelligence Monitoring. This included information from the General Practice High Level Indicators (GPHLI) tool, the General Practice Outcome Standards (GPOS) and the Quality Outcomes Framework (QOF). The latest information available to us indicated there were no areas of concern in relation to patient safety.

We saw mechanisms were in place to report and record safety incidents, including concerns and near misses. The staff we spoke with demonstrated an understanding of their responsibilities and could describe their roles in the reporting process. However, systems and processes to address safety risks such as fire were not implemented well enough to ensure patients were kept safe.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff we spoke with were aware of their responsibility to report these incidents to the practice manager, who was responsible for collating this information. We saw the template which staff used for reporting incidents, and minutes of the last meeting, which was held yearly, in which previous incidents had been discussed and learning points noted. The lead GP told us incidents were also discussed at weekly clinical meetings.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the clinical areas they were responsible for. They also told us alerts were discussed in the various practice meetings which were held.

Reliable safety systems and processes including safeguarding

The practice had a protocol for child protection and an at risk adults policy. We were shown a list of staff names who had attended safeguarding awareness session provided by the practice in June 2014. Two of the GPs had attended a safeguarding training course recently. One of the GPs who had been on this course had recently been appointed as the safeguarding lead for the practice.

We asked the practice manager and lead GP if the GPs who worked at the practice had received level 3 safeguarding

training. They said they had received some safeguarding training but were unsure what level this was and no training certificates were available to verify the level of training undertaken.

We spoke to staff about safeguarding training, some staff said they had, or thought they had, completed safeguarding training. However, one member of staff said they had not received any safeguarding training and we had to explain what safeguarding was, although they understood the term child protection. The practice training matrix indicated that staff were expected to complete safeguarding adults and children training every year; there was no evidence that staff had undergone this training as specified. The practice manager said they had had difficulties in sourcing safeguarding training. There was therefore a risk that staff were unaware of their role in safeguarding vulnerable adults and children and this put vulnerable patients at risk of potential harm.

The practice had a chaperone policy. A notice was displayed in both patient waiting areas to inform patients of their right to request a chaperone. Staff we spoke with told us that normally a practice nurse or healthcare assistant undertook this role. Staff were clear about the requirements of the role. Staff told us they had received e-learning training for this role and they had undergone a disclosure and barring service check (DBS).

Medicines management

The practice had a medicines manager who had been trained for this role. They worked closely with the clinical commissioning group (CCG) pharmacist and explained how they carried out audits of certain drugs prescribed such as benzodiazepines. They managed repeat prescribing and ensured that patient's medication was changed following visits to hospital in line with national guidance. This ensured patient's medicines were still appropriate and necessary.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

We checked medicines stored in the treatment rooms and medicine refrigerators. We found one of the medicines refrigerators was not locked. There were daily recordings of refrigerator temperatures but the minimum and maximum

Are services safe?

temperatures were not recorded. The second vaccines refrigerator was sometimes used for storage of patient samples. This meant vaccines were not being stored following guidance issued by the Public Health England. We spoke to the practice manager and lead GP regarding this who advised they would look at the monitoring of fridge temperatures and purchase a separate fridge for the storage of patient samples.

There were processes in place to check medicines held in the practice were within their expiry date and suitable for use. All the medicines we checked within the surgery were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. We checked the medication in one of the GP's emergency bags and this was in date and fit for use.

There was an established service for people to collect their dispensed prescriptions at 12 pharmacy locations in Carlisle. They also had arrangements in place to ensure people collecting medicines from these locations were given all the relevant information they required.

Vaccines were administered by nurses using protocols that had been produced in line with legal requirements and national guidance.

Cleanliness and infection control

We observed the premises to be generally clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. The practice used contract cleaners to clean the premises. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness.

The practice had a lead nurse for infection control. We saw they had received infection control training. However, we were told that an infection control policy was to be developed and there was no current infection control audit, this was to be carried out in January 2015. We were unable to confirm that the other nurses had completed infection control training, although we were told they had received in-house training; however, this had not been recorded.

