

Appleby Medical Practice

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Appleby Medical Practice is near the centre of Appleby. It is operated by a sole partner and three salaried general practitioners (GP), a practice manager, two practice nurses, a nursing assistant and administration staff. It has strong relationships with the community nursing staff, health visitors and midwives whose offices were located in the same building.

Below is a summary of what we found during our inspection. The summary is based on our observations during the inspection, speaking to patients, relatives and staff and looking at some records.

We found in November 2013 the practice had a change of management and new quality assurance systems were

developed to ensure the practice was safe, effective, responsive and well led. However, at our inspection many of the systems were in the process of being introduced or had not been embedded so staff were not always following them robustly. Areas where we found improvements were needed were medicines management, infection control, safety of equipment and quality assurance.

Patients we spoke with during our inspection told us they were satisfied with their care and treatment, the staff always listened to their views. They told us they had no complaints about the service.

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 the safety of the service was inadequate.

Patients were protected from harm and abuse because suitable policies and procedures were in place, which enabled them to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable patients from the risk of harm.

However patients were not fully protected from the associated risks with medicines because the systems in place to store and monitor the medicines in the practice were insufficient. (Regulation 13). Also patients were not protected from the risk of unsafe equipment. (Regulation 16)

In addition the systems in place to ensure that infection control was monitored and to protect patients from the risk of associated infections had only recently been reviewed. We found these had yet to be embedded..

Are services effective?

The service was effective.

Care and treatment was delivered in line with best practice guidelines. Doctors and nursing staff were able to prioritise patients and make use of available resources.

Are services caring?

The service was caring.

Patients and relatives described the service provided as excellent and felt their views were listened to and respected, they stated the doctor was good at treating them with care and concern.

We found before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. In addition mental capacity assessments were carried out for some patients to establish whether or not they had the ability to make choices and decisions about the care and treatment they received.

Are services responsive to people's needs?

Overall the service requires improvement.

Complaints about the service and significant events were taken seriously and were responded to in a timely manner. The practice

Summary of findings

was collecting information to help them plan and develop new services to enable them to meet the health care needs of the community they served. However it did not have a system in place to respond to patient views.

Are services well-led?

Overall the service requires improvement.

We found there had been significant changes to the leadership and culture of the practice. The new management team were intending to implement new ways of working and systems which would help them to monitor and improve the quality of the service they provided. Although some of these were either still in the planning stage, had not been fully implemented or not had the opportunity to become embedded in staff practice.

Summary of findings

What people who use the service say

We spoke with ten patients who used the practice and five relatives who were caring for patients at home. They all told us they felt safe and trusted the GPs and nurses. They described the service all staff provided as excellent and said they felt their views were listened to, included in any decisions about their treatment and respected. They said they were treated with dignity and respect. Patients said the practice always looked clean and tidy when they attended for their appointments

Patients who were caring for relatives at home praised the care their relatives had received and described the doctors as understanding, attentive and positive in their outlook and care.

Patients did not raise any concerns about their safety.

The GP Patient Survey collected during January-March 2013 and July-September 2013 showed 123 out of 127 patients had, to some extent or definitely had trust and confidence in the doctor they had seen or spoken to at the practice

Areas for improvement

Action the service **MUST** take to improve

- The practice did not have systems in place to ensure that patients were protected from the associated risks in relation to medicines administration. Especially around the systems in place to store and monitor the medicines including controlled drugs.
- The practice must improve their monitoring of equipment to make sure all of the equipment on the emergency trolley and in emergency bags has not expired its usage.

- There must be effective systems in place to regularly assess and monitor the quality of the services and protect patients against unsafe care and treatment

Action the service **COULD** take to improve

The practice could improve how they involve or gather patients' views and provide feedback to patients about the changes to the practice.

Good practice

Our inspection team highlighted the following areas of good practice:

- Palliative care patients who were of high risk were visited at least weekly by a GP or Macmillan nurse. We found there was a proactive approach from the three

GPs to looking after the very sick or housebound and rather than waiting for the patients to request a visit the GPs endeavoured to 'pop in to them' to ensure patients' treatment and care needs were being met.

Appleby Medical PracticeAppleby Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

We carried out the inspection as part of our new inspection programme to test our new ways of assessing the safety and quality of the practices. The inspection team included two inspectors, an expert by experience and a general practitioner (GP).

Background to Appleby Medical Practice

Appleby Medical Practice is near the centre of Appleby. It is operated by a sole partner and three salaried general practitioners (GP), a practice manager, two practice nurses, a nursing assistant and administration staff. It has strong relationships with the community nursing staff, health visitors and midwives whose offices were located in the same building. Appleby Medical Practice covers the town of Appleby and its rural vicinity.

