

Dr G R Murray and Partners

Quality Report

Ulverston Community Health Centre
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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?	Requires improvement		
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 of Dr R G Murray and Partners on 12 May 2015.

Overall, we rated the practice as good. We found the practice to be good for providing, effective, caring, responsive and well-led services and requires improvement for safe. Our key findings were as follows:

- The services had been designed to meet the needs of the local population.
- There was a clear leadership structure and staff felt supported by management.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Staff reported feeling able to voice any concerns or make suggestions for improvement.
- The practice learned from incidents and took action to prevent any recurrence.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Feedback from patients was positive; they told us staff treated them with respect and kindness.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and nurse and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was visibly clean and tidy.

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

Importantly, the provider must:

Summary of findings

- Ensure that all clinical staff employed by the practice are registered with the relevant professional body.

In addition the provider should:

- Introduce processes and procedures which would enable the practice to effectively monitor the cleanliness of the premises in order to minimise the risk associated with infection control and effectively address any issues that arise either themselves or if relevant refer them to NHS Property Services.
- Introduce effective measures to ensure that GP consulting rooms are locked when unoccupied to maintain the secure storage of prescriptions.

- Ensure that the contact details for the local safeguarding team and other agencies such as the police is readily available to staff.

- Introduce a system to record visitors to the practice which can be used in an emergency to account for people in the medical centre that they are responsible for.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

However, the practice did not have an effective process in place to check that the nurses' maintained their professional registration which enables them to practice. We saw that one nurse's registration had lapsed. The practice took immediate action to address the issue.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Care and treatment was being delivered in line with current published best practice. They used the data from the Quality Outcomes Framework (QOF) to assess how the practice was performing. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and implementing preventative measures. The results are published annually. For 2014 the practice was broadly in line with local CCG and England averages. The practice achieved an overall score of 94.8% which was 0.1% below the local CCG average but 1.3% above the England average.

Patients' needs were being met and referrals to other services were made in a timely manner. The practice regularly undertook clinical audits.

Staff had received training appropriate to their roles. The practice worked with other healthcare professionals to share information.

Good



Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. The results showed that patients who responded were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, 89% of patients who responded to the

Good



Summary of findings

survey said they thought their overall experience was good, compared to the local CCG average of 88% and the England average of 85%. We saw that 91% of patients who responded said their GP was good at treating them with care and concern, compared to the local CCG average of 86% and the England average 83%. We also saw that 78% of patients who responded said their nurse was good at treating them with care and concern, compared to the local CCG average of 82% and equalled the England average.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

They reviewed the needs of their local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

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. We saw that lessons were learnt from complaints and shared with staff.

We saw that the practice had clear and comprehensive procedures for the follow up of patients with chronic diseases. We saw evidence that the practice was appropriately reviewing the healthcare needs of people with long term conditions. For example, 86.9% of patients with mental health issues had a comprehensive care plan recorded in their records in the preceding 12 months. This was 0.3% below the local CCG average but 1% higher than the England average.

Good



Are services well-led?

The practice was rated as good for well-led.

Staff told us that the practice vision was to be a successful practice that put patients first. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they

Good



Summary of findings

acted upon. There was an active patient participation group (PPG). Staff had received inductions, performance reviews and attended staff meetings and events. We found there was a high level of staff engagement and staff satisfaction.

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. The practice offered personalised care to meet the needs of the older people in its population.

All patients over the age of 75 years had a named GP. The practice was responsive to the needs of older people, including offering home visits. They worked closely with the district nursing team based at the health centre to offer coordinated care to patients.

GPs attend to their patients living in local care homes on an as and when required basis, which in reality meant almost daily visits, to see patients who were unable to get to the health centre for their appointments.

Good



People with long term conditions

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

The practice had systems to ensure care was tailored to patients' individual needs and circumstances. We spoke with GPs and nurses who told us regular patient care reviews took place, for example for patients with rheumatoid arthritis. The QOF data showed that 95.1% of these patients had an annual face-to-face review in the preceding 12 months, which was 4.4% above the local CCG average and 5.4% above the England average. The practice ensured timely follow-up of patients with long-term conditions by adding them to the practice registers. Patients were then recalled as appropriate, in line with agreed recall intervals.

Care plans were in place for patients most at risk of deteriorating health to assist with continuity of care.

Longer appointments were offered to these patients when required.

Good



Families, children and young people

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

Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect.

Good



Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. The practice had a system to recall patients who had failed to attend their immunisation appointments.

The practice had close working relationships with the district nurses and health visitors who were based at the health centre which included regular multidisciplinary meetings with them.

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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered appointments from 8am to 8pm Mondays and Tuesdays. Patients could also pre-book an appointment with a GP or nurse in advance.

The practice offered a range of services to their patients such as travel immunisations, screening for sexually transmitted infections and a contraception service.

The QOF data showed that 84.2% of patients eligible for a cervical screening test had a record of a test having been performed in the preceding five years, which was 1.4% above the local CCG average and 2.3% above the England average.

