

# James Street Group Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at James Street Group Practice on 19 May 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was positive. Patients reported that they were treated with compassion, dignity and respect.
- National GP Patient Survey results in relation to appointment availability and experience and ease of

making an appointment were lower than local and national averages. The practice was aware of patient dissatisfaction in this area and were committed to improvement.

- Urgent appointments were usually available on the day they were requested. When this was not possible patients were able to access same day pre bookable appointments at the local primary care access centre.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice did not have a patient participation group (PPG) but a town wide patient participation group was in operation. PPG members had been involved in canvassing patient opinion, delivering leaflets and advertising the function of the access centre.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 97.7% of the point's available (local clinical commissioning group average 96.8% and national average 94.7%)
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice had a clear vision in which quality and improvement was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.
- Practice staff were aware of, and complied with Duty of Candour requirements.

However there were also areas of practice where the provider needs to make improvements.

The provider should:

- Strengthen the arrangements currently in place for checking the expiry dates of emergency medicines and equipment.
- Store all controlled drugs in accordance with relevant legislation.

- Consider adding the discussion/implementation of NICE guidelines as a standard agenda item to clinical meetings.
- Review the arrangements in place for bringing the availability of the chaperoning service to the attention of their patients
- Continue with their plan for all clinical staff to receive training in the requirements of, and their responsibilities in relation to, the Mental Capacity Act
- Consider writing a more formal business plan
- Review their meeting schedule so that all staff are given the opportunity to attend practice meetings

**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 good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were generally assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies. The practice used the local CCGs Safeguard Incident and Risk Management (SIRMS) to report significant events. This enabled not only the practice but the CCG to identify recurrent issues and those requiring urgent remedial action or response.

The practice was clean and hygienic and good infection control arrangements were in place.

The arrangements for managing medicines in the practice generally kept patients safe. However, an item of emergency medicine as well as some of the dressings and equipment kept to administer emergency medicines were past their expiry dates.

The practice had an effective system in place to monitor the use and movement of blank prescriptions.

Comprehensive staff recruitment and induction policies were in operation. Staff had undergone Disclosure and Barring Service (DBS) checks. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training. However, although advertised in the practice information leaflet the availability of the chaperone service was not advertised in the waiting rooms or on the practice website.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working

Good



# Summary of findings

with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 97.7% of the point's available (local CCG average 96.8% and national average 94.7%).

Achievement rates for cervical screening and the majority of childhood vaccinations were comparable with local and national averages. For example, at 80.3%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to the local CCG average of 82.5% and national average of 81.8%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 91.3% to 98.4% (compared to the CCG range of 83.3% to 96%). For five year olds this ranged from 92% to 98.4% (compared to the CCG range of 72.5% to 97.9%).

The practice had commissioned a bespoke course for their practice nurses to fully understand blood test results so that they could review the test results of patients in their clinics rather than a GP having to complete this task.

There was evidence of clinical audit activity and improvements made as a result of this. However, there was no real process in operation for determining topics for clinical audit activity. Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

## Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comment cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in January 2016 were generally comparable with local CCG and national averages in respect of providing caring services. For example, 86% of patients who responded to the survey said the last GP they saw or

Good



# Summary of findings

spoke to was good at listening to them (CCG average 91% and national average 89%) and 91% said the last nurse they saw or spoke to was good at listening to them (CCG average 93% and national average was 91%).

Results also indicated that 86% of respondents felt the GP treated them with care and concern (CCG average 89% and national average of 85%). 91% of patients felt the nurse treated them with care and concern (CCG average 93% and national average 91%).

Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately.

The practice's scores in relation to access in the National GP Patient Survey were mixed with some being comparable to local and national averages and others being lower. The most recent results (January 2016) showed that 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%). 42% found it easy to get through to the surgery by phone (CCG average 81%, national average 73%). 38% said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average of 65%). The practice were aware of patient dissatisfaction in this area and were committed to improvement. This had included the implementation of a new telephone and call management system, increasing their standard consultation time to 15 minutes and working with other GP practices in Workington to establish the Workington Primary Care Access Centre to manage the demand for same day/emergency appointments. This freed up more time for routine, pre bookable appointments in the practice. The practice were also in the process of carrying out a smarter working review which was concentrating on looking at the speed of their computer system, reviewing administration processes, time management, capacity and demand.

Patients of the practice were able to access pre bookable appointments at the access centre on a Tuesday (from 6.30pm to

Good



# Summary of findings

7.30pm), Wednesday and Thursday (from 6.30pm to 7pm) and a Saturday (from 9am to 10am and 2.30pm to 3.30pm). They were also able to access a walk in service at the access centre from 8am to 8pm seven days per week.

The practice is part of the Workington Health Ltd GP federation. This enables them to co commission services more cost effectively and work with other agencies in the area to provide services for patients.

## Are services well-led?

The practice is rated as good for being well-led.

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, there was no evidence of administration team or whole staff group meetings.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice did not have a formal written business plan but discussed business developments plans and issues such as succession planning at regular partner meetings.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice was able to demonstrate that they acted upon feedback from staff and patients. Although they did not have a practice patient participation group a town wide patient participation group was in operation.

There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 99.6% and the England average of 97.9%.

The practice had worked with other GP practices in the area to develop the Workington Primary Care Access Centre to deal with same day/emergency appointment requests. This had enabled them to increase their standard appointment time to 15 minutes and dedicate more time to caring for patients with multiple, chronic and complex conditions.

They were nominated GPs for each of the town's residential homes and a practice GP visited the local nursing home on a weekly basis. The practice had a palliative care register and held monthly multi-disciplinary meetings to discuss and plan end of life care.

The practice had been instrumental in developing Workington's Frail Elderly Assessment Team who delivered targeted, proactive and reactive care to elderly patients to enable them to stay in their own homes and avoid unplanned admission to hospital.

Good



### People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. A system was in place to follow up on patients who failed to attend review appointments.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved some good outcomes in relation to the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 1.5% above the local CCG average and 2.6% above the national average.

Good





# Summary of findings

- The practice had obtained 97.7% of the points available to them in respect of chronic obstructive pulmonary disease. This was 0.1% above the local CCG average and 1.7% above the national average
- The practice had obtained 100% of the points available to them in respect of hypertension (1.1% above the local CCG average and 2.2% above the national average).

However, some results were lower than local and/or national averages:

- The practice had obtained 92% of the points available to them in respect of diabetes (1.6% below the local CCG average but 2.8% above the national average).
- The practice had obtained 91.2% of the points available to them in relation to dementia (4.5% below the local CCG average and 3.3% below the national average).

Patients with diabetes and chronic obstructive pulmonary disease (COPD) were able to benefit from expert chronic disease nurses who worked on a town wide basis. Two of the practice GPs had expertise and special interest in caring for diabetic patients and one of the practice nurses had extended knowledge and skills in dealing with the diagnosis and management of patients with COPD and asthma.

## Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies.

A town wide childhood immunisation service was in operation which served all of the GP practices in Workington and was staffed by two experienced children's nurses. Practice vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood

**Good**



# Summary of findings

immunisation rates for the vaccinations given to two year olds ranged from 91.3% to 98.4% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 83.3% to 96% (compared to CCG range of 72.5% to 97.9%).

At 80.3%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the local CCG average of 82.5% and national average of 81.8%.

One of the practice GPs had extensive paediatric experience. The practice had recently changed their policy to ensure that all newborn babies are registered with the practice as soon as possible and that young children who are unwell are seen in a timely manner either at the practice or local access centre regardless of whether they were registered with the practice or not. Practice staff had undertaken paediatric resuscitation training.

Pregnant women were able to access antenatal clinics at Workington Community Hospital provided by healthcare staff attached to the practice. The practice GPs carried out post-natal mother and baby checks.

The practice offered a comprehensive contraception service including the insertion of intrauterine devices, contraceptive implants and contraceptive injections. One of the practice GPs had undertaken additional training in contraception and sexual health.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been met. The practice is open from 8am to 6.30pm on a Monday to Friday (appointments from 8.30am to 6pm). Patients unable to attend the surgery during normal opening hours were able to access pre bookable appointments with a nurse practitioner and/or GP at an extended hours service located in the local primary care centre on a Tuesday (from 6.30pm to 7.30pm), Wednesday and Thursday (from 6.30pm to 7pm) and a Saturday (from 9am to 10am and 2.30pm to 3.30pm). Patients could also access a walk in service at the access centre from 8am to 8pm seven days per week.

The practice offered minor surgery, cervical screening, travel immunisation advice and various chronic disease management clinics.

Good



# Summary of findings

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A text messaging appointment confirmation and reminder service was available.

