Hartington Street Medical PracticeHartington Street Medical Practice

Quality Report

36-38 Hartington Street,
Barrow-In-Furness
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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.

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Summary of findings

Overall summary

Hartington Street Medical Practice provided primary medical services to 2661 patients living in Barrow in Furness. The practice was open Monday to Friday 8.30am to 6pm.

The service was delivered from one site on Hartington Street. This is the site we inspected.

Overall systems and procedures to ensure the practice was safe were inadequate.

- Formal learning from incidents was not embedded
- There was not a suitably qualified Safeguarding lead on site.
- Monitoring and management of risks was ineffective.

Overall the practice was effective in meeting the needs of the individual patients. However, improvements were required to ensure systems required for the operation of the practice were effective,

- Systems to promote best practice and changes in legislation were inconsistent.
- The practice was not proactive in monitoring the quality of care,
- Multi-disciplinary working was informal, leaving a risk of uncoordinated care.

Overall the practice was caring.

- All patients we spoke with spoke highly of the practice with many saying they would recommend it.
- Staff we spoke with showed commitment to their role and promoted a positive patient experience.
- Patients told us they felt involved with and understood their healthcare and support needs.

Overall the service was responsive to the individual patient's needs. However the practice required improvement in systems to ensure it remained effective

- A formal communication route with patients had not been developed
- Patients' suggestions were not always acted upon
- The practice did not engage with the wider health community to improve services for patients at the practice.

Overall the service was not well led.

- The practice was not managed proactively and dealt with issues reactively from day to day.
- There was not a systematic arrangement for the identification and management of risks.
- Staff were working under considerable pressure to meet patients' needs.

The GP was not meeting regulation 10 Assessing and monitoring the quality of service provision.

The GP was not meeting regulation 22 Staffing.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall systems and procedures to ensure the practice was safe were inadequate. Informal learning from incidents had led to some uncoordinated improvements. The monitoring of risks was ineffective. Staff would only know if safety equipment or emergency drugs were out of date when they came to use them.

Are services effective?

Overall the practice was effective in meeting the needs of the individual patients we spoke with. However, the practice was not proactive in monitoring the quality of care and was therefore not able to identify and learn from poor performance. Staff did not have clinical supervision and lacked opportunities to improve.

Are services caring?

Overall the practice was caring. All patients we spoke with spoke highly of the practice with many saying they would recommend it. Patients told us they felt involved with and understood their healthcare and support needs. Patients we spoke with told us they were always treated with dignity and respect.

Are services responsive to people's needs?

Overall the service was responsive to the individual patient's needs we spoke with. However the practice had not developed a formal communication route with patients, consequently patient feedback was limited to day-to-day matters facing the practice. The practice did not engage with the wider health community to improve services for patients at the practice.

Are services well-led?

Overall the practice was led by reacting to circumstances and situations as they arose from day-to-day. There was a lack of systems to address the wider health needs of the community. There was not a systematic arrangement for the identification and management of risks. Staff were working under considerable pressure to meet patient needs.

Summary of findings

What people who use the service say

Arranging telephone interviews with patients prior to the inspection allowed us to find out what recent patients' thought of the service they had received. The nine patients we spoke with were very positive about the staff and the treatment they had received. On the day of the inspection we got similar feedback with all patients responding positively to questions around respect and involvement. Following the inspection we spoke with a selected group of patients that had not recently been to the practice. We were again given very positive feedback. Of all the patients we spoke with, only one was not completely satisfied. Two had been asked for their feedback on the service they received

Areas for improvement

Action the service MUST take to improve

The practice must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed in order to safeguard the health, welfare and safety of patients.

This practice must recruit sufficient suitably qualified staff to be able to meet the needs of the current patient list. if the practice list remains open, further patients could potentially join an already understaffed practice.

The practice must regularly assess and monitor the quality of the service, to effectively develop and operate systems, to ensure all patients and others are protected against the risks of inappropriate or unsafe care.

Action the service COULD take to improve

The practice could have developed more formal routes for patients or staff to feedback to the practice management.

The GP had a limited emergency drugs kit. The GP could have undertaken an assessment of potential emergencies to ascertain if the drugs kit was adequate

The GP could monitor changes to policies and procedures to identify and support the changes made.

The GP could have procedures to formally evaluate staff learning.

Staff could have clearly defined roles for which they were accountable.

Hartington Street Medical PracticeHartington Street Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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A CQC Inspector. The lead inspector was accompanied on the inspection by a GP and a second inspector. A member of the public appointed to work as an Expert by Experience undertook telephone interviews before and after the inspection.

Background to Hartington Street Medical Practice

Hartington Street Medical Practice provided primary medical services to 2661 patients living in Barrow in Furness. The practice was open Monday to Friday 8.30am to 6pm.

The practice consisted of two adjoined terrace houses. Services were provided from the first and second floors. The GP and nurse led clinics were primarily delivered from the ground floor.

The local clinical commissioning group provided a Medicines Optimisation Pharmacist (a pharmacist who ensures medicines are used in their best way) who held clinics for patients with long-term conditions . Also provided was a midwife who held an Ante Natal clinic one morning a week. A practice nurse delivered all other clinics as per demand.

Patients of the practice could access out of hours primary care from Cumbria Health On Call (CHOC).

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?

Detailed findings

Before our inspection we reviewed information we hold about the service and asked other organisations and key stakeholders to share what they knew about the service. We analysed information received

through our intelligence monitoring system and reviewed policies, procedures and other information the practice provided before the inspection. The practice openly shared concerns around issues for recruitment of a second GP and understood the impact this had on provision and back office functions. The practice did not have a patient participation group.

We carried out an announced inspection on 7 May 2014.During our inspection we spoke with a range of staff including; the GP, Practice Nurse, Practice Manager, Health Care Assistant and Reception and Administration staff. We spoke with nine patients who were using the service prior to the inspection, three on the day of the inspection and eight following the inspection. We also reviewed one comment card available for patients to complete on the day.

Are services safe?

Summary of findings

Overall systems and procedures to ensure the practice was safe were inadequate. Informal learning from incidents had led to some uncoordinated improvements. The monitoring of risks was ineffective. Staff would only know if safety equipment or emergency drugs were out of date when they came to use them.

Our findings

Safe patient care

We saw a significant events audit file which held records of any incidents and described action taken as a consequence. Actions recorded had been comprehensive and taken in a timely manner. The practice manager was responsible for completing the audits on any accidents/ incidents or complaints recorded as significant events. Policies and procedures were available for reporting accidents and incidents and responding to complaints. Staff we spoke with understood their role within them.

We saw the practice manager was aware of current guidelines and protocols around patient safety incidents and they knew when different reporting mechanisms had been introduced. We saw evidence of new reporting in practice when a fridge that contained vaccines had been mistakenly unplugged. The vaccines were disposed of and the practice manager had reported the incident in line with local and national guidance. The practice may find it useful to note national guidance states that vaccines fridges should be hardwired into a switchless socket to ensure errors of this nature do not occur.

Learning from incidents

We were told how staff had identified a risk with the procedure for ordering repeat prescriptions. As a result changes to the ordering procedure had been made which ensured the pharmacist was advised of the number of individual prescription items required and whether these included any controlled drugs. We saw the repeat prescriptions policy had been updated and staff had discussed the changes in practice. Staff we spoke with said no further problems had occurred since the procedure had been changed.

Regular and formal meetings had not taken place for some time. Without recorded practice meetings or shared learning events, audit trails were not easy to follow. Staff told us they met informally as opportunities arose, for example during lunch breaks. Discussions were not recorded and it was not clear how any improvement actions were monitored.

The significant event audit file showed people who reported incidents had been involved and were informed of the outcome. However, information from learning was not guaranteed to be shared. Systematic systems were

Are services safe?

not in place for learning from incidents. If practices don't have formal systems designed to ensure they learn from incidents, there remains a risk of adverse incidents reoccurring.

Safeguarding

The practice had policies and procedures for managing and dealing with situations of potential abuse. Two staff we spoke with said they had attended training in the last 12 months. However, when looking at personnel files, we could not see evidence to support this as certificates for recent training were not yet available. A member of staff had recently started work at the practice and we noted their induction had not included training on safeguarding arrangements.

A safeguarding and whistleblowing policy was available in the practice policies and procedures file but it had not been shared with the team formally and when asked staff did not know the details of them. A safeguarding children's poster was on the notice board in the main staff room but no protecting vulnerable adults posters or leaflets were available throughout the practice.

Staff we spoke with had a basic understanding of the procedures for safeguarding and would always report anything of concern to the practice manager. All staff including the manager and permanent GP had attended basic level safeguarding training. Staff had a limited knowledge of the Mental Capacity Act. The full time GP acknowledged they had only basic knowledge in this area. If staff were not suitably trained in managing safeguarding situations there was a risk procedures would not routinely be followed and people may be placed unnecessarily at risk of harm.

Monitoring safety and responding to risk

The practice was a partnership practice where historically two full time GPs had worked. Since 2009 the second GP post had not been permanently filled. The last partner left the practice in April 2013. Since that time the remaining GP and two part time locum GPs worked a total of 11 sessions a week between them. The full time GP had been unable to take annual leave for some time and had struggled to complete their required annual Continual Professional Development (CPD). The practice had attempted to recruit a second GP but had not been successful. These arrangements enabled the practice to sustain the business from day to day but left gaps in the practice's ability to plan.

The practice manager was responsible for monitoring and responding to risk. They had historically been working some hours on the reception. A part time receptionist had recently been recruited to allow the practice manager to concentrate on their substantive responsibilities. On the day of the inspection we found a number of audits and monitoring exercises had recently been undertaken. When we discussed this with the practice manager it was acknowledged effective monitoring and audit had not been undertaken for some time. Routine audits are important as they are a means of identifying and reducing risks associated with service provision and treatment.

We discussed sickness cover with the practice manager and were told staff could cover each other for short periods of time. The practice manager was aware of the need to detail their own role so if they were to go off sick the necessary duties could be fulfilled by someone else.

Medicines management

The practice had a visiting Medicines Optimisation Pharmacist (MOP). The MOP confirmed the appropriate reviews were undertaken where people had been on medication for specific long term conditions. The practice had written guidelines of when medications for specific conditions should be reviewed and the reasons why. This included the written information being made available on prescriptions to help ensure reviews took place. Regularly reviewing patient's medication helped ensure patients only remained on relevant and required medications.

Policy information included details for risk managing medication errors when home visits or visits to nursing homes were made. The GP confirmed procedures included a printed schedule of medications for every patient they were to visit. Procedures of this type helped ensure GPs could treat patients safely without over prescribing medications.

The practice had a named medication lead who took responsibility for ensuring systems in place worked for the practice. A named individual and a shared understanding of procedure helped reduce the risk of medication errors.

An emergency drugs kit was available. Whilst expiry dates for medication were written in bold on the medicines box, there was not a system in place to monitor these and to

Are services safe?

ensure drugs were replaced as required. This left the risk of not knowing a drug had expired until it was needed in an emergency. The emergency drugs kit was limited. The GP had not reviewed the potential medical emergencies staff could encounter. As a consequence staff could not be confident the emergency drugs kit was adequately stocked with all the relevant drugs

Cleanliness and infection control

We saw equipment used for routine cleaning was colour coded and stored appropriately. When we spoke with staff they understood the system and could identify the correct coloured cleaning equipment for different and specific areas of the practice. We saw the practice and equipment that was used was all clean. The practice staff were not clear when specific areas were last cleaned as cleaning was not monitored. The practice manager told us they were going to introduce a cleaning schedule but it was not in use on the day of the inspection.

The staff induction included information on handling samples and clinical waste. When talking to staff they could confidently describe the systems for handling samples and managing clinical waste. We saw sharps bins and foot operated clinical waste bins were in use in the consulting and treatment rooms.

We saw hand washing procedures were available at all sinks and we saw staff following the procedure accurately. We were told there were ample supplies of Personal Protective Equipment (PPE) and we saw disposable gloves and other necessary PPE was available in all treatment rooms.

The practice had policies that stated staff would undertake specific infection prevention and control training at induction and annually thereafter. We could not see any evidence of this. Staff we spoke with confirmed they had not attended any recent training.

An infection control audit was last undertaken in 2012 by the hospital infection team. The practice had developed an action plan and some actions remained unmet. The audit had advised the practice to replace the privacy curtains in examination rooms. The curtains in use were made of a cotton fabric and were visibly marked. The curtains had not been replaced since the 2012 audit. The practice had not undertaken a further audit to identify the outstanding actions.

Staffing and recruitment

Another receptionist had recently been recruited to relieve some of the pressure on the practice manager. This allowed the practice manager to undertake some annual health and safety audits for the practice staff.

The practice continued to be without a second GP. The practice had not undertaken an assessment of demand to develop staffing contingencies. There was potential for some GP tasks to be completed by senior nurse practitioners. The practice had not undertaken any analysis to determine if this was a possibility.

The Health Care Assistant (HCA) role had begun to support the GP by administering influenza and pneumococcal vaccines. The HCA had been competency tested to administer the vaccines and processes were in place for annual training and continued competency via on going approvals from the GP. We saw evidence of the protocols used to ensure the safe administration of the vaccines.

Dealing with Emergencies

The practice had emergency incident procedures and protocols that detailed the required staff training. We did not see any evidence of the training received by staff either at their induction or annually thereafter.

Staff had not received the appropriate training to work within the practice protocols.

The practice had a disaster recovery plan to ensure business continuity. A number of back up procedures detailed within the plan had been superseded by changes in IT equipment and governance arrangements. The plan included risk management plans in the event of a number of circumstances that included loss of power and the event of the practice building becoming uninhabitable. Staff we spoke with were unsure of the procedures to follow. Without the required knowledge and training a risk remained of staff being unprepared to deal with or manage incidents and emergencies.

The practice had completed an evacuation practice earlier in May 2014. The procedure was outlined on laminated posters throughout the building. The practice had not undertaken regular and routine monitoring of fire procedures or safety equipment nor had staff been appropriately trained to manage in emergency situations. During our inspection the practice manager contacted the local fire department and a fire risk assessment was

Are services safe?

undertaken shortly after our inspection. The practice had a number of deficiencies including lack of dedicated equipment and monitoring. The practice had been given notice by the fire safety department to correct the deficiencies to bring the premises into compliance with the required fire regulations.

All staff we spoke with including the GP said they had completed CPR training in the last 12 months. The practice manager said they were awaiting the certificates for the most recent training.

Equipment

The practice did not have a system in place to monitor when checks to equipment were due. The oxygen cylinder had not been tested for over 18 months. When this was highlighted to practice staff we were assured the testing company would be contacted immediately. It was unclear when the defibrillator and other equipment was last tested as no central records were kept. The practice blood pressure machine did not work with the current IT system. If emergency equipment was not regularly and appropriately tested there was a risk of the equipment failing when it was needed in an emergency.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the practice was effective in meeting the needs of the individual patients we spoke with. However, the practice was not proactive in monitoring the quality of care and was therefore not able to identify and learn from poor performance. Staff did not have clinical supervision and lacked opportunities to improve.

Our findings

Promoting best practice

New legislation had not systematically led to changes in practice protocols. The practice manager read relevant information if it was delivered by email. The GP attended Protected Learning Time (PLT) sessions when they could and when they thought they were important. As the GP worked alone any changes were immediately implemented without a written change to an agreed procedure.

The GP was aware of recent NICE guidelines around domestic violence and had attended a PLT session. The practice had developed referral routes through to specialist services and relationships were positive. The practice had supported the local mental health support network 'First Step' to use facilities at the practice. This allowed the practice staff to have first-hand contact with experts in their field. We were told this relationship had allowed staff to gain confidence working with and referring on people with specific mental health needs.

We saw consent procedures that had not been updated to take account of the Mental Capacity Act. We spoke to the practice manager about this and were told the policy would be reviewed immediately. We spoke to the GP about assessing patient's capacity to give consent to treatment. We were told, no decisions would be made concerning patients who lacked capacity without involving their carers or other professionals involved in their care. The GP understood about Power of Attorney and informed consent and understood the principles of best interest. We were assured by the GP that they would refer patients onto relevant psychiatrists if decisions were not required immediately.

We were told by patients tests were undertaken as required and in consultation with the patient. Test results were shared with patients as soon as possible and in a sensitive manner as required. Patient comments included, "Tests are arranged at convenient times for me." And "The doctor or nurse give me there full attention when giving me test results."

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

We discussed with the practice manager how audits and monitoring of performance and quality assurance were managed. We were told systems had not been developed to manage this.

Each GP completes an annual self-assessment against a national set of targets for quality healthcare provision. The targets were developed from good practice guidelines from experts in different fields of practice. We looked at the available self-assessment indicators Quality Outcome Framework (QOF)). Some indicators highlighted areas that required further examination to ensure services were appropriate. The GP was aware of some specific issues but had not developed an action plan for improvement. The GP stated they had not had the time to look at the patient information in detail. The practice manager and lead GP acknowledged there had not been the time to work on improvement agendas. When outcomes for people were not effectively and routinely reviewed it was unclear if monitoring would identify poor quality care or poor quality recording. The practice had not developed improvement agendas on the QOF quality data.

An audit of medication undertaken following a Quality, Improvement, Productivity and Prevention (QIPP) NHS agenda initiative for provision of better and more effective services, found the practice was occasionally prescribing a specific drug without first trying alternatives. The follow up audit showed that improvements had been made and the GP had not made any new prescriptions for the drug. The GP told us he had set audit priorities for the coming year based on medication reviews and other key QIPP initiatives.

Staffing

The majority of the staff at the practice had been employed for several years. One new member of staff had been recruited in the previous 12 months. Appropriate checks had been carried out and verbal references had been obtained. We saw the new member of staff had completed a role specific induction. Staff we spoke with were confident they would be supported to attend additional training if they requested it. Staff told us they had received relevant training in the last 12 months but we were not able to see any certificates to support this. Patients we spoke with said they thought the staff were suitably qualified to support them at the practice.

Staff had not received formal and routine supervision. The staff team discussed work informally, for example over lunch and during coffee breaks. There were no agendas for these meetings and the last recorded formal team meeting was in 2007. Clinical staff had not had clinical supervision for some time. The lack of clinical supervision could lead to clinical staff having difficulties meeting the requirements of their Continued Professional Development (CPD). All clinical staff said the GP would offer support, whenever asked.

Non clinical staff had recently received annual appraisals which identified agreed areas for development. The appraisals included specific training requirements for the coming year.

The absence of a second GP had affected the amount of time the remaining GP had taken to meet the needs of their own revalidation, which was due in 2015. The GP's recent appraisal had set objectives to be met in the coming year.

Working with other services

We were told a quarterly meeting took place with the palliative care team to discuss support given to patients during the later stages of their life. However, we saw minutes of these meetings that showed the length of time between meetings had increased to six months during 2013 and 2014. We saw from the minutes that patient's care was reviewed and actions were agreed for the way forward.

First Step, a mental health support group used the premises most days to provide services to the wider Barrow community. The practice referred to the service and could agree and negotiate priority appointments if required.

The local Hospital Trust provided a midwife who delivered antenatal appointments one day a week. Practice staff continued to work with mothers and their babies. We spoke with patients about antenatal and postnatal care and they were happy with the service

Are services effective?

(for example, treatment is effective)

provided. One patient told us, “They look after us all, my baby needed an urgent referral to a paediatrician which was done rapidly and successfully which reassured me a lot.”

The GP visited patients who lived in nursing and residential homes. Visits were agreed following telephone requests from the home. The GP undertook clinical reviews as a part of normal appointments requested by the home. The system for formal reviews was being redesigned and the new system had not yet begun. The Health Care Assistant (HCA) had attended specific training to support how the practice worked in care homes. The HCA also undertook a clinic for the over 75s that included basic health checks including blood pressure and blood sugars, as part of this the HCA would also visit patients in care homes and their own homes.

Patients we spoke with who had been referred to other services told us, the practice liaised well with the other service to keep the patient informed about their treatment. Effective relationships with patients and their carers helped ensure patients had access to the support they needed at home.

The practice was taking part in a Cumbria wide initiative. The initiative was designed to share appropriate patient information with other professionals, as required, to support the health of the patient. Services designed to share patient specific data helped other services deliver effective treatment. The GP checked the practice clinical system daily to ascertain if any patients had visited the out of hours service. Where appropriate the GP updated the patient’s records and prescribed any medication required.

Health, promotion and prevention

We saw leaflets specific to the practice and other leaflets which detailed information about services available in the local community or from the local authority. Posters were displayed on notice boards about access to specific services for vulnerable groups including support groups for carers, The practice nurse’s consultation room had a number of posters about healthy living including smoking cessation. Access to relevant information allowed patients to make informed choices about treatment options.

New patients to the practice were invited to attend a new patient consultation where information was gathered on health and lifestyle. Checks were made on blood pressure and blood sugar levels and information was gathered about social habits such as eating, drinking and smoking. This information helped the practice develop a full picture of patients so they could treat the person as a whole.

Are services caring?

Summary of findings

Overall the practice was caring. All patients we spoke with spoke highly of the practice with many saying they would recommend it. Patients told us they felt involved with and understood their healthcare and support needs. Patients we spoke with told us they were always treated with dignity and respect.

Our findings

Respect, dignity, compassion and empathy

The practice had a patient charter displayed within the patient waiting room. The charter identified what patients should expect from the practice, this included being treated respectfully. We saw a number of positive patient and staff interactions and patients were consistently treated with respect. As part of the inspection process we undertook patient interviews. We did interviews before and after the inspection. All patients, except one, we interviewed praised the practice staff for how they treated them. Comments included, “They are very polite, never rude.” And “I feel listened too and am never rushed”.

Patients we spoke with said the staff and GP were often referred to as “like part of the family”’. Staff took their time to get to know patients and patients told us the GP was prepared for them and they did not have to repeat information from previous visits to the practice. One patient told us, “I am at the practice quite a bit lately due to mum now not being well. They are very caring. For mum they are a family service which is really important to her. Staff know us by our first names; one took bloods at home which was easier for mum as she was confused. It was done at a time that was convenient for me to be there and still get to work.”

We did not see any information specifically about bereavement or support for patients recently bereaved. Staff we spoke with said patients were supported by staff and the GP. We were also told of support groups for specific illnesses that continued to support family members after loved ones had died. We were given assurances staff would be able to support patients within the practice or they would be referred to specific support groups.

Involvement in decisions and consent

Patients we spoke with told us, they felt involved in the decisions about their care. Examples included, “The staff listen to my opinion.” And “Options are discussed with me and I’m involved with the final decision.” Patients we spoke with said they had ample opportunity to discuss their concerns and they were never rushed. We were told if people wanted to bring along a family member or

Are services caring?

someone for moral support it was never a problem. We were told the GP always helped explain why tests had to be done and the GP or nurse always explained the results.

Patients told us the GP and staff members used language they understood and if clarity was requested it was always given. We were told if someone was unclear about a prescription, a diagnosis or anything they could phone the practice up at any time and get further clarity. On the day of the inspection we heard staff explaining things over the phone to people from the privacy of the office.

We spoke to the GP about informed consent and best interest decisions. We were told of a situation where a best interest decision had been made to withhold certain information from a patient. The decision was considered in the person's best interest due to an appropriately considered set of circumstances. We were told the GP had seen the appropriate power of attorney information and the decisions were recorded on the patient's notes.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to the individual patient's needs we spoke with. However the practice had not developed a formal communication route with patients, consequently patient feedback was limited on day-to-day matters facing the practice. The practice did not engage with the wider health community to improve services for patients at the practice.

Our findings

Responding to and meeting people's needs

We spoke with 10 patients prior to the inspection, all except one said, the practice could meet their health care needs and if and when required they were referred on appropriately. We saw clinics were run representing the needs of the patients and saw provider information from supporting agencies. including mental health support, in the practice for use for referral as required.

We were told by the GP and clinical staff how the practice worked with patients to ensure they received the treatment they required. This included follow up phone calls to women who had not attended for screening appointments after reminder letters had been sent. Phone calls to patients who required regular injections to maintain good health and phone calls to mothers reminding them of the need for them to attend clinics with their children to receive the required vaccinations.

The practice had developed protocols for the safe transition of patients from home to hospital care and hospital to nursing home care. We saw protocols where discharge letters and changes to medication were updated on the clinical system in a timely manner. Prescriptions were drawn up as required and patients we spoke with were happy with the time they had to wait for specific prescriptions.

The practice stated they were unable to undertake any local enhanced services due to the shortage in GP hours. Local enhanced services are developed to meet specific local need and could include mental health services or specific relationships with care homes. The GP knew of the immediate population needs and the practice manager discussed services they would like to undertake if they had the capacity, these included the Learning Disability Annual health check, the NHS health check amongst others.

The practice worked to meet the current needs of their patient list. The GP and staff knew most patients personally and this was echoed by the patients we spoke with, a number of patients wanted to see a second permanent GP at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

The practice worked with Furness Carers to arrange support for patients with caring responsibilities. People were asked when they first registered if they had caring responsibilities or if they had someone who cared for them. Contact information was gathered at this point.

Patients' needs were met through routine appointments. There were not any different appointments provided for different healthcare needs including follow up treatment and reviews. The reception staff could book a double appointment if they thought it was needed. We were told by patients the GP would not rush them and their appointment might take longer than the designated time. Patients also told us if appointments were running late the reception staff would always let them know.

Access to the service

We spoke with the GP and practice staff about access to the practice for those using a wheelchair or with mobility issues. Patients were not asked for this information when they first made contact with the practice to register or when patients made appointments. As the practice did not gather this information prior to appointments it could impact on the speed a patient using a wheelchair could be accommodated.

The practice had a comprehensive and up to date practice leaflet detailing practice open times and how to access out of hours treatment. The leaflet was available in the patient waiting room. The practice could be contacted via phone or email or patients could drop in to make appointments.

We discussed provision of written information in different formats and access to translation/interpreter services if required. We were told the service would use the translation line if needed but patients generally brought someone with them if communication was difficult. Information was not available in different formats but we were assured the practice would access services and information as required.

We were told by patients, they usually get an appointment on the same day if it was needed. Staff we spoke with said patients were triaged in the mornings and given appointments according to their need. Appointments were left free every day to be filled in the event of an emergency. On the day of the inspection we saw patients booking appointments for that afternoon as required.

Concerns and complaints

We saw a complaints and PALs leaflet was available. Patients we spoke with said they knew how to complain but most could not see a reason why they would need to. Everybody we spoke with thought their complaint would be dealt with sensitively and appropriately. The complaints procedure included details of how to appeal and where to take the complaint if the patient was not satisfied with the conclusion reached by the practice.

We looked at a file where complaints were kept. We could see the practice had responded to complaints in line with their procedure.

The practice did not have dedicated systems or procedures for collecting feedback and sharing information with patients. A suggestion box was available in reception and staff analysed the responses every month. We saw from the information provided that many suggestions for improvement were responded to with potential and suggested solutions within the pending move to a bigger more purpose built surgery in 2016. A recent patient questionnaire had been completed in March 2014 as an objective of the GPs appraisal. The results of the questionnaire were predominantly positive, with over 75% of the responses indicating patients thought the practice was "good or very good." A dedicated communication system between the practice and their patients would help patients feel involved and influence practice developments.

Are services well-led?

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

Summary of findings

Overall the practice was led by reacting to circumstances and situations as they arose from day-to-day. There was a lack of systems to address the wider health needs of the community. There was not a systematic arrangement for the identification and management of risks. Staff were working under considerable pressure to meet patient needs.

Our findings

Leadership and culture

Staff we spoke with all spoke respectfully of patients. Staff told us about the practice's values of respect and that the whole team had a caring attitude towards patients. The practice worked as a team to meet patients' needs. Patients we spoke with predominantly said the practice met their health care needs and acknowledged the staff were caring and respectful.

The practice focus for improvement rested on the relocation of the practice into a purpose built building in 2016. The GP attended a GP forum specific to the new site but, none of the meetings attended had focused on patient care at the time of the inspection. Both the practice manager and the GP openly stated there had not been any clear objective setting for the coming year and practice objectives were not clear other than the need for a further GP and the move to the new site. There was no clear review of these objectives to ascertain if they remained relevant.

Staff supported each other when required. Staff met over coffee and lunch to discuss practice issues and concerns but there was no formality or structure. Informal meetings were reactive rather than proactive and discussed issues and concerns as they happened without any clarity as to how any agreements were going to be fed back into the practice work ethic or ethos.

The practice manager was in the process of redesigning their 'patient care services' procedures and protocols. These included practical procedures for monitoring and managing patient care and conditions. There was not a clearly defined process for how the new protocols were to be delivered to the team to ensure they were understood and endorsed.

Governance arrangements

Whilst the practice manager had completed annual appraisals with the non-clinical staff, clinical staff did not have access to formal clinical supervision or appraisal.

Delegated responsibilities were not clearly defined. The practice manager told us this would be addressed as the practice's policies and care services procedures and

Are services well-led?

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

protocols were reviewed and updated. By not defining delegated responsibilities clearly, staff members could not take responsibility and be accountable for the completion of specific tasks.

The practice did not have a practice plan. This made it difficult to ascertain responsibility for key tasks such as risk management and objective setting. The GP and practice manager acknowledged inadequacies in practice provision but they had not taken responsibility to risk assess and risk manage this.

There was no clear procedure for the management of risk. Risk assessments for delivery of the business had not been carried out. As a consequence potential risks had not been identified nor had preventative measures been put in place. Risks of this kind left unmanaged could have potential to adversely affect the quality of care.

The practice did not have any procedures to assess its own performance and ensure required standards were met. The practice did not benchmark practice performance year on year and did not plan for improvement. The practice did not hold data or monitoring information from audits, action plans or risk assessments. The absence of this key information did not give the practice opportunities to accurately identify gaps in provision or potential risks.

Systems to monitor and improve quality and improvement

The practice did not have specific systems in place to monitor and improve quality. The practice did not systematically generate reports from electronic records, to ascertain support needs and changing needs of patients. Audits were not completed on patients' notes to ascertain correct and consistent completion. In April 2014 the practice manager completed some person specific audits for the office staff. These included use of Visual Display Equipment (VDE) and various aspects of health and safety monitoring for office staff. Monitoring of this type had not been completed for some time. Actions were not identified from the audits but they had acted as a starting point for monitoring the staff environment.

The practice suggestion box was analysed by practice staff and items suggested were shared with the patient via a poster on the waiting room notice board. The suggestion and practice response was recorded.

The practice manager had applied to NHS England to have the patient list closed; the list was closed for six months. The practice manager and GP were unsure of the process of applying to extend the closure and the list had since reopened. This meant the practice was potentially able to take new patients when the GP considered themselves overstretched. The practice was unable to provide evidence to NHS England to support their request that the practice list should remain closed to new patients.

The practice faced difficulties recruiting new medical staff. We were told similar difficulties were faced by many GPs in the area. The practice had not engaged with the wider health community about the difficulties of managing demand. Various forums had been set up including a practice manager forum and a Smaller Practice Group. But the practice had not attended many of the meetings.

Patient experience and involvement

The practice did not have a Patient Participation Group. Patients we spoke with did not identify areas where they had been asked for their feedback. Two of the patients we spoke with had completed the GP survey. The practice had recently completed a survey using the General Medical Council's feedback form. The responses had been predominantly positive. The feedback had been collated in April 2014. The feedback had not led to an action plan to address some of the areas of concern.

Feedback we received from patients was predominantly positive. One patient was not happy about the timeliness of their diagnosis but they had not complained to the practice. Most patients we spoke with would recommend the practice to other people. We were told by some patients that they would like the choice of a second GP at the practice and that appointment availability had got worse recently. These were issues the practice was already aware of.

Staff engagement and involvement

The practice environment was open and friendly. Staff told us they worked well together. We were told staff discussed things openly and that the practice manager was approachable if staff had any issues or concerns.

Are services well-led?

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

Staff were not formally asked for their opinion or thoughts on issues of practice management. There was not a mechanism for staff to raise concerns or feedback anonymously to the practice manager or GP.

Learning and improvement

We were told by practice staff they had attended mandatory training in the last 12 months. None of the staff we spoke with could recall any other training they had received, which had been identified as required during their previous appraisal. We saw from the recently completed appraisals that some training and development areas had been agreed that would require resources outside of the mandatory training.

Identification and management of risk

The practice manager and the GP knew some of the risks the practice were facing. However, these risks were not formally documented or planned for in a practice risk register. Some risk assessments had been completed as part of the business continuity plan but specific risks to care and treatment had not been assessed and risk management plans had not been developed.

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
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **How the regulation was not being met: The GP did not have an effective process for assessing the risks associated with providing the regulated activities. The GP did not have an effective system for monitoring the quality of service it provided.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **How the regulation was not being met: The GP had not taken appropriate steps to ensure there were sufficient numbers of suitable qualified, skilled and experienced persons employed for the purposes of delivering the regulated activities.**