The practice used single use instruments and we saw personal protective equipment (PPE) was available in the treatment rooms. The practice manager advised us that there was a refurbishment programme taking place. In one of the GP consulting rooms, which had been refurbished recently, there was no water proof splash back at the sink,

and in most of the clinical rooms, the taps were not lever or sensor operated which increased the risk of contamination, no risk assessment had taken place as to why they were domestic taps.

Consulting and treatment rooms had screens which provided privacy around examination couches. These screens had visible dust on them. Staff we asked did not think they were changed regularly.

We saw safe arrangements for the disposal of waste had been made. Sharps boxes had been signed and dated and waste disposal bins had the appropriate coloured bin liners in place. There were spillage kits available to deal with any kind of spillage that might occur within the practice.

We saw a certificate which showed that there was an annual inspection of the hot water and heating system which covered legionella.

The practice did not have systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users pose to them.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records which confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment.

Staffing and recruitment

We saw the practice had recruitment policies in place that outlined the process for appointing staff. For example, applicants would be invited to attend an interview and satisfactory references would be sought prior to a firm job offer and start date being agreed. Locums who came to work at the practice were arranged via the CCG and would be vetted by them prior to commencing employment.

We looked at a selection of staff recruitment files and saw that Disclosure and Barring Service (DBS) checks had been carried out. The practice manager told us all staff had undergone a DBS check. We asked if the practice had

Are services safe?

systems to check that the registrations of the GPs with the General Medical Council (GMC), and for the nurses with the Nursing and Midwifery Council (NMC), were up to date and we were shown evidence of these checks.

The practice manager told us that they had encountered problems in recruiting permanent GPs to the practice. They employed higher levels of staff to compensate for the GP recruitment issues to take the pressure from the GPs.

Monitoring safety and responding to risk

The practice had a health and safety policy which was comprehensive. There were risk assessments and safety assessments in relation to monitoring of medicines management, staffing, dealing with emergencies and equipment. However, the practice was not following its own fire risk assessment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage medical emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available. This included a defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen. All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly. Emergency medicines were available in secure areas of the practice. All of the medicines we saw were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan identified risks such as adverse weather and access to the building. The document also contained relevant contact details for staff to refer to.

We found whilst looking around the building that there was a converted attic space where four members of staff were working (patients did not use this area). The stair access to this room was very steep; we were concerned about staff safety when working on this floor and evacuation, in case of fire, from this room. We asked to see the fire risk assessment in relation to the premises.

The fire risk assessment had been undertaken by an external contractor. It was not clear if this assessment had been kept up to date.

The risk assessment stated that there should be a fire warden and regular fire drills. The practice manager said they assumed this meant the fire warden was them. When we spoke with staff they said they either did not know who was, or they did not have, a fire warden. Staff told us they could not remember having participated in a fire drill. They had recently had an evacuation due to a real incident and they all knew where they had to assemble when they evacuated the building. There was evidence of some fire safety training for staff being carried out in July 2013, but this did not apply to all staff. Fire training was entered on the staff training matrix as mandatory and to be renewed yearly for all staff.

Following our inspection we contacted Cumbria Fire and Rescue Service in relation to our concerns regarding the fire risk assessment and arrangements the practice had made in relation to this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their treatment approaches. We were told patient safety alerts and guidelines from the National Institute for Health and Care Excellence (NICE) were discussed at clinical meetings to enable shared learning.

We were told by the lead GP that patient pathways to secondary care were in place (secondary care are services provided by medical specialists who do not have the first contact with a patient). We were told there were care plans for 2% of patients with complex conditions and all those over the age of 75 had a named GP which is a requirement for Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually. The QOF is a national performance measurement tool.

The practice identified patients who needed additional support, for example, they kept a register of all patients with a learning disability and one of the salaried GPs was lead for this. The practice did not screen for those at risk of dementia but they assessed patients clinically for this, listened to relatives concerns and made referrals to the local memory clinic or hospital psychiatric services. Staff told us they were aware of patients who were drug or alcohol dependant and homeless patients.

We reviewed the most recent QOF results for the practice for the year 2012 / 2013. Practices are rewarded for the provision of quality care. We saw the practice had scored well on clinical indicators within the QOF. They achieved overall 99%, which was above the average in England of 96.44%.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice did not have a defined system for clinical audit. Prior to our inspection we asked to see evidence of

completed clinical audits. We were sent an audit which was relevant to the practice but had been carried out by an external organisation and was a one off audit regarding prescriptions and repeat prescribing. There was not a completed audit cycle.

The lead GP told us they carried out clinical audits which they said were mostly medicine based. We were told a clinical audit had been carried out in relation to patients with atrial fibrillation, but this could not be produced. We asked to see other examples of completed and/or on-going clinical audits. No further evidence was made available to us during the inspection. The GP told us they had not used any of the NICE clinical audit tools to measure their current practice against the various guidelines issued by NICE. The practice therefore, could not provide evidence that the audits they said they had undertaken had actually resulted in learning or improved patient outcomes.

The medicines manager carried out audits in relation to medicines to check usage was in line with NICE guidance. We saw an example of an audit in relation to patients who take warfarin. The medicines manager told us they assisted the GPs with searches on the practice clinical system if they needed information.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We were told that staff received an induction and locum GPs were also provided with a locum induction pack.

We were given a training matrix for staff broken down into role specific sheets. Basic training such as child protection, health and safety awareness and fire safety were listed as well as ad hoc training such as telephone training. The matrix gave the frequency as to when the training had to be updated. The only mandatory training which all staff had received was basic life support training. We could not establish, for example, when staff had received fire safety, health and safety and safeguarding training.

We were given a large quantity of training certificates for on-line training staff had received; these were in no particular order. There were no individual staff training files. It was therefore very difficult to ascertain who had received what training and when updates were due.

The GP we spoke with was due to have their appraisal from an appraiser from outside the practice in November 2014. They had completed their revalidation in June 2014. (Every

Are services effective?

(for example, treatment is effective)

GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with NHS England).

We asked about appraisals for staff. The practice manager said that appraisals were not up to date, this included the nursing staff. Staff had recently completed a pre-appraisal questionnaire. Appraisals were due to be carried out in the next few months. We could not establish when appraisals had last been carried out. Staff could not remember having had an appraisal in 2013. They were aware that the practice manager was to carry out appraisals soon.

Working with colleagues and other services

The lead GP told us that there were no regular or formal multi-disciplinary team meetings. They said that up to a year ago they had had good contact with the district nursing team. The practice currently carried out meetings with other health care professionals, such as mental health workers and health visitors, to speak about individuals when they could on an adhoc or as needed basis. They felt that patient care had suffered as a result of not have multi-disciplinary team meetings. The lead GP said they felt there were two reasons for not having these meetings. Firstly, it was difficult to gain attendance from health care professionals and secondly the GPs were short of time to attend.

The lead GP confirmed they had a system to refer patients to mental health services through normal channels. They found that communication with these types of services was difficult as the found other healthcare services were stretched.

The medicines manager managed the hospital discharge letters in conjunction with the GPs. All blood test results were checked daily. Information was shared with the out of hour's service, CHOC, by phone call or fax.

Consent to care and treatment

We were told consent was always gained whether implied for taking blood samples or asking the patient why they were attending an appointment. If there was a safeguarding issue the GPs would discuss with colleagues and make a joint decision. The GPs understood their responsibilities for making decisions where people did not have capacity to consent.

The GP we spoke with said they had knowledge of the Gillick competency assessment of children and young people Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

The lead GP told us they oversaw patients with long term conditions in conjunction with the practice nurse. They devoted one day per week to the care of these patients. Patients with long term conditions would be invited for a health check once or twice a year, depending upon their circumstances. Carers were also considered for health checks. Health promotion was seen by the practice as part of their daily job. We were given an example of a teenage patient who was seen that day who was advised to stop smoking to improve their health.

The practice offered health promotion at clinics including, chronic disease management, asthma, flu, cervical smear and vaccinations. The practice offered health checks for those over 40-75 years of age.

There was a limited amount of health information available in the practice waiting rooms, for example, we did not see any leaflets sign-posting carers to local support groups

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. We looked at the National GP Patient Survey 2013/14. This showed that scores were below the national average. Data showed 78% of the patients said the overall experience of their GP surgery was fairly good or very good compared to the national average of 85%. The survey showed that 75% of patients said their GP was good or very good at treating them with care and concern, the national average was 85%.

We spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. CQC comment cards had been available to patients in the waiting area prior to our visit, however none had been completed.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff speaking to patients at reception during our inspection and found them to be professional and courteous. The practice main telephone lines were answered at the main reception desk. We felt there was a risk that staff would find it difficult to maintain confidentiality. The practice manager told us that they

never repeated names and asked for dates of birth to confirm identity of patients, during telephone calls. Staff told us patients could speak with them in private there were notices in the waiting area to let patients know this. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

The National GP Patient Survey 2013/14 showed 78% of practice respondents said the GP involved them in care decisions, 81% was the national average. 87% thought the nurse was good or very good at involving them in decisions about their care; the national average was 85%.

Five of the six patients we spoke with on the day of our inspection thought that they were involved in decisions about their care and treatment.

Staff told us they had access to an interpretation service for patients whose first language was not English so that patients could be kept informed of their treatment.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day told us they thought staff responded compassionately when they needed help and support.

The lead GP told us there was information sharing with other healthcare professionals for those reaching the end of their life.

The lead GP said they would like to offer support to those who had been recently bereaved but currently did not have the capacity to be able to carry this out.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We concluded that although there were no formal systems in place to assess the level of service provided, for example, a practice survey, the practice generally knew the needs of its population. There was a low rate of turnover of staff and this helped staff get to know patients.

The practice were aware they had a higher than average number of patients whose first language was not English, provision was made for interpreting services and longer appointments made for the patients where this was needed. The practice were aware of several new housing developments in its practice area and the effect this could have on their list size.

The practice covered a relatively socially deprived area of Carlisle and the practice were aware of this. They had carried out an audit on accident and emergency attendance at hospital and found their rates to be high compared to other practices. They told us they were plans in place to look at ways they could help to reduce referral rates.

Tackling inequity and promoting equality

The building was two Victorian terraced houses which were knocked into one to make the surgery. Adjustments had been made for wheelchair users to gain access to the building at the front, including a ramp. However, the front door was heavy and this made it difficult to gain access for some patients. There was no signage giving instruction to patients to get help to access the building.

Some of the consulting and treatment rooms were on the first floor, and if a patient was unable to climb the stairs, arrangements would be made for them to be seen on the ground floor.

Patients we spoke with said there were problems with car parking and the practice itself recognised this, there were yellow lines outside of the surgery and a narrow lane at the rear. There was no disabled parking, although there was in the nearby city centre. The practice manager said this had been a long standing problem which they had taken up with the local authority but there were limited solutions to this problem.

The service did not have a hearing induction loop, which is an aid for the hard of hearing. The practice manager said they would look at the possibility of obtaining one for the practice.

Access to the service

Appointments were available between 8am and 6pm Monday to Friday. We were told there were two late evening surgeries every week until 7.30pm and one early morning from 7:00am. However, the information on the practice website did not match this information and the surgery times were not displayed in the waiting room or on the practice leaflet. The patient information leaflet and the website set out how to book appointments. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. The duty GP ran a triage system every day up to 10:00am for those patients who needed to be seen urgently on the day.

Patients we spoke with were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. We observed a patient walk in to the reception on the day of our inspection who asked to be seen urgently and they were given an appointment for that evening.

The most recent National GP Survey 2013/14 showed that most patients surveyed were satisfied with how easy it was to contact the practice by phone. 77% said it was easy to get through, which compared with the national average of 75%. Patients were also satisfied with the opening times of the practice, with 82% saying they were very or fairly satisfied with the opening times. This compared with the national average of 79.8%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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.

We saw that information was available to help patients understand the complaints system. A comprehensive leaflet was available from the reception staff, this set out what the patient options were for complaints. However, there was no information on the practice website about

Are services responsive to people's needs?