The service is responsible for providing primary care for approximately 4,500 patients. After normal practice hours there is an out of hours service, Cumbria Health on Call which provides cover for the practice. The provider reports to the Cumbria Clinical Commissioning Group.

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?

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service.

We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We carried out an announced visit on 7 May. During our visit we spoke with a range of staff including the sole

Detailed findings

partner and two other doctors, the practice manager, the lead practice nurse, the health care assistant and administration and reception staff. We spoke with ten patients who used the service and telephoned, with their consent, five relatives who were caring for patients at home. We looked at the practice's policies, procedures and some audits.

Before our inspection we asked the practice to put comment cards where patients and members of the public could share their views and experiences of the service in reception. However we found patients had chosen not to complete the cards

Are services safe?

Summary of findings

Overall the service was inadequate.

Patients were protected from harm and abuse because suitable policies and procedures were in place, which enabled them to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable patients from the risk of harm.

However patients were not fully protected from the associated risks with medicines because the systems in place to store and monitor the medicines in the practice were insufficient. (Regulation 13). Also patients were not protected from the risk of unsafe equipment. (Regulation 16)

In addition the systems in place to ensure that infection control was monitored and to protect patients from the risk of associated infections had only recently been reviewed. We found these had yet to be embedded.

Our findings

Safe Patient Care

We spoke with ten patients who used the practice and five relatives who were caring for patients at home who told us they felt safe and trusted the GPs and nurses. They did not raise any concerns about their safety.

The GP Patient Survey collected during January-March 2013 and July-September 2013 showed 123 out of 127 to some extent or definitely had trust and confidence in the doctor they had seen or spoken to at the practice.

Safeguarding

We saw a proactive approach to safeguarding was followed by the safeguarding GP lead, and referrals were made to the appropriate safeguarding agencies. Staff were aware of when and who to alert any concerns to and they felt there was effective communication with the community nursing teams. We saw there were safeguarding policies for adults and children for staff to refer to. Systems were in place within the patient records to alert staff where concerns had been raised and when vulnerable adults or children failed to attend appointments. Monthly meetings occurred where safeguarding concerns were raised and discussed by the local multi-disciplinary team. All of the meetings were recorded so there was a clear audit of the areas of concern and the actions taken by the staff.

Monitoring Safety & Responding to Risk

The provider had a health and safety risk register which had an overall assessment of all risks to patients and staff, and there were detailed individual risk assessments for each area of risk. Areas of individual risk assessment were visual display units, equipment, safeguarding and violence and aggression in the practice. Any health and safety risks were discussed at the monthly practice meetings which ensured the information and learning from incidents was shared with the staff.

The practice manager and GPs confirmed clinical monthly practice meetings occurred although the practice had not undertaken any formal reviews of clinical information to identify if any improvements were required.

There were administration systems in place to monitor that referral letters were sent out in a timely manner and test results were checked to ensure both referral agencies and patients received them promptly.

Are services safe?

Learning from Incidents

The practice had a system for recording, investigating and learning from incidents. We saw the significant incidents register for 2013-2014 which included the date of the incident, a brief summary and the actions taken following the investigation. Significant events were looked at by the clinicians at the monthly practice meeting and staff were able to give us examples of where lessons had been learned. We were able to see as a result staff practices, procedures or equipment had been changed. This information was cascaded to administration staff at team meetings

Staffing & Recruitment

The provider had a procedure for the safe recruitment of staff, this required the provider to ensure the relevant employment checks were carried out before staff commenced work. GPs and nurses respective registration bodies were checked such as the General Medical Council (GMC), the National Health Service performers list and the Nursing and Midwifery Council (NMC). We saw evidence of references being requested and identity checks made. Notes from interviews and CVs were kept in staff records. Although we found in one instance this had not been followed robustly and a member of the administration staff had commenced work in March 2014 before the provider had received their references.

We found the provider had a staffing policy which helped to ensure there were enough suitably skilled staff to enable the continuity of a safe service and this was reviewed monthly at practice meetings. We saw the practice manager's policy included a review of the appointment systems and clinics to make sure they were meeting demands and guidance about the minimum staff required to cover annual and sick leave. We were told by the provider they made sure there was always a permanent GP working at each session and where locum general practitioners were employed, they used ones known to the practice.

Medicines Management

We looked how the practice stored and monitored medication, to ensure patients received medicines that were in date and correct. This included the controlled and emergency drugs and vaccines.

We looked at two fridges, both used to store vaccines. We saw both were in an unstaffed unlocked room and both were unlocked with the keys in them. We found the health

care assistant monitored the fridge temperatures daily, ensured the temperatures were correct and reported any concerns to the practice manager. The medicines manager ordered the vaccines but when the vaccines were delivered the practice did not have a system in place to ensure the new vaccines were put into the fridge in the correct order to prevent out of date vaccines being administered by health professionals to patients.

We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found the system for storing, recording, and checking what controlled drugs had been used by the GPs was not robust. For example we found GPs were not always recording when they had taken controlled drugs from the cupboard and there were entries in the controlled drug record that showed controlled drugs should be in the cupboard but they had been destroyed. Also there were differences in the documentation used by GPs in their home visit emergency bags. We looked at the storage of controlled drugs policy and found staff were not following the procedure robustly, for example they did not ensure there was an audit trail of the movement of all controlled drugs in the practice.

In addition we checked other medication on the emergency trolley and in the doctors' bags and found two examples where the medication was out of date.

We found patients were not fully protected from the associated risks with medicines because the systems in place to store and monitor the medicines in the practice were insufficient. We discussed this with the provider who agreed to take immediate action to resolve the issues we had found.

Cleanliness & Infection Control

We talked to 15 patients who used the service and they told us the practice always looked clean and tidy when they attended their appointments. In the reception, treatment and doctors' rooms we saw that the practice was clean and tidy.

We found the systems in place to ensure that infection control was monitored had only recently been reviewed and had yet to be fully embedded. For example the provider carried out an infection control audit in February 2014 which identified areas of concern and an action plan was implemented to resolve these issues. A further audit to

Are services safe?

check that the actions had been completed was scheduled for April 2014 but this had not taken place before our visit on the 7 May 2014. The infection control lead had recently provided hand washing and handling bodily fluid specimens training. We were told that half of the clinical staff had to complete their infection control training for 2014 to 2015.

Dealing with Emergencies

Staff confirmed there was a business continuity plan in place for emergencies. The practice manager told us all staff had annual Basic Life Support training and currently half received an update this year and the training was planned for the remaining staff over the next 6 months.

Equipment

There was a defibrillator, oxygen cylinder and an emergency trolley for use in a medical emergency. However we found there were out of date items on the trolleys and the systems in place to ensure that only in date equipment was available was insufficient. For example the venflons (intravenous needles) in use stated they should not be used after 2008 and out of date dressings, sterile packs, saline and water for injections were found on the emergency trolley.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective

Care and treatment was delivered in line with best practice guidelines. Clinicians were able to prioritise patients and make use of available resources.

Our findings

Management, monitoring and improving outcomes for patients

We found the practice manager reviewed the practices clinical results Quality and Outcomes Framework, (QOF This was part of a revised contract for GPs. The QOF rewards GPs for implementing "good practice" in their surgeries.) with other practices to ensure they were performing within the required clinical guidelines. Currently the practice was looking at the number of accident and emergency referrals and hospital admissions.

In addition the practice also carried out internal audits to ensure patient illnesses were followed up. For example patients identified with a long term condition such as diabetes or asthma were placed on disease registers and regular review appointments were made with the nurses in accordance with best practice guidance.

CQC were provided with information from the General Practice Outcomes Standards, to show us patients with depression had not always had an assessment carried out following recommended clinical guidelines. The senior doctor told us this had not been done well but the issue had recently been discussed at a meeting and measures were in place to address this in the next few months.

Staffing

There were regular monthly practice meetings which the doctors attended. For example, multi-disciplinary palliative care meetings and safeguarding meetings. Also, all of the three doctors we spoke with showed commitment to external training sessions such as those provided by the local Clinical Commissioning Group (CCG) We saw evidence a 360 degree learning and feedback exercise had been carried out for one locum doctor.

The practice manager had reviewed the training and supervision programme and hierarchy of supervision and appraisal for all the other staff roles and commenced a plan of action to introduce new induction, supervision and monitoring of staff training. We were told by staff they were fully supported by the provider and had new e learning training to complete and were encouraged to attend any appropriate training to enable them to maintain their registration or carry out their roles effectively.

Are services effective?

(for example, treatment is effective)

Working with other services

The doctors demonstrated to us how they had referred patients following the recommended National Institute for Health and Care Excellence, (NICE) guidelines. We saw evidence of good practice where the patients diagnosis had not fallen within the criteria for referral for a further doctors opinion but the GP had felt there was sufficient reason for concern and so had contacted the hospital to ensure the patient was offered an urgent appointment. Our discussions with the patients and the clinical staff demonstrated to us that all patients were offered the appropriate care and management choices.

Other health professionals and the practice manager regularly met with midwives and health visitors regarding safeguarding, palliative and cancer care.

The practice used Cumbria Health On Call (CHOC) as the out of hