

Castlehead 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.

Summary of findings

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Summary of findings

Overall summary

Castlehead Medical Centre was situated in the centre of Keswick and provided medical care to people in and around the Keswick area. The practice operated a weekday service for 6335 patients. It provided extended services so opened at 8.30am four days a week and closed at 6.30pm. At least once a week the centre remained open until 8pm. The practice was responsible for providing primary care, which included access to GPs, minor surgery, family planning as well as ante and post natal care. Cumbria Health on Call (CHOC) provided an out of hours service for patients who used Castlehead Medical Centre.

The practice was able to dispense medication to those patients on the practice list who lived more than 1.6 km from the nearest pharmacy. Castlehead Medical Centre is a teaching practice and undertook continuing education and training of medical registrars and medical students from the University of Newcastle-Upon-Tyne.

The patients we spoke with and who completed the CQC comment cards were very complimentary about the care provided by the clinical staff; the overall friendliness and

behaviour of all staff. Patients reported that they felt that all the staff treated people in a sensitive and dignified manner. Care and support was given to patients by a caring team of staff who were responsive to patient's needs.

We found that patients who used the service were mostly kept safe and protected from avoidable harm. However, we identified a concern regarding the checking and supply of some medicines.

The GPs regularly met with the local clinical commissioning group (CCG) to discuss service performance and improvement issues. There was generally a very good relationship between the provider and the CCG. The provider was fully engaged in the local health economy and was proactive in responding to peoples' needs.

The building was well-maintained and clean. Clinical decisions followed best practice guidelines. There were good governance and risk management measures in place.

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 service required improvement with respect to safety within the Dispensary regarding the process for the issue of repeat medication. Repeat prescriptions requested by patients were not routinely checked before the medicines were issued to the patient from the practice's dispensary. Each clinician was closely monitored to ensure that as far as possible patients who used the service were kept safe and protected from avoidable harm.

Are services effective?

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner and appropriate timely referrals made. Healthcare professionals ensured that patient's consent to treatment was obtained appropriately at all times. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

Are services caring?

The service was very caring. The patients who responded to CQC comment cards and those we spoke with during our inspection, were very complimentary about the service. The providers undertook regular patient surveys which produced consistently positive results. The provider had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Are services responsive to people's needs?

The service was responsive to people's needs. There was involvement from the Patient Participation Group and patient's suggestions for improving the service were acted upon. The provider had a clear complaints policy and responded appropriately to complaints about the service. It was proactive in seeking the views of patients and responding to suggestions that improved the service and access to the service. The provider conducted regular patient surveys and took action to make suggested improvements.

Are services well-led?

The service was well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were in

Summary of findings

place and there were systems in place for managing risks. Key members of staff were committed to maintaining and improving standards of care and encouraged good working relationships amongst the staff and other stakeholders.

Summary of findings

What people who use the service say

The six patients we spoke with during the inspection were very complimentary about the service they received. They told us that it was professional, friendly, quick, efficient and caring. We also looked at the patient survey results which collected the views of patients who used the service. Patients were positive about the service they received. We received 23 completed CQC comment cards which patients and relatives had completed prior to our visit; the majority of responses were extremely

complimentary about the care and treatment people received. People told us they had no problem in accessing appointments in the practice to see the GP or nurse. One person told us, "I could not fault Castlehead Medical Centre, appointments are quickly provided." From a review of the national GP survey we saw that the patients rated the service highly at the practice. We found that the results from this survey were above national averages for positive feedback.

Areas for improvement

Action the service **MUST** take to improve

Repeat Prescription requests generated by computerised systems must be checked and signed by the prescriber before dispensing.

Action the service **COULD** take to improve

The practice could improve clinical supervision for the nursing, health care assistants (HCA) and pharmacy technicians.

The practice could improve the checking systems for medication information transcribed from the computer into patient held records.

Good practice

Our inspection team highlighted the following areas of good practice:

The practice had good end of life care, there were regular meetings with professionals from the practice and the community who were involved in the patients care. This ensured the patients changing care needs were responded to quickly.

The practice held a weekly meeting to review and respond to the care and treatment needs of patients who were discharged from hospital during the week.

There were excellent processes in place that assured that the services provided met people's needs, treated them effectively and minimised any risks associated with illnesses and treatment.

There was counselling available to patients in the practice on a daily basis.

The practice had developed a weekly clinic for young people which did not require a booked appointment and provided good access.

The provider had nominated named GP leads in all clinical areas providing expertise and ensuring the practice remained up to date with the latest best practice guidance.

Castlehead Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and a GP and the team included a CQC Pharmacist Inspector.

Background to Castlehead Medical Centre

Castlehead Medical Centre provided a weekday service for 6335 patients in the Keswick area. The practice offered a full range of primary medical services and was able to dispense medication to those patients on the practice list who lived more than a mile from the nearest pharmacy. The service was responsible for providing primary care, which included access to GPs, minor surgery, family planning and ante and post natal care. Out of hours provision was provided by Cumbria Health On Call (CHOC).

When Castlehead Medical Centre registered with CQC they declared that they were not fully compliant. The practice provided action plans which detailed what actions they would take to be compliant. We discussed the progress the practice had made on completing the action plans, during our visit. We saw that the majority of actions had been completed or partially completed. When they submitted their action plans the practice provided a date for compliance of the 31/02/13. The following actions remain outstanding or pending. The removal of 'slop hoppers' from the two treatment rooms and the conversion of an existing toilet into a sluice. A slop hopper is a sluice system used to dispose of waste and body fluids for example urine.

Some work had been completed on the drive, identifying car parking spaces and the fire assembly point, however extra lighting for the drive had not been yet been

completed. The practice manager showed us a quote and plans for this and told us the work would be actioned shortly. We saw that the practice had completed the other tasks outlined in the action plans.

Why we carried out this inspection

We inspected this 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?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Detailed findings

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 2 May 2014 between 9 am and 17.00hrs.

During our visit we spoke with a range of staff, including the practice manager, GPs, a GP registrar, pharmacy technicians, a practice nurse, health care assistant, reception, secretarial and administration staff.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Summary of findings

The service required improvement with respect to safety within the Dispensary regarding the process for the issue of repeat medication. Repeat prescriptions requested by patients were not routinely checked before the medicines were issued to the patient from the practice's dispensary. Each clinician was closely monitored to ensure that as far as possible patients who used the service were kept safe and protected from avoidable harm.

Our findings

Safe patient care

The provider regularly reviewed and monitored safety in the practice. Reports from NHS England indicated that the practice had a very good track record for maintaining patient safety. We saw evidence that information was discussed and action plans established when risks had been identified. An example of this is the identified need for extra lighting in the care park and during extreme weather there was a process to ensure access to the surgery was kept clear. The provider had in place processes and Standard Operation Systems (SOP) for medicines management and repeat prescriptions. We saw processes in place for the safe storage and disposal of medication and waste from the practice. The provider showed us plans in place to improve the safe storage of medical records and oxygen in practice. The staff we spoke with were aware of how to report incidents, risks and concerns within the practice. From our discussions we found that GPs were aware of the latest best practice guidelines and incorporated this into their day-to-day practices.

Learning from incidents

There was a process in place to regularly review incidents using root cause analysis. The provider held regular meetings to discuss incidents and develop action plans with staff to fully explore the events leading up to an incident and prevent or reduce further risks. Minutes from meetings confirmed that these findings had been shared with all the staff. We saw that the provider had a process in place for recording, monitoring and circulating any safety alerts received by the practice. The provider had developed a monitoring sheet which detailed the date alerts were received, action taken and the name of the person responsible recorded.

Safeguarding

We found that the provider had a comprehensive safeguarding policy and procedures in place to protect vulnerable patients. There was a named clinical lead in the practice and all staff had undergone training. We were told that the local clinical commissioning group (CCG) were developing a Cumbria wide policy which all practices

Are services safe?

would follow in the future. There were processes in place to monitor and report any safeguarding issues. This meant patients could be confident that any risk of abuse would be identified and responded to appropriately.

Monitoring safety and responding to risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The provider held weekly meetings where complaints, incidents or adverse events were reviewed and discussed. The provider shared with us the annual report for complaints and serious adverse events for 2013 /14. We saw that the provider used a significant event toolkit and undertook root cause analysis. We saw evidence that thorough and rigorous internal investigations had been carried out. We saw in the minutes that actions had been identified however the date of completing the action, name of the person responsible and date for the review of actions taken were not always recorded. Significant event analysis for 2013 /14 related to nine medication events, three events relating to blood results and a further two related to other clinical test results. We saw that actions had been taken to prevent a re- occurrence of these incidents in the future.

The provider submitted regular reports to the CCG. The local CCG monitored the provider's performance in relation to complaints and significant adverse event reporting. We saw that medical alerts and the National Institute of Health Care Excellence (NICE) guidance came into the practice via the practice manager who recorded them and cascaded these to the clinical staff, they were discussed at the clinical meeting and action taken discussed.

We found that the practice manager monitored staffing levels to ensure safe staffing levels and the rotas showed that these were consistently maintained. We found that the provider ensured that the clinical staff received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylactic shock.

Medicines management

Castlehead Medical Centre was a dispensing practice and offered this service to those patients who lived more than 1.5 Km from a pharmacy. The dispensers had undergone appropriate training and some dispensers were registered as Pharmacy Technicians. There was a named GP who had responsibility for the Dispensary. There were up to date

medicines management policies and staff we spoke with were familiar with them. Medicines for use in the GP practice and for dispensing were kept in a secure store to which only clinical and dispensary staff had access.

We looked at how controlled drugs were managed. Controlled drugs (CDs) are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed that the controlled drugs were stored, recorded and checked safely. We saw that each GP had a separate register for controlled drugs when on home visits and there was a separate register in the cupboard for the use of locums in the practice. We saw that CDs were regularly checked and there were systems in place for the requisitioning and disposal of these drugs. Clear records were kept whenever any medicines were used or dispensed. We saw that all prescription pads were locked in a cupboard.

There were standard operating procedures (SOP) for using certain drugs and equipment. We looked at the SOP for controlled drugs which were available on the computer and had been reviewed in March 2014.

We saw that it was custom and practice in the dispensary for the doctor to sign repeat prescriptions at the end of the day after the prescribed medicines had been issued to the patient. We spoke with the dispensary staff about this arrangement. They showed us how they printed and dispensed repeat prescriptions in response to patients' requests. If the timing of the request seemed inappropriate or any changes to medication were needed they would query the prescription via the computer and wait for the doctor's response before dispensing. However the system in place meant that most medicines supplied to patients on repeat prescriptions were not checked by a doctor before issue. The prescriptions were not checked and signed by the GP until the end of each day, by which time prescriptions had been dispensed.

There were there were systems in place to check and monitor medication carried in doctor's bags on home visits.

We saw that the dispensary was clean and tidy. There were processes in place to ensure the safety of staff and the safe preparation and dispensing of medication to the correct person. We saw that there were systems in place to ensure medication would not be prescribed past the review date.

Are services safe?

There were good systems in place to ensure staff were protected when dispensing medicines that contain chemicals which are toxic to people, these drugs are often used in the treatment of cancer.

The dispensers were able to contact the GP to ask advice using the computer and we saw an example of the prompt response being received by the dispensers from a GP. We observed medication being prepared and dispensed to patients, we did not observe any counselling of patients about their medication but patients we spoke with told us that their medication had been explained to them. One patient we spoke with told us “The staff always explained all about my medication what they are for and any special instructions, I cannot praise the staff in this practice enough.” This confirmed patients received information about the medication dispensed in the practice to patients.

The practice had systems in place to ensure medication was stored at the correct temperature and the provider had contracts in place to ensure the safe disposal of unwanted medicines.

We looked at how patient’s anticoagulation medication was prescribed and monitored. Anticoagulant medicines are most commonly prescribed for people who have had a condition caused by a blood clot (thrombosis) or are at risk of developing one. We saw that the results of monitoring and the recommended change in dosage of this medication came into the practice via the computer. We saw that this information was often transcribed into a patient held record, however there were no second member of staff checks on the accuracy of this.

The practice provided Monitored Dosage System (MDS) for people taking multiple medications who required this. These systems were usually used by older people or those taking multiple medications and they helped reduce anxiety by organising the medication, so the patient knew what drugs to take and when.

Cleanliness and infection control

There were systems and processes in place to monitor the cleanliness of the service and infection control. There was a named lead for Infection control identified, who undertook regular audits, risk assessments and monitoring of the environment. The practice manager told us that a weekly walk around and check of the environment was also undertaken however these were not recorded. There were

cleaning monitoring systems in place for each room throughout the practice to ensure the environment remained clean and tidy. We saw that staff were required to sign to say the checks had been completed. There was hand wash available and signs on hand washing by each of the sinks. People we spoke with and the CQC comment cards we looked at confirmed that they thought the practice was always clean and tidy. One person told us, “The environment is safe, hygienic and pleasant to be in.” Another person said, “The centre is clean and warm.

Staffing and recruitment

We saw that a recruitment and induction policy was in place for all staff. We looked at staff records and saw that appropriate checks had been made when recruiting staff. There was a named lead clinician for recruitment who was involved in the recruitment and selection process along with the practice manager. We looked at the recruitment file for this person and saw that they had undergone a robust recruitment process. All staff employed by the practice had an annual appraisal and support from the management team. We looked at the training records for the practice and saw that staff had good access to a range of courses appropriate to their work.

Dealing with Emergencies

There was an emergency trolley in the practice, a defibrillator, resuscitation drugs and oxygen available for use in a medical emergency. The equipment was checked daily to ensure it was in working condition. We saw that staff had received training and that the clinicians had received further training in dealing with medical emergencies. The provider had developed robust plans to deal with emergencies that might interrupt the smooth running of the service. An alternative site had been identified for potential use if the providers’ main primary care centre became unavailable for any reason. The practice covered a rural area and could be subject to extreme weather therefore plans were in place to deal with adverse weather conditions that might interrupt the provision of care or access to the practice.

Equipment

We saw that there were processes in place to regularly check and calibrate equipment. We saw a system in place to regularly check equipment used in clinical areas. Staff were aware of the processes in place to report faulty or broken equipment used in the practice.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner and appropriate timely referrals made. Healthcare professionals ensured that patient's consent to treatment was obtained appropriately at all times. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

Our findings

Promoting best practice

We saw throughout the practice a range of health promotion information and posters. Examples of those were, Carers support, antibiotic awareness, data protection, mental capacity and, dementia and depression. The practice provided a range of service for all age groups. The staff we spoke with promoted patient centred care and helped patients understand their conditions. The clinicians were familiar with and using current best practice guidance. The GPs and nursing staff we spoke with understood rationale for their treatment. We found that staff completed thorough assessments of patients' needs and these were reviewed when appropriate.

Within the Cumbria area there is a high incidence of depression. The practice had developed good access to mental health services and support, and counselling was available in the practice each day. We saw excellent prompt referrals to on-going services by the practice. This ensured that best practice was followed by improving timely access to services. Patients with long term conditions required regular review and monitoring of their conditions to ensure they stay healthy and prevent complications of their condition. We saw that the provider regularly monitored this group of patients. To ensure they regularly attend the practice for review, patients were able to arrange appointments to suit themselves and were not tied into set clinic times. The GPs in the practice had recently completed care planning training to improve their management of long term conditions and patient access to care. We saw that End of Life Care, within the practice was delivered in line with national best practice; there was a multi- agency, multi-disciplinary approach. This meant that all aspects of patients care were well co-ordinated and responsive to patient need.

Management, monitoring and improving outcomes for people

We saw evidence that audits were undertaken within the practice, for example minor surgery and medication. We were told that audits were presented at the clinical meetings and any required changes to practice discussed. This ensured the service continually reviewed its practice to improve and develop. Castlehead Medical Centre is a training practice and we saw regular clinical audits were undertaken by the GP registrars, medical students as well

Are services effective?

(for example, treatment is effective)

as staff. We looked at how the practice monitored the Quality Outcome Framework (QOF). The QOF is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of the health care delivered. We saw that the practice held regular meetings to monitor the practice's performance, benchmark their performance against other providers and looked at how they could improve the quality of the service delivered to patients. There was regular monitoring of referrals and prescribing to ensure these provided the best patient care.

Staffing

The provider had a comprehensive and up-to-date recruitment policy in place. The policy detailed all the pre-employment checks to be undertaken on a successful applicant before that person could start work in the service. We looked at a new member of staff who had been recruited following the provider registering with CQC; we saw that the recruitment policy had been followed. The provider had developed a comprehensive induction policy and identified a period of induction for new members of staff. New staff were mentored by a more experienced staff member during the initial stages of employment. We spoke with a new member of staff in the dispensary who told us they were enjoying their induction. The practice had developed an electronic training matrix which identified what training was required, when staff had last attended and when their next training was due. The staff we spoke with told us there was good access to training identified as needed by the practice.

The practice was an accredited training practice and had been approved for the training of new GPs (known as GP Registrars) and it also acted as a placement for medical students. There were two GPs who have undergone further training to support this training in the practice and they worked closely with the University and the deanery. The deanery supervisors are responsible for the postgraduate education and training of doctors and dentists to standards set by the General Medical Council (GMC). The practice being approved as a 'training practice' gave recognition that they provide good quality of care as well as the educational opportunities available for GP Registrars and medical students. The practice was also subjected to regular review by the deanery.

Working with other services

The provider demonstrated that they worked closely with the local cottage hospital and other agencies to provide good patient care. We saw that regular meetings had been established to meet with other agencies this ensured good communication and effective care planning. The GPs also provided daily input into the cottage hospital to review their patients and weekly input into the three care homes in Keswick. On the day of the inspection there was a discharge meeting being held and we saw excellent interactive discussions where patient's needs, risks and pathways were discussed and planned. We spoke with a member of staff from the multi-disciplinary team attending the meeting who described the practice as one of the best and very caring.

Health, promotion and prevention

The provider offered all new patients a consultation to access their past medical and social histories, care needs and assessment of risk. We saw that the practice promoted this in the practice information leaflet and on the web site. This meant that needs of new patients were assessed and a plan of the persons on-going needs to stay healthy were assessed. There was evidence of end of life care planning in place for patients. We saw that that practice had processes in place to support patients by providing a joint multi-agency approach to care and care management. We saw that the Clinical staff had recently undergone further training to improve their care planning skills which would contribute to good care planning. There was a good range of health promotion information in the practice reception area and on the practice web site. We saw that there were posters around the practice promoting services that may help support people such as smoking cessation and support with mental health. The Patient Participation Group (PPG) group told us they had identified the need to improve the support and access to services for carers locally. In response to this the practice had asked for the support of the local CCG and had arranged a meeting where they could start to improve the support for carers locally.

Are services caring?

Summary of findings

The service was very caring. The patients who responded to the CQC comment cards, and those we spoke with during our inspection, were very complimentary about the service. The providers undertook regular patient surveys which produced consistently positive results. The provider had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Our findings

Respect, dignity, compassion and empathy

We observed patients arrive into the reception area of the practice and saw that the staff interacted well with patients and were polite, welcoming and professional. The patients we spoke with and completed the CQC comment cards confirmed they were treated with respect and dignity by the staff. One person commented that they were not happy with the attitude of staff but had spoken with the practice manager and was confident the practice manager had dealt with this. People told us, "I have always found the staff helpful and friendly." and another told us, "The staff, both professional and administrative have always treated me with dignity and respect." The waiting area had a children's corner with children's seating and activities. This provided a safe area for children to wait and play activities to distract them.

We saw the provider had confidentiality and chaperone policies in place and the staff we spoke with were aware of these. We saw that some staff had undergone chaperone training and were aware of their roles and responsibilities when supporting patients. We saw information displayed explaining that patients could ask for a chaperone during examinations if they wanted one. The staff we spoke with were aware of the importance of maintaining people's privacy and dignity. They told us if a patient was distressed and wanted to speak privately they would take them into a room located off the reception area and give them the option to speak directly to the doctor or nurse privately.

We spoke with six patients during our inspection and received 23 completed CQC comment cards from patients and relatives. Overall patients told us that the staff were always friendly and sensitive to their needs, put them at ease, asked their permission to examine them and explained what they were doing and what would happen next. We received a comment from a person who told us "My husband and I visited the practice to get some advice about my husband's condition, the doctor saw that I was worried and took the time to reassure me, I felt so much better after the visit'.

Involvement in decisions and consent

We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency assessments of children and young

Are services caring?

people, which check whether children and young people have the maturity to make decisions about their treatment an integral part of clinical staff practices. We found that clinical staff understood how to make 'best interest' decisions for people who lacked capacity and sought appropriate approval for treatments such as vaccinations from children's legal guardian.

People we spoke to told us that they had been involved in the decision making about their care and felt supported by the team. One person told us, "I have certainly have been listened to with my problems and had my treatments explained. The staff were never patronising even when my

illness turned out to be not as serious as I had imagined."

Another person told us that the staff always asked permission before they were examined. The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted. They told us about the process for using chaperones and felt confident that this was effective as it was always used with them when needed. We found that where patients had capacity to make their own decisions appropriate consent was obtained for example minor surgery form completed in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to people's needs. There was involvement from the Patient Participation Group and patient's suggestions for improving the service were acted upon. The provider had a clear complaints policy and responded appropriately to complaints about the service. It was proactive in seeking the views of patients and responding to suggestions that improved the service and access to the service. The provider conducted regular patient surveys and took action to make suggested improvements.

Our findings

Responding to and meeting people's needs

We saw that the practice facilities were bright and spacious. There was patient car parking with dedicated disabled bays and space available for mobility scooters. The doors into the practice were not automated, the entrance to the reception had slight slope and there were no hand rails outside to support people with mobility problems. We saw that the reception staff were always monitoring the entrance and asking people if they required help. During our visit we observed the reception staff offering to go out to the car park to inform a patient's wife that they were going to be delayed with their appointment. This confirmed that staff were alert to responding to support patients may need.

We saw the practice had a disabled toilet and baby changing facilities available in the practice. The consulting rooms were able to accommodate access for patients with mobility difficulties. There was a loop system in the building which we were told was being checked to ensure it was in working order.

The practice has a high number of European workers employed in the tourist trade locally. Staff told us they had access to interpreter or translation services for patients who needed it, and there was guidance about using interpreter services and contact details in the practice. We looked at how responsive the practice was to making and reviewing referrals and saw that there were prompt and responsive systems in place to monitor and review this regularly. We saw that there was a process in place for choose and book referrals to other services. The NHS Choose and Book is a Government initiative that allows patients to choose the time, date and hospital for their treatment. We saw that patients who required an urgent referral within a two week period were responded to effectively and the provider had processes in place. We spoke with the staff involved in these processes who showed us how the practice was continually monitoring this process to ensure it was effective.

Access to the service

We spoke with 6 people and received 23 CQC comment cards. People told us they were able to access appointments and prescriptions easily in the practice. People told us they were able to access them easily using the telephone, in person or by using the internet. One

Are services responsive to people's needs?

(for example, to feedback?)

person commented, 'I have been able to get appointments at short notice'. The provider had systems in place for patients who could not get a booked appointment on the day. The patients were invited into the surgery to wait and were seen by the doctor at the end of surgery. We were told that in an emergency they would be seen immediately. We saw information displayed in the waiting area and on the practice web site about what to do in an emergency, in hours and out of hours. The practice opening hours were Monday to Friday and the practice also provided access to patients at different times to facilitate people working or children who came home from school poorly and had been unable to book an appointment during the day. On a Tuesday there were extended opening hours making services accessible to those people who worked during the day. On Monday evenings there was a drop in surgery for young people and there was no need to make appointments. This allowed young people a flexible approach to accessing health care

Concerns and complaints

The service had a process in place for staff to raise concerns and there were regular staff meetings. We saw a complaints policy in place which staff and patients were aware of.

Complaints were discussed at the weekly meeting and action planned to prevent a recurrence. General learning points were shared with the team. Complaints, significant events and outcomes were shared with the CCG regularly in the form of a report. The PPG representatives told us that if patients raised any concerns with them they would raise them with the practice manager and felt they were always taken seriously. We spoke to six patients during our inspection and twenty four patients had provided comments about the care they received from the practice. The majority of the comments were positive and complementary about the staff and care they had received. Patients told us they would raise concerns they had with the practice manager. The practice was continually seeking people's views and comments; we saw questionnaires available on the web site and in the practice. The PPG told us that they assisted in the completing of questionnaires in the surgery and the three care homes that the practice visit ensuring all patients had the opportunity to comment. The patient leaflet provided detailed information for patients about the services that were available and how to raise compliments, comments or complaints.

Are services well-led?

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

Summary of findings

The service was well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were in place and there were systems in place for managing risks. Key members of staff were committed to maintaining and improving standards of care and encouraged good working relationships amongst the staff and other stakeholders.

Our findings

Leadership and culture

During the inspection we observed excellent leadership in the multidisciplinary meetings with input and leadership with staff from different professional groups. We spoke with a district nursing sister who described the practice as one of the best and said they were caring and proactive in their approach to providing good patient care. We saw that clinicians within the practice team had a range of different specialist knowledge and skills which they used to provide patients with good care and treatment and meant they were also able to provide an expert opinion to their colleagues. The clinical and non-clinical staff we spoke with demonstrated a deep understanding of their area of responsibility and took an active role in ensuring that a high level of service was provided on a daily basis. We did note that not all areas of responsibility had a named lead within the practice the provider told us that they would address this. The staff we spoke with told us that they felt they could raise any issues or concerns within the practice and they would be listened to.

Governance arrangements

The practice regularly monitored its performance against the national quality outcomes framework. The practice manager and GPs were able to review the practices performance against agreed targets and identify areas where performance needed to be improved upon. The provider communicated to the CCG any concerns or issues they had with other providers that affected health care delivery. This ensured that issues or concerns were continually identified and appropriate action taken to improve patient care. The practice worked with the CCG to monitor performance and outcomes and there was a nominated GP lead for this area.

Systems to monitor and improve quality and improvement

Castlehead medical centre held regular dedicated meetings where they reviewed the quality of the service, delivered their performance and the identified of risks. We saw that complaints, incidents and medicines management were regularly reviewed at the weekly meetings. The practice had identified the need to improve the safe storage of medical records and had plans in place to address this issue. We saw that to promote continuation of care and reduce the risks of errors occurring, referral

Are services well-led?

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

letters and blood results for patients came back to the GP who had requested them. In the event of the GP not being available they would be reviewed by the duty doctor. We saw there were regular staff meetings, staff were kept updated and could raise issues or concerns. We saw that where further training had been identified as a need following an investigation of an issue or complaint this had been arranged. We did not see information to establish if this had been completed or reviewed for its effectiveness.

Patient experience and involvement

The practice had developed an active patient participation group (PPG). A PPG is made up of a group of volunteer staff and patients who meet or communicate regularly to discuss the services on offer and how improvements can be made for the benefit of the local patient population and the practice. We spoke with two members of the PPG who discussed their role and how they helped improve the practice. Examples of were following their intervention the furniture in the waiting area had been renewed and they had supported people in care homes complete the patient survey. We saw that patients were continually invited to comment on the service and there was an annual patient's survey supported by the PPG. We looked at previous results and saw that the feedback was positive and people told us they would recommend this service.

Staff engagement and involvement

The practice had established regular meetings with staff to ensure they were kept aware of developments, patient's feedback and concerns. We found evidence that a range of regular meetings were held and staff were briefed and updated. The staff we spoke with confirmed those meetings took place and that it was an opportunity to be

constantly improving communication. We saw that there were regular clinical meetings attended by multi-disciplinary staff from different health agencies such as district nurses and Macmillan nurses where patients' care was discussed and staff were provided with opportunity to contribute to these. Examples of these were district nurses, Macmillan nurses and Health visitors.

Learning and improvement

The provider had established a training matrix which highlighted the training needs and attendance at staff training. Staff we spoke with told us they were supported and had access to training they required. The identifying of a recognised training course for HCA s to attend remained an outstanding action. The provider ensured that all staff underwent an annual appraisal, where objectives and training needs were identified.

Identification and management of risk

The provider undertook a regular review of risks and where they were identified a risk assessment was undertaken. We saw evidence that these risks were discussed at practice meetings and staff were made aware of potential risks. The slopoppers within the treatment room had been identified as a risk however it was unclear what the future plan and on-going management of this risk was. Staff we spoke with were aware of the importance of health and safety in the practice and who to notify if they had any concerns. We saw that staff had undergone regular Health and Safety training. The practice had arranged for an external risk assessment to be undertaken in the next month by an external assessor to ensure all risks had been identified and addressed in the practice.

This section is primarily information for the provider

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	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Appropriate arrangements were not in place for prescribing medicines.