Good



People whose circumstances may make them vulnerable

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

Systems were in place to identify patients, families and children who were at risk or vulnerable. These patients were offered regular reviews. The practice worked in collaboration with other agencies, for example, health visitors and district nurses, to ensure vulnerable families and children and other patients were safe. Multidisciplinary meetings were also held regularly to monitor the care provided.

The practice sign-posted vulnerable patients to various support groups and other relevant organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities to ensure they were safeguarded.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

Patients with mental health problems had annual physical health checks. The practice worked closely with multidisciplinary teams in the case management of people experiencing poor mental health. For patients with dementia the QOF data showed that 95.4% of these patients had a face-to-face review in the preceding 12 months which was 10.6% above the local CCG average and 11.6% above the England average.

Good



Summary of findings

What people who use the service say

We reviewed 16 CQC comment cards which had been completed by patients prior to our inspection. All were complimentary about the practice, staff who worked there and the quality of service and care provided. We also reviewed nine responses to a questionnaire the practice had sent to members of their Practice Evaluation Group before our inspection which asked for their views and experiences of the service.

The latest National GP Patient Survey published in January 2015 showed the majority of patients who responded were satisfied with the services the practice offered. There were 259 surveys sent out and 113 were returned. This was a 44% completion rate. The results were:

- 92% of patients said they would recommend their GP surgery, compared to the local CCG average of 81% and the national average of 78%;

- 74% of patients said they were 'fairly satisfied' or 'satisfied' with the opening hours, compared to the local CCG average of 80% and the national average of 76%;
- 90% of patients said that it was 'very easy' or 'easy' to get through on the phone, compared to the local CCG average of 78% and the national average of 72%;
- 90% of patients said that their experience of making an appointment was 'fairly good' or 'very good', compared to the local CCG average of 79% and the national average of 74%;
- 89% of patients said their overall experience of the practice was 'fairly good' or 'very good', compared to the local CCG average of 88% and the national average of 85%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all clinical staff employed by the practice are registered with the relevant professional body.

Action the service **SHOULD** take to improve

- Introduce processes and procedures which would enable the practice to effectively monitor the cleanliness of the premises including infection control and effectively address any issue that arise either themselves or if relevant refer them to NHS Property Services.
- Introduce effective measures to ensure that GP consulting rooms are locked when unoccupied to ensure the security of prescriptions
- Ensure that the contact details for the local safeguarding team and other agencies such as the police is readily available to staff.
- Introduce a system to record visitors to the practice which can be used in an emergency to account for people in the medical centre that they are responsible for.

Dr G R Murray and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

Background to Dr G R Murray and Partners

Dr R G Murray and Partners provides services to 10,617 patients, from Ulverston Community Health Centre, Stanlet Street, Ulverston, Cumbria, LA12 7BT. The practice covers an area of approximately a five mile radius from the health centre. The practice provides their services under a NHS General Medical Services (GMS) contract.

The practice is located in a purpose built health centre. All patient facilities are situated on first floor which is accessible by stairs or a lift. They also offered toilet facilities for the disabled, wheelchair and step-free access to all consulting and treatment rooms. There is a car park available adjacent to the health centre.

The practice has five GPs partners and two salaried GPs (four female and three male), four practice nurses, four health care assistants, a practice manager and a team of reception and administration support staff.

The opening times for the practice are 8am to 8pm Monday and Tuesday. On Wednesday, Thursday and Friday they are open 8am to 6.30pm. In addition they offer emergency only telephone line service between 8am and 8.30am.

The practice offers a minor injuries service to people in the locality.

The practice has opted out of providing urgent medical attention out of hours to their own patients and this is provided by through the NHS 111 service and Cumbria Health on Call (CHOC).

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the time.

How we carried out this inspection

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

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

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

This information did not highlight any areas of risk across the five key question areas.

We carried out an announced visit on 12 May 2015. We spoke with three GPs, a GP Registrar, four nurses, three health care assistants, the practice manager, and two of the administration team. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 16 CQC comment cards where patients and members of the public had shared their views and experiences of the service. In addition we reviewed nine responses to a questionnaire the practice had sent to members of their practice evaluation group before our inspection which asked for their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed from the last 12 months. We found the practice had managed these consistently over time and could show evidence of a safe track record over the long term. We saw that the practice had recorded 21 significant events during the period April 2014 to January 2015. The practice clearly documented the incidents, action taken and further action undertaken. For example, the practice had changed a patient's medication but an error occurred and they had remained on their original medication. As soon as the practice was made aware of the error they apologised to the patient and rectified the position immediately.

Comments from patients who completed CQC comment cards and those received from the Practice Evaluation Group (PEG) were complimentary about the service they had received and raised no concerns about their safety. The PEG is a virtual group of patients registered with the practice who work with the practice to improve services and the quality of care.

Learning and improvement from safety incidents

The practice was open and transparent when there were 'near misses' or when things went wrong. There was a system in place for reporting, recording and monitoring significant events. The practice used the Safeguarding Incident and Risk Management System (SIRMS). This is an on-line incident reporting system which enables information about incidents to be shared with CCG member practices.