## People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were not routinely offered an annual health review. Practice staff told us this was an area they were keen to improve. Their intention was that practice nurses would visit patients with a learning disability in their own homes equipped with all the diagnostic equipment necessary to carry out a fully comprehensive health review. However, this system was not in place at the time of our inspection.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice was proactive in their identification of carers. A carer's pack was available and newly identified carers were discussed at practice meetings to ensure they were supported appropriately. They had identified 76 of their patients as being a carer (approximately 0.8% of the practice patient population).

Requires improvement



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum points available to them and higher than local and national averages for caring for patients with depression and mental health conditions. However, at 74.4% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 9.3% below the local CCG and 9.6% below the national averages. Practice staff we spoke to were unable to explain the reason for this but were able to demonstrate that there had been an improvement to 79% for the period 2015/16. This data was yet to be verified or published. They also told us that patients with dementia were the subject of weekly meetings between the locality Frail Elderly Assessment Team and

Good



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members of the Community Mental Health Team. The practice was able to demonstrate a reduction in the use of antipsychotic medication and benzodiazepines in their elderly patients as a result of an ongoing audit programme. For example, in the first quarter of 2013/14 the practice had prescribed 1750 of these items compared to 841 items for quarter four of 2015/16.

The practice hosted the local primary mental health service at the surgery where they provided counselling and other psychological therapies. They also hosted the local substance misuse service and ensured that appointments were available with a health care assistant when the substance misuse practitioner was in attendance so that patients could access blood pressure checks and blood tests.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice undertook shared care of patients on psychotropic drugs with the local Community Mental Health Team.

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## What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was generally below local and national averages. 266 survey forms were distributed and 119 were returned, a response rate of 45%. This represented approximately 1.3% of the practice's patient list.

- 42% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 61% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 88% said their GP was good at explaining tests and treatment (CCG average 89%, national average 86%)
- 91% said the nurse was good at treating them with care and concern (CCG average 93%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card, the comments on which related to a third sector organisation which provided services from the practice.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Strengthen the arrangements currently in place for checking the expiry dates of emergency medicines and equipment.
- Store all controlled drugs in accordance with relevant legislation.
- Consider adding the discussion/implementation of NICE guidelines as a standard agenda item to clinical meetings.
- Review the arrangements in place for bringing the availability of the chaperoning service to the attention of their patients
- Continue with their plan for all clinical staff to receive training in the requirements of, and their responsibilities in relation to, the Mental Capacity Act
- Consider writing a more formal business plan
- Review their meeting schedule so that all staff are given the opportunity to attend practice meetings

# James Street Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector, a GP specialist advisor and a specialist advisor with experience of practice management.

## Background to James Street Group Practice

James Street Group Practice is located in the centre of Workington, Cumbria and provides care and treatment to approximately 8,982 patients from the electoral districts of Clifton, Harrington, Moorclose, Mossbay, Seaton, St Johns, St Michaels and Stainburn in Workington. It is part of the NHS Cumbria Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

James Street Group Practice, James Street, Workington, Cumbria, CA14 2DL.

The practice is located in a converted and extended ex-residential property. All reception and consultation rooms are fully accessible for patients with mobility issues. The practice does not have a car park and a disc parking scheme is in operation in the neighbouring area. However, a pay and display car park is available nearby.

The practice is open from 8am to 6.30pm on a Monday to Friday. Patients registered with the practice are also able to book an appointment with a practice GP at Workington

Hospital Primary Care Access Centre on a Tuesday (from 6.30pm to 7.30pm), Wednesday and Thursday (from 6.30pm to 7pm) and a Saturday (from 9am to 10am and 2.30pm to 3.30pm).

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Cumbria Health On Call Ltd.

James Street Group Practice offers a range of services and clinic appointments including minor surgery, cervical screening, travel immunisations and various chronic disease management clinics. The practice is a training practice and provides training for GP trainees (fully qualified doctors with experience of hospital medicine who are training to become a GP).

The practice consists of:

- Six GP partners (two male and four female)
- Two salaried GPs (both female)
- Two practice nurses (both female)
- Two health care assistants (female)
- 18 non-clinical members of staff including a practice manager, deputy practice manager, medicines manager, administrators, receptionists and cleaners.

The area in which the practice is located is in the third (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The average life expectancy for the male practice population is 77 (CCG average 79 and national average 79) and for the female population 80 (CCG average 82 and national average 83).

55.5% of the practice population were reported as having a long standing health condition (CCG average 56.3% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 60.7% of the

# Detailed findings

practice population were recorded as being in paid work or full time education (CCG average 59.1% and national average 61.5%). Deprivation levels affecting both children and adults were higher than local CCG and national averages.

The practice is part of the Workington Health Ltd not for profit GP federation with four other practices from the Workington area. This enables them to co-commission services more cost effectively and deliver more joined up and shared services.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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. The 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?

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, a practice nurse, the practice manager, a health care assistant and the senior receptionist. We spoke with six patients and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events which recorded level of risk and likelihood of recurrence.

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed on a regular basis at staff meetings as a standard agenda item.

We reviewed safety records, incident reports national patient safety alerts and minutes of partners meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified, discussed at regular staff meetings and reviewed on an annual basis. The practice recorded relevant significant events on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. The practice had a patient safety alert policy in operation and had an effective system in place to cascade and monitor patient safety alerts.

The practice had recorded 29 significant events during the previous year, six of which had been classed as serious significant events and reported through the SIRMS system. We saw evidence of significant events being discussed regularly at clinical staff meetings and of changes made to practice as a result of this. For example, a significant event had led to the practice reviewing its policy in relation to seeing newborn babies not registered with the practice. The practice now contacts new mothers as soon as they are notified that a patient has given birth to arrange the child's registration. They also ensure that babies and small children are seen immediately whether registered or not and arranged a staff training session on resuscitation of babies and small children.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

While the majority of systems, processes and practices in place kept patients safe and safeguarded from abuse we saw areas where improvements were required:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP lead had been identified for children's and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meeting to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.
- Chaperones were available if required. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, although the availability of the chaperone service was included in the practice information leaflet it was not advertised in the waiting areas or on the practice website.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place which identified daily, weekly and monthly tasks. An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines in the practice generally kept patients safe. The practice kept a log of emergency medicines held on site which were checked regularly to ensure that any medicines used were replaced and had not exceeded their expiry dates. With the exception of a single ampoule of a diuretic, which had expired in April 2016 the emergency medicines we checked were in date. Practice staff told us that this ampoule had been missed as it had been in a doctors home visit bag. We were assured that clinicians double checked expiry dates before administering medicines and that this oversight would



## Are services safe?

be rectified immediately. However, some of the equipment kept with the emergency medicines to use in an emergency situation were out of date. For example, four tracheal tubes had expired between January and March 2016, a paediatric cannula had expired in March 2015 and two dressings had expired in November 2015. In addition, we found an ampoule of morphine sulphate, a controlled drug, stored with the emergency medicines which contravenes relevant legislation.

- Arrangements were in place to ensure the safe storage of medicines requiring refrigeration such as vaccines.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.
- Appropriate recruitment checks had been undertaken for all staff prior to employment. A comprehensive recruitment policy was in place which was reviewed and updated on an annual basis. All staff had undergone Disclosure and Barring Service (DBS) checks.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice management staff encouraged a culture of openness and honesty.

### Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were effective procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training and a copy of the practice fire safety policy was on the staff noticeboard. The fire alarms were tested on a weekly

basis and a fire evacuation drill was carried out annually, the last one being April 2016. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and a buddy system was in operation to ensure GP covered for each other when necessary.
- The practice used one regular locum GP who was working two afternoons per week at the time of our inspection. A comprehensive locum induction pack was in operation.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Although all of the medicines we checked were in date and fit for use some of the equipment used during medical emergencies was past their expiry date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as flooding, power failure, or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice clinicians told us that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines which they accessed online. However, there were no formal arrangements in place to discuss the implementation of such guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.7% of the total number of points available to them compared with the clinical commissioning group of 96.8% and national average of 94.7%.

At 10% their clinical exception rate was comparable with local CCG and national averages of 10.1% and 9.2% respectively. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This suggests that the practice operated an effective patient recall system, where staff was focussed on following patients up and contacting non-attenders.

The practice had obtained the maximum points available to them (100%) for 14 of the 19 QOF indicators, including mental health, hypertension, asthma and depression and for caring for patients who had a learning disability or required palliative care. For indicators where the practice had not achieved maximum points performance was as follows:

- 94.8% for chronic kidney disease (CCG average 97.1% and national average 94.7%)
- 97.7% for chronic obstructive pulmonary disease (CCG average 97.6% and national average 96%)
- 91.2% for dementia (CCG average 95.7% and national average 94.5%)

- 92% for diabetes (CCG average 93.6% and national average 89.2%)
- 97.3% for secondary prevention of coronary heart disease (CCG average 97.1% and national average 95%)

The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes. We saw evidence of several audits including a single cycle audit on the use of atypical anti psychotics in elderly patients with dementia. We also saw a two cycle audit on antithrombotic therapy in atrial fibrillation. The first cycle had identified that only 80% of the practices 175 patients with atrial fibrillation were receiving appropriate treatment whereas the second cycle review carried out 18 months later in January 2016 identified that 95% of patients were being appropriately treated. However, some of the audit activity appeared to be data collection exercises rather than fully comprehensive clinical audits. The practice did not appear to have a formal system in place to select topics for clinical audit based on the particular needs of their patient population or demographics.