(for example, to feedback?)

complaints or information in the waiting rooms about how to complain or signposting patients to the practice leaflet. Patients we spoke with were aware of the process to follow should they wish to make a complaint.

We looked at three complaints which had been received in the last twelve months and found these were satisfactorily handled and dealt with in a timely way.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a statement of purpose which was available on their website. This said they aimed to provide a confidential, safe, clean and caring environment for both their patients and staff, and would meet the challenges of the 21st century healthcare within an organisation that valued the individual and their needs.

There were no detailed or realistic plans to achieve what the practice statement of purpose set out. There was no documented practice business development plan. Both the practice manager and the lead GP felt that the way forward and priority for the practice was to recruit more GPs, in particular a new partner, but this was proving very difficult.

Governance arrangements

The governance arrangements were ineffective. There was no monitoring of performance and no defined system for clinical audit to improve the quality of service. There were policies and procedures for some aspects of the service; however the practice struggled to demonstrate they were following these effectively. For example, there was a risk to health and safety of the patients and staff due to the fire risk assessment not being followed or updated.

The practice held clinical meetings; there were meeting minutes available of these meetings. We were told by the practice manager that practice meetings were held and staff confirmed this but there were no minutes taken of the meetings so we were unable to confirm this. The practice did not hold multi-disciplinary meetings with other healthcare staff.

Leadership, openness and transparency

We found that although there was a leadership structure the practice was not effectively well-led. There is a lack of clarity about authority to make decisions. Quality and safety were not the top priority for leadership. There was no effective system for identifying, capturing and managing issues and risks. Patients who were vulnerable were at risk of potential harm because some practice staff had not completed safeguarding training and their awareness of how to identify and report safeguarding concerns was inadequate because of this. Although most staff felt supported and had had some training, there were not robust systems in place in terms of training and appraisal.

We acknowledged that although staff and GPs were working hard at the practice, they needed more GPs to sustain the level of service required to meet the needs of their patients.

Practice seeks and acts on feedback from its patients, the public and staff

There is minimal engagement with people who use services, staff or the public. There were no practice systems in place to gather the views of patients. The practice did not have a patient participation group (PPG). The practice manager said she had two patients interested in joining and this was something they were going to set up in the future.

The practice had not conducted its own survey of patients. They did not have a suggestion box in the waiting area of the practice or any other means of obtaining patient views. We were given a practice action plan of findings from a survey which had been discussed at a clinical meeting. They were unclear when this was from and which survey this was. The practice manager told us they had analysed the results of the National GP survey for the practice from 2013/14. The action plan recognised patient concerns, such as waiting times for appointments, and had arranged to implement extra appointments to improve access. There were no dates on the action plan or review dates to assess the effectiveness of the improvements which had been introduced.

The action plan recognised that patients were concerned about getting through to reception on the telephone and it set out that they were to contact their supplier for an extra line and obtain a mobile phone for receptionists to make outgoing calls. Again, we found there were no dates for these actions to take place or be followed up. On the inspection day we saw that telephone lines were constantly busy, and the practice manager said they would consider an extra telephone line and a mobile phone for outgoing calls, it was not mentioned to us that this had been flagged as an issue in a previous patient survey.

Management lead through learning and improvement

There is little innovation or service development. There is minimal evidence of learning and reflective practice. Most staff said they felt supported by their managers and could

Are services well-led?

Inadequate 

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

go to them if they needed support. However, training was disorganised and appraisals had not been carried out for some time and staff were aware that these formal support mechanisms were not taking place.

We were unable to confirm that significant events and incidents were used as a learning opportunity and shared with staff during meetings as there were no minutes of staff meeting

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

How the regulation was not being met: Patients were not protected against the risks of inappropriate or unsafe care and treatment by way of effective operations of systems designed to regularly assess and monitor the quality of service and there were insufficient systems in place to identify assess and manage risks relating to health, welfare and safety of service users.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

How the regulation was not being met: The registered person did not make suitable arrangements to ensure that service users were safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

How the regulation was not being met: The registered person did not ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.

Regulated activity

Regulation

This section is primarily information for the provider

Compliance actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

How the regulation was not being met: The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users by receiving appropriate training and appraisal.