Staff told us that incidents were reviewed at regular practice meetings and changes were made as necessary. We saw evidence that demonstrated this.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or medicines or give guidance

on clinical practice. They told us alerts came into the practice from a number of sources, including the clinical commissioning group (CCG.) All safety alerts were received by the practice manager who forwarded the email to all clinicians to action. Alerts were discussed at GP meetings and where action was required it was undertaken. The practice would then check at their regular business meetings that they had been actioned.

Reliable safety systems and processes including safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults. The policy was available to all staff on the practice intranet. We saw that it was last reviewed in March 2015. However, the contact details for other agencies that may need to be informed when concerns arise, such as the local Police and Social Services, was not readily available to staff. The practice manager told us that they would produce a notice with those details and distribute to staff and clinicians following our inspection.

The practice had one GP safeguarding lead for both children and adults with responsibilities for overseeing safeguarding within the practice. They were trained to Level 3 in respect of safeguarding children. The practice manager told us that all relevant staff had been trained and were up-to-date in safeguarding adults and children. We saw training records that confirmed this. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

All relevant staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks to 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.

The practice had a process to highlight vulnerable patients on their computerised records system. This information would be flagged up on patient records when they attended any appointments so that staff were aware of any issues.

The practice had a chaperone policy. There were notices on display in the waiting area to inform patients of the availability of chaperones. Clinical staff undertook chaperoning. The clinical staff we spoke with, who acted as

Are services safe?

chaperone were clear about the requirements of their roles as chaperones. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.)

There was no signing in process at reception for visitors to the practice. We discussed this issue with the practice. Following the inspection the practice manager has told us that they have arranged a meeting with NHSPS and all the tenants of the medical centre, because of the open nature and shared facilities, to address the issue and find an effective solution for recording visitors to the medical centre and the practice.

Medicines management

We checked vaccines stored in the medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. Maximum and minimum temperatures of the vaccine refrigerators were monitored daily. Vaccines were administered by nurses using patient group directions (PGDs) and patient specific directions (PSDs). PGDs and PSDs are specific guidance on the administration of medicines authorising nurses and health care assistants to administer them.

The practice used a system to remind GPs to regularly check that the medicines they carried in their GP bags were in date. GPs told us that they were responsible for those medicines. We checked one bag and found that the medicines were all in date.

The stock of prescription pads were securely stored in locked rooms. However, the pads which were stored in the printer draws located in the GPs' consulting rooms were not secure because the rooms were not always locked when they were unoccupied. We found that three of the 12 consulting and treatment rooms were unlocked when unoccupied. Due to the open access nature of the surgery, patients and the public had easy access to those rooms. We discussed this issue with the practice. They were aware of the security issues the building presented them and told us that they would remind staff to lock rooms when not occupied and update their policies and procedures accordingly.

We saw that the practice had a safe system for dealing with repeat prescriptions and other medication requests. The practice had a policy for disease-modifying-antirheumatic drugs (DMARDs). These medicines are normally prescribed as soon as rheumatoid arthritis is diagnosed. Rarely, they

can have serious side-effects. DMARDs are usually taken for life; because of this patients need to have regular blood tests, to see if there are any side-effects. Staff told us that DMARD prescriptions were highlighted to remind GPs to check patient's blood results before considering reauthorising repeat prescriptions.

The practice was supported by the practice pharmacist. Their role included working closely with GPs to undertake medication reviews. A medicines review includes an examination of a patient's medicines, reaching an agreement with the patient about treatment, optimising the impact of medicines and minimising the number of medication related problems.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were securely stored in an appropriate locked cupboard and accessible only by authorised staff. We saw that the practice had standard operating procedures in place to govern the management of these drugs. In addition the practice had arrangements in place to ensure their safe destruction and disposal. However, we saw that one of the drugs (which was not a controlled drug) was passed its expiry date and advised the practice manager accordingly. It was disposed of on the day of the inspection.

The practice used a system to review all hospital discharge letters and checked to ensure that any changes to medication by the hospital were appropriate and recorded on the patients' record.

Cleanliness and infection control

The practice was clean and tidy. The practice had a lead for infection control and an infection control policy. All of the staff we spoke with about infection control said they knew how to access the practice's procedures for infection control and had received infection control training. The health centre and facilities were managed by Morecambe Bay Hospitals Trust (the Trust) which provided the practice with an infection control auditing template which the practice used each year. The practice submitted their findings to the Trust to consider and action as necessary. We saw the last infection control audit took place in March 2015 and the practice scored 89%. The practice developed an action plan to address the areas they were directly responsible for. The practice manager told us that with effect from 1 June 2015 the management of the premises would rest with NHS Property Services (NHSPS) who will be

Are services safe?

responsible for addressing the other areas. The practice manager told us that they had a meeting with NHSPS in May 2015 to discuss the finding of the audit in addition to other issues. The practice manager also told us that they were in the process of developing a policy and system to effectively escalate any outstanding concerns.

The practice were not able to show us when their privacy curtains had last been cleaned or replaced. The practice manager explained that their agreement with the Trust did not include the replacement and cleaning of curtains. However, they gave us an assurance that the practice would introduce a programme for cleaning and replacing curtains on an ongoing basis to coincide with their new cleaning contract with NHSPS.

We saw that one of the treatment rooms was carpeted. The practice manager told us that although floor covering was not the practice's responsibility they would arrange for it to be replaced.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single-use, and personal protective equipment (PPE), such as aprons and gloves, were available for staff to use. Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels. We saw training records that showed most clinical staff had received infection control training in the last 12 months.

We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. The practice had a system for handling patient specimens. Staff talked us through the safe process from receipt to disposal.

We saw that the Trust had arranged for a water hygiene and legionella risk assessment. This took place in January 2015 no concerns were identified. Legionella is a bacterium that can grow in contaminated water and can be fatal.

Equipment

The practice had a contract with a specialist contractor to undertake annual testing and calibration of their medical equipment such as weighing scales and blood pressure monitors. We saw that they were last calibrated in October 2014. This ensured that their equipment was regularly checked and that it was safe and effective to meet patients' needs. We saw records that showed that the portable appliance test (PAT) had taken place in 2013. We also saw a

schedule that had been provided by NHSPS that indicated that PAT was scheduled to take place annually from June 2015. Since the inspection the practice manager has confirmed that the PAT testing took place on 8 June 2015.

Staffing and recruitment

We saw that the practice had a recruitment policy. The practice manager told us they took up references and they also obtained photographic proof of identity and satisfactory documentary evidence of any relevant qualifications in accordance with regulations. Staff we spoke with confirmed this. However, we saw that in one instance the practice did not have photographic proof of identity. We spoke to the practice manager about this and they told us that it was an oversight. The practice provided an induction process for all new staff. A new member of staff we spoke with confirmed that they had completed a period of induction and told us that it was a helpful process.

The practice had a system to regularly check that the GPs and nurses had maintained their registration which allowed them to practice. These checks took place at annual appraisals. However, on the day of the inspection we asked the practice manager to check the nurses' registration. They found that one nurse's registration had lapsed. The practice took immediate action. The nurse was not allowed to see any patients until their registration has been renewed. In addition the practice is to implement a new process for checking the professional registrations for all clinical staff.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with NHS England).

All clinical staff that were in contact with patients had been subject to DBS checks.

The practice manager told us that they employed sufficient numbers of suitably qualified, skilled and experienced staff. The practice had a procedure for managing staff absences. For example, they had a policy of only two GPs allowed to be absent at the same time.

Are services safe?

Appropriate staffing levels and skill-mix were provided by the practice during the hours the service was open. Staff we spoke with were flexible in the tasks they carried out and they also told us that they worked well as a team and covered for each other when necessary to ensure their patients received good care.

Monitoring safety and responding to risk

The practice had a health and safety policy. Staff were reminded, by a health and safety poster of their individual responsibility for the health and safety of themselves and other people who may be affected by the practice's activities.

Staff told us that the fire alarms were tested weekly and they undertook regular fire drills which included a full evacuation of the health centre.

Arrangements to deal with emergencies and major incidents

We saw that the practice had a detailed disaster recovery plan in place to ensure business continuity in the event of

any foreseeable emergency, for example, a fire or flood. It had been updated in May 2015 and included the contact numbers for essential services such as the Trust who managed the health centre.

The practice had resuscitation equipment which included a defibrillator, oxygen, pulse oximeters and medication available for emergencies. Arrangements were in place to check emergency medicines were within their expiry date and suitable for use. Arrangements were also in place to ensure that the emergency equipment was suitable for use. All of the staff we spoke with told us they had either attended CPR (resuscitation) training or refresher training had been scheduled. We looked at records which confirmed this. This ensured staff had sufficient support and knew what to do in emergency situations. We saw there was some glucogel, which had been prescribed to a patient, was in one of the draws of the resuscitation trolley. We spoke the practice about this. They gave no explanation as to why it was there and removed it immediately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Care and treatment was considered in line with recognised best practice standards and guidelines.

GPs and nurses demonstrated an up-to-date knowledge of clinical guidelines for caring for patients. There was an emphasis on keeping up-to-date with clinical guidelines, including guidance published by professional and expert bodies such as the National Institute for Health and Care Excellence (NICE) and from local health commissioners NHS Cumbria Clinical Commissioning Group (CCG).

We saw that the practice used the Information from the Quality and Outcomes Framework (QOF) to monitor their patients. For 2014 the practice was broadly in line with local CCG and England averages. The practice achieved an overall score of 94.8% which was 0.1% below the local CCG average but 1.3% above the England average. (The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions, e.g. diabetes and implementing preventative measures. The results are published annually).

The practice had processes in place to ensure current guidance was being followed. They used the data from the Quality Outcomes Framework (QOF) to assess they were performing following the current guidance. The practice was aware of their achievements in comparison to other local practices and nationally by regularly monitoring the published data. For example, for patients with chronic obstructive pulmonary disease (COPD), (which is the name for a collection of lung diseases including chronic bronchitis and emphysema), the QOF data showed that 90.1% had a review, including an assessment for breathlessness, in the preceding 12 months, which was 1.1% below the local CCG average and but 0.5% above the England average.

The QOF data also showed that 84.2% of patients eligible for a cervical screening test had a record of a test having been performed in the preceding five years, which was 1.4% above the local CCG average and 2.3% above the England average.

The practice coded patient records using specific READ Codes. These are codes which provide the standard vocabulary by which clinicians can record patient findings

and procedures in health and social care IT systems. This enabled them to easily identify patients with long-term conditions and those with complex needs. We found from our discussions with the GPs and the nurses that staff completed, in accordance with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, the practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. The practice ensured timely follow-up of patients with long-term conditions by adding them to the practice registers. There were regular clinics where patients were booked in for an initial review of their condition; they were then scheduled for recall appointments. This ensured patients had routine tests, such as blood or spirometry tests to monitor their condition (A spirometer measures the volume and speed of air that can be exhaled and is a method of assessing lung function).

We saw that the practice had procedures for the follow up of patients with chronic diseases. We saw evidence that the practice were reviewing the healthcare needs of people with long term conditions. Their achievements were broadly in line with the local and national averages. For example, for patients with asthma the QOF data showed that 74.7% had an asthma review within the previous 12 months, which was 0.6% below the local CCG average and 0.8% below the England average.

All patients over the age of 75 had a named GP who was responsible for their care. Patients could request a different GP if that was their preference. This helped to ensure continuity of care.

The practice kept a register of patients with learning disabilities; there were 57 patients on the register. In addition they also kept a mental health register which had 103 patients registered. These registers enabled the practice to monitor the care of these vulnerable patients more effectively.

Patients' needs were being met and referrals to other services were made in a timely manner. Although at the time of the inspection the practice was experiencing some current delays in processing routine referrals. Referrals under the two week rule were not affected. The practice was aware of these delays and had taken action to address them.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles, which led to improvements in clinical care. We saw an audit log which listed 49 audits which included clinical audits they had undertaken in the past 12 months. We reviewed two of the clinical audits. The practice had audited their diagnosis of patient suffering with cancer in 2014 and 2015. Following the 2014 audit they made changes to their policies and procedures. For example, they added specific cancer referral guidance to their induction information provided to new doctors at the practice. In addition the practice lowered their threshold for making referrals under the two week rule and encouraged GPs to improve communication with consultants. These changes were introduced to make the diagnosis process more effective. The practice did not identify any delays in the referral process. For 2015 audit the reporting process had changed and practice reported its analysis to NHS England under the significant events process. This process enabled the practice to highlight individual cases where improvement was required and monitored the changes that had been made. We saw also another example of a two cycle audit (2013/14 and 2014/15) of the care of patients' prescribed anticoagulation medication who were managed by the practice or hospital. There were 216 patients in 2013/14 and 229 in 2014/15. The 2013/14 audit identified three areas as requiring improvement and actions to be implemented in order to achieve them. The 2014/15 audit identified three different areas of improvement and we saw that action plans had been produced and followed. This included the practice working together with district nurses and the local hospital to create a more streamlined transfer of care processes for patients needing appointments for further investigation. This demonstrates that the practice took proactive action to monitoring and improving outcomes for patients.

We saw evidence that patients with complex needs had their care planned. The QOF data showed that 86.9% of patients with mental health issues had a comprehensive care plan documented in the record, in the preceding 12 months; this was 0.3% below the local CCG average but 1% above the England average.

Effective staffing

Practice staffing included administrative, clinical and managerial staff. We reviewed staff training records and saw that the practice had a method of recording training

undertaken and when the training needed updating. Clinical staff maintained their individual continuing professional development (CPD) records. Good medical practice requires doctors and nurses to keep their knowledge and skills up to date throughout their working life and to maintain and improve their performance. CPD is a key way for them to meet their professional standards.

We saw from the staff training records that staff had attended courses which included safeguarding for children and vulnerable adults, and fire safety. All staff were up-to-date with mandatory courses such as basic life support. Staff undertook training courses in 'Protected Learning Time' which gave them an opportunity to undertake undisturbed formal and informal training. We looked at the training records for the practice and saw that they offered staff training that covered safeguarding, information governance and cardiopulmonary resuscitation (CPR), among other courses appropriate to their work.

All GPs had been revalidated, or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with NHS England).

Staff had received annual appraisals. During the appraisals, training needs were identified and personal development plans put into place. The practice had an 'open door' policy whereby all staff were encouraged to freely raise any issues or concerns in meetings or privately with the practice manager, and GPs. All staff we spoke with confirmed this and told us they would have no problems in raising any issues and also said they felt well supported by the practice.

Staff told us that they worked well as a team and were mutually supportive.

There were no negative comments about staff in the 16 CQC comment cards we reviewed. Most of the nine comments from the members of the practice's virtual patient participation group known as the Practice Evaluation Group were positive about the staff.

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice worked closely with other health and social care providers to co-ordinate care and meet patients' needs. For example, the practice worked closely with the district nursing team and health visitors based at the health centre to offer coordinated care to patients.

Multidisciplinary meetings which included practice nurses, health care assistants, GPs, district nurses, health visitors and other health care professionals were held regularly. In addition to weekly business meetings with representatives from the whole practice there were monthly palliative care meetings and bi-monthly safeguarding meetings. We saw the practice kept minutes of their meetings, for example, we saw the minutes from the monthly clinical meetings held in January, February and March 2015.

Correspondence from external health care and service providers, such as letters from hospital including discharge summaries, blood tests, information from out-of-hours providers and the 111 service, were received both electronically and by post and distributed to relevant staff to action. For example blood test results were sent to the requesting GP. The practice had a process to ensure test results were reviewed by other GPs if the requesting GP was absent. Correspondence was managed and stored appropriately.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. These records generated alerts which included prompts to staff that a patient needed a medicines review or blood tests.

Staff told us that they shared patient information with the out of hour's service which helped ensure that their patients received appropriate care.

Regular meetings were held throughout the practice. These included staff, clinical and multidisciplinary team meetings. Information about risks and significant events were shared openly at meetings. Patient specific issues were also discussed with appropriate staff and other health care professionals to enable continuity of care. We were given examples of clinical issues that were discussed at multidisciplinary meetings. We saw notes of a practice meetings topics discussed included training, unplanned admissions, significant events and complaints.

Consent to care and treatment

Staff we spoke with were able to give examples of how they obtained implied, verbal and written consent.

We found that staff were aware of the Mental Capacity Act (MCA) 2005 and their responsibility in respect of consent prior to giving care and treatment. They described the procedures they would follow where patients lacked capacity to make an informed decision about their treatment.

The clinicians we spoke with showed they were knowledgeable about how and when to carry out Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

A range of health promotion information was available to patients in the reception and waiting area of the practice. Information was also available on the practice's website. This included information about lifestyle management such as smoking cessation.

The practice proactively identified patients who needed ongoing support. In particular, they identified carers and placed a flag on their records so that clinicians were made aware of this before these patients attended appointments. The practice undertook annual reviews for patients with long term conditions or more frequently when needed.

The practice identified patients who would benefit from treatment and regular monitoring, for example, they offered flu vaccinations and immunisations for children in line with current national guidance. Data showed they were broadly in line with the local CCG average. The practice achieved 68.6% of children received the second dose of the MMR vaccination, compared to the local CCG average of 70.1%.

The practice told us that they were proactive and opportunistic when offering NHS health checks to patients. The practice offered various health checks which included health checks for patients between 40 and 70 years old.

The practice offered a range of services to their patients such as travel immunisations, screening for sexually transmitted infections and a contraception service.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Comments left by patients on the 16 CQC comment cards we received were complementary about the services they received. Words used to describe the approach of staff included excellent, attentive, considerate and extremely caring. These were echoed by the comments we received from the practice evaluation group.

We looked at data from the National GP Patient Survey, published in January 2015. They issued 259 questionnaires and 113 were returned. The results showed that patients who responded were satisfied with how they were treated and that this was with compassion, dignity and respect. For example:

- 89% of patients who responded to the survey said they thought their overall experience was good, compared to the local CCG average of 88% and the England average of 85%.
- For the helpfulness of reception staff the practice achieved 94%, compared to the local CCG average of 90% and the England average of 87%.
- We saw that 93% of patients said they had confidence and trust in their GP, compared to the local CCG average of 94% and the England average of 92% and 91% said their GP was good at treating them with care and concern, compared to the local CCG average of 86% and the England average 83%.
- We also saw that 83% of patients said they had confidence and trust in their nurse, compared to the local CCG average of 89% and the England average of 86% and 78% said their nurse was good at treating them with care and concern, compared to the local CCG average of 82% and the England average of 78%.

Staff we spoke with told us how they would protect patient's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

We saw the reception staff dealt with patients pleasantly and warmly. They were aware of the need for confidentiality. They ensured conversations were

conducted in a confidential manner. Reception staff told us that they offered patients the opportunity to speak to them in a private room if they wished. However, there were no notices in the reception/waiting area to advise patients of this option.

Care planning and involvement in decisions about care and treatment

Through the CQC comment cards some patients told us they felt they had been involved in decisions about their care and treatment. Words used to describe the approach of staff included always listened to and listens carefully. The results of the National GP Patient Survey published in January 2015 showed patients felt the GPs and nurses involved them in decisions about their care. The practice scores were broadly in line with the local CCG and England averages. Of those who responded, 75% of patients surveyed rated GPs good at involving them in decisions, compared to the local CCG average of 77% and the England average of 75%. For nurses this was 60% compared to the local CCG average of 70% and the England average of 66%. In addition 83% of patients surveyed rated GPs good at explaining the need for any test or treatments, compared to the local CCG average of 84% and the England average of 82%. For nurses this was 78% compared to the local CCG average of 81% and the England average of 77%. This demonstrated that most patients who responded were satisfied with the way they were treated.

We saw that access to interpreting services was available to patients, should they require it.

Patient/carer support to cope emotionally with care and treatment

Staff told us that in addition to pre-bookable appointments the practice offered urgent appointments on the same day. These services gave patients assurance that their needs would be met on the day they contacted the practice. The practice also undertook home visits for those patients not well enough to attend the practice.

The practice offered support to patients receiving end of life care at home. This included having a care plan which contained a record of patient's wishes in the event of cardiac or respiratory arrest. Staff told us that bereaved relatives and carers would be contacted by the practice to offer them support. For example, if appropriate guiding them to Cruse for bereavement care. Cruse is a charity which exists to promote the wellbeing of bereaved people. The practice also sent them a condolence card. We saw

Are services caring?

there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and various support groups and services.

The practice worked with patients experiencing poor mental health and provided personalised support. For example, staff told us they actively called patients for appointments and followed up any patients with a telephone call to rebook an appointment if they had failed to attend. This ensured as far as possible that these

patients accessed the care and treatment available. The practice also referred patients to counsellors, mental health workers and the community psychiatric nurse if necessary. The practice signposted patients to other services for support.

The practice held regular multidisciplinary team meetings where they planned care for patients, such as those experiencing mental health problems, who would benefit from coordinated support from other health care providers in conjunction with the care provided by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff told us that patients suffering from some long term conditions such as diabetes were given longer appointment times with the practice nurses if necessary. Patients with learning difficulties were also given longer review appointments with GPs.

Patients we spoke with told us they felt they had sufficient time during their appointment. Results of the National GP Patient Survey published in January 2015 confirmed this with 95% of patients stating the doctor gave them enough time and 80% stating they had sufficient time with the nurse. These results were above or broadly in line with the local CCG averages (89% and 84% respectively) and above and similar to the England averages (85% and 80% respectively).

The practice had systems to ensure care was tailored to patients' individual needs and circumstances. We spoke with GPs and nurses who told us they undertook regular patient care reviews. We saw data which confirmed this. For example, for patients diagnosed with dementia. The QOF data showed that 95.4% of these patients had a face-to-face review in the preceding 12 months which was 10.6% above the local CCG average and 11.6% above the England average. The QOF data showed that 95.1% of patients with rheumatoid arthritis had an annual face-to-face review in the preceding 12 months, which was 4.4% above the local CCG average and 5.4% above the England average.

The practice used electronic notes and alerts which were attached to medical records to advise staff that patients had additional needs such as, for example, a learning disability, on the palliative care register or that they were a carer.

The practice offered personalised care to meet the needs of the older patients in its population. Patients over the age of 75 years had a named GP. Patients could request to be seen by their usual GP. There was information available to patients in the waiting/reception area and on the practice website regarding support groups, clinics, such as, the flu clinics, and health and wellbeing advice.

GPs attend to their patients living in local care homes on an as and when required basis, which in reality meant almost daily visits to see patients who were unable to get to the health centre for their appointments.

Tackling inequity and promoting equality

The practice had recognised the needs of the different groups in the planning of its services.

Nationally reported data showed the practice had achieved good outcomes in relation to meeting the needs of patients whose circumstances may make them vulnerable. Registers were maintained, which identified which patients fell into these groups. The practice used this information to ensure patients received an annual healthcare review and access to other relevant checks and tests. Patients experiencing poor mental health had their needs reviewed. For example, 86.9% of patients with mental health issues had a comprehensive care plan recorded in their records in the preceding 12 months. This was 0.3% below the local CCG average but 1% higher than the England average.

Staff told us that the practice offered extended appointments for patients who needed them. The practice buildings had step free access and lifts for patients with mobility difficulties. The consulting and treatment rooms were accessible for all patients. There were disabled toilet facilities available at the health centre.

The practice had arrangements in place to access interpretation services for patients whose first language was not English.

Access to the service

The opening times for the practice were 8.00am to 8.00pm Monday and Tuesday. On Wednesday, Thursday and Friday they were open 8.00am to 6.30pm. In addition they offered emergency only telephone line service between 8.00am and 8.30am.

Routine appointments could be pre-booked in advance. Feedback from patients, who completed CQC comment cards and the members of the practice evaluation group (PEG) who completed a pre-CQC inspection survey provided by the practice, did not raise any concerns about obtaining an appointment with a clinician on the day if their need was urgent.

The most recent National GP Patient Survey published in January 2015 showed 90% of respondents described their experience of making an appointment as 'very good' or

Are services responsive to people's needs?

(for example, to feedback?)

'fairly good', in comparison to the local CCG average of 79% and the England average of 74% and 100% said that the last appointment they made was 'convenient for them', in comparison to the local CCG average 94% and the England average 92%.

Patients were able to book appointments either by calling into the practice, on the telephone or online. Patients were also offered a telephone consultation service with a GP or nurse for matters which did not necessarily need to be dealt with face-to-face. Home visits were available for patients who needed them.

The practice had an up-to-date and comprehensive practice leaflet which provided information about the services available, contact details and repeat prescriptions in addition to other useful information.. The practice also had a clear, easy to navigate website which contained detailed information to support patients.

The practice offered a minor injuries service to people in the locality which enabled them to receive treatment locally rather than at a hospital. We were told that the practice was seeing between 200 and 300 patients a year.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

We saw a summary of the complaints the practice had received between February 2014 and January 2015. There were 14 entries. The summary included brief details of the complaint, the actions taken to address the complaint and any learning points to be shared and the outcome.

There was information displayed the practice leaflet, informing patients of the practice complaints process. However, there were no notices displayed in the waiting/reception area advising patients of the complaints process.

None of the 16 CQC comment cards completed by patients or the views expressed by nine members of the practice evaluation group indicated they had felt the need to make a complaint.

Staff we spoke with were aware of the complaints policy and the action they needed to take if they received a complaint which included informing the practice manager of any complaints made to them.

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's statement of purpose included the aim to provide a high standard of medical care. The staff we spoke with all knew and understood the vision and values and what their responsibilities were in relation to these. Staff told us that they felt well supported in their roles.

The practice manager told us that the practice had an open culture where staff were encouraged to discuss issues with colleagues and GPs when the need arose. Staff we spoke with confirmed this and told us that the practice was very supportive and they had no concerns about raising any matters with colleagues, GPs or the practice manager.

Governance arrangements

We saw that the practice had developed a clear leadership structure showing lines of accountability for all aspects of patient care and treatment. This included details of nominated individuals who were responsible for various clinical and non-clinical areas. For example, staff undertook lead roles in areas such as infection control and monitoring, QOF data and practice performance.

The practice had a number of policies and procedures in place which governed their day-to-day activities. Staff were able to access these electronically. Staff worked in accordance with their policies and procedures, for example, they told us they followed patient group directions (PGDs) and patient specific directions (PSDs). These are specific guidance on the administration of medicines including authorisation for nurses and healthcare assistants to administer them. The policies and procedures that were in place, and feedback from staff, showed us that effective governance structures were in place.

Staff told us that they interacted with their colleagues throughout the day, supporting each other to provide their services to patients. We saw that the practice held various regular team meetings such as weekly clinical and partners meetings and monthly multidisciplinary meetings.

The practice manager was the Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

Leadership, openness and transparency

The practice had a clear corporate structure designed to support transparency and openness. There was a well-established management team with clear allocation of responsibilities. Management had a good understanding of, and were sensitive to, the issues which affected patients and staff.

Staff told us they worked in a supportive team and there was an open culture in the practice and felt they could report any incidents or concerns they might have. This environment helped to promote honesty and transparency at all levels within the practice.

The practice manager told us that they spoke with staff on a daily basis and operated an 'open door policy' so that staff could speak to them at any time.

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

The practice gathered feedback from staff through staff meetings, appraisals and informal discussions in their day-to-day activities. Staff we spoke with told us these meetings provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. They said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff also told us that the practice was open to suggestions and acted upon them. They gave us an example of a process for recalling patients being changed following suggestions by staff which led to an improved process. We saw the practice also used the various meetings to share information about clinical and administration issues.

We saw that the practice had conducted a patient survey in 2014 and 2015. They also surveyed members of their Practice Evaluation Group (PEG). The PEG is a virtual group of patients registered with the practice who work with the practice to improve services and the quality of care. There were 318 PEG members in 2014. The practice received 105 responses to their 2014 survey and 116 responses to their 2015 survey. The responses were analysed and action plans were formulated. Action was taken by the practice to address the issues highlighted. For example, the 2015 survey showed that 22% of the respondents were unaware they could book telephone appointments with a GP or nurse. The practice said they would continue to promote this service.

Are services well-led?

Good 

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

Management lead through learning and improvement

The practice had management systems in place which enabled learning and improved performance.

Staff told us that the practice was supportive of training. They said they had received the training they needed or it had been scheduled, both to carry out their roles and responsibilities and to maintain their clinical and professional development. The practice undertook regular training workshops within the practice. Staff also attended 'Protected Learning Time' training run by the local CCG and undertook eLearning. Staff told us that they had appraisals which included agreeing future training courses to enhance their skills.

The practice had an effective approach to incident reporting in that it encouraged reporting and the review of

all incidents. Team meetings were held to discuss any significant incidents that had occurred. We saw notes of team meetings which confirmed this. We saw evidence that the practice had completed reviews of significant events and other incidents and shared these with staff and other relevant health care providers.

The practice was a training practice. They provided training placements to medical students as part of their training to become doctors. They also provided training places for qualified doctors in the second year of their foundation (post qualification) training programme. This demonstrated that the practice staff shared their skills and experience with colleagues for the benefit of patients. The practice had recently been approved to provide training for a further five years.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not ensure that all employed clinical staff were registered with their relevant professional body. Regulation 19(4)(a)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.