- The practice had a needs assessed palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients.
- At 21.9% the emergency admission to hospital rate for the practice was higher than the local CCG average of 17.4% and national average of 14.6%. The practice had carried out an audit of their emergency admissions in March 2016 which concluded that some of the admissions, especially those in relation to respiratory problems, could perhaps have been avoided. They were therefore committed to improvement in this area and were working with the local Frail Elderly Assessment Team to address this issue.

### Effective staffing

The staff team included GPs, nursing, managerial, health care, reception, administrative and cleaning staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been

# Are services effective?

## (for example, treatment is effective)

revalidated (every 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). The practice nurse reported they were supported in seeking and attending continual professional development and training courses.

The practice had an effective staff appraisal system in operation which included the identification of training needs and development of personal development plans. Staff were given protected time to undertake both mandatory and non-mandatory training.

The practice had also commissioned a bespoke course for their practice nurses to fully understand blood test results so that they could review the test results of patients in their clinics rather than having to ask a GP to complete this task.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house. The practice did use a locum GP on a regular basis but an effective locum induction pack was in operation.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated.

In advance of the inspection we also spoke to several attached members of staff who were not employed by, but worked closely with the practice. This included a district nursing sister, district nurse, drug and alcohol support worker, clinical nurse specialist in palliative care and health

visitor. They reported that they had no concerns in respect of the practice, that there was effective information sharing and communication and that clinical staff were quick to respond to requests for information or advice.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including Mental Capacity Act 2005. However, not all clinical staff had undertaken Mental Capacity Act training. One of the GPs told us that this had been arranged.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 91.3% to 98.4% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 92% to 98.4% (compared to CCG range of 72.5% to 97.9%).

At 80.3%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to the CCG average of 82.5% and national average of 81.8%.

Patients were able to access appropriate health assessments and checks. New patient health checks were offered routinely and the practice intended to restart offering NHS health checks for patients aged between 40

## Are services effective?

(for example, treatment is effective)

and 74. Over 75 health checks were not routinely offered. Practice staff told us this was because most of these patients were having appropriate health checks for long term conditions.

The practice produced regular newsletters for patients which included useful information such as details of

extended hour's appointments, ordering repeat medication and online services. The practice information leaflet and website also gave patients useful information relating to the services offered.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with six patients during our inspection who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was mixed but generally comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example, of the 119 who had responded to the survey:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them

Results from the National GP Patient Survey showed patient satisfaction was generally slightly below local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 91% said the last nurse they spoke to was good listening to them compared to the CCG average of 93% and the national average of 91%.
- 87% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. They did not, however have a hearing loop to aid patients with a hearing difficulty.

The practice had identified 39 of their patients as having a learning disability. Patients with learning disabilities were not routinely offered an annual health check but the practice were keen to improve in this area. Their intention was that one of their practice nurses would visit these patients in their own homes and take the equipment needed to ensure they could carry out a fully comprehensive health check with them. Templates to help facilitate this had been developed. However, this system was not in place at the time of our inspection.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 76 of their patients as being a carer (approximately 0.8% of the practice patient population). Practice staff told us that they tried to identify carers through multi-disciplinary meetings or new patient

questionnaires. A carer's pack was available for carers and patients identified as carers were discussed during practice meetings to ensure their needs were being met. Carers were offered flu vaccinations.

The practice had no specific arrangements in place to contact or support patients suffering a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment at the local access centre or telephone consultation with a GP the same day.
- There were disabled facilities and translation services available.
- All patient facilities were accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.

### Access to the service

The practice was open from 8.30am to 6.30pm on a Monday to Friday (appointments from 8.30am to 6.15pm). The practice was also able to book appointments for their patients with a practice GP at Workington Hospital Access Centre on a Tuesday (6.30pm to 7.30pm), Wednesday (6.30pm to 7pm) and Thursday (6.30pm to 7pm) evening and on a Saturday (9am to 10am and 2.30pm to 3.3pm).

The appointment system offered by the practice enabled patients to pre book appointments (including GP telephone consultations) up to one week in advance, which were released on a Friday lunchtime, or request urgent same day appointments. They had implemented a 'duty doctor' system to ensure one GP was always available to deal with home visit requests and out of hours follow ups.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.

- 42% of patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and the national average of 73%.
- 92% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 38% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 66% and the national average of 65%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.

Some of the patients we spoke to on the day of the inspection reported concerns in relation to being able to get an appointment within an acceptable timescale:

- Three patients reported that it was difficult in getting an appointment but easier than it had been previously now they could also arrange an appointment at the local access centre
- Another said that it was sometimes a problem but not if you were able to ring for an appointment at 8am
- Another reported that it was difficult to get through to the surgery by phone.

The practice were aware of patient dissatisfaction in this area and were taking steps to try and improve. This included:

- Installing a new telephone and call management system
- Increasing routine GP consultation time to 15 minutes
- Worked with other GP practices in Workington to establish the Workington Primary Care Access Centre to manage the request for same day/emergency appointments freeing up more time for routine, pre bookable appointments in the practice.
- Carrying out a smarter working review of administration processes, capacity and demand and workload management.

### Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.



# Are services responsive to people's needs?

(for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice. Complaint responses included details of how to escalate a complaint should a complainant remain dissatisfied with the response from the practice.
- We saw that information was available in the reception area and on the practice website to help patients understand the complaints system.

The practice had recorded 18 complaints during the period 1 April 2015 to 31 March 2016. We found that these had

been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were discussed regularly at practice meetings and reviewed to identify trends, themes and learning points. For example, a complaint in respect of a hospital referral letter being dropped by the hospital courier outside of the practice led to a review and strengthening of the way in which the practice handled such communications.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement was to:

- Be committed to our patients needs
- Provide a high level of medical care
- Act with integrity, treating all patients with dignity and respect
- Build a highly skilled team motivated to deliver safe and effective treatment
- Ensure a safe environment for patients and staff#]Seek to continuously improve the service we offer

Staff we spoke to were aware of the mission statement and were able to show us laminated cards displaying these aims and objectives which were on display in staff areas

The practice did not have a formal written business plan. However, the practice manager told us that business development plans (such as a possible premises move) and succession planning, (such as the possible development of practice nurses into advanced nurse practitioners) were discussed regularly at monthly partners meetings.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Some arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

### Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff reported that they felt supported by management.

- Practice meetings were held on a regular basis. This included monthly partner meetings, weekly primary health care team meetings and regular reception team meetings. However, there was no evidence of any administrative team or whole staff team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice were in the process of trying to recruit members for a practice patient participation group (PPG). However, a town wide PPG was in operation which consisted of representatives from the five practices in the Workington area. This PPG had been involved in canvassing patient opinion, distributing leaflets and creating displays in practices advising patients of Workington Access Centre.

The practice was able to demonstrate that they responded to patient feedback. For example, as a result of National GP Patient Survey results they had:

- Purchased and installed a new telephone system in October 2015. This included the implementation of a call management system to free up phone lines for appointment bookings. Receptionists were also issued with headsets to allow them to take calls away from their desks which enabled them to answer calls quickly and manage the call queue more effectively
- Increased their standard consultation time to 15 minutes.

# Are services well-led?

Good 

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

- Worked with other GP practices in Workington to establish the Workington primary Care Access Centre to manage the request for same day/emergency appointments. This freed up more time for routine, pre bookable appointments in the practice.

The practice had also commissioned an external consultant to carry out a smarter working review which included looking at the speed of their computer system, reviewing administration processes, time management, capacity and demand. In addition, the practice had commissioned a bespoke course for their practice nurses to fully understand blood test results so that they could review the test results of patients in their clinics rather than having to ask a GP to complete this task.

## Continuous improvement

The practice was committed to continuous learning and improvement at all levels. For example, they were carrying out a smarter working review and had made improvements in response to issues identified from the National GP Patient Survey.

The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area, including:

- They had been instrumental in developing Workington's Frail Elderly Assessment Team who delivered targeted, practice and reactive care to elderly patients to enable them to stay in their own homes and avoid unplanned admission to hospital.
- The practice had worked with other GP practices in the area to develop the Workington Primary Care Access Centre to deal with same day/emergency appointment requests and to enable patients to pre book out of normal working hour's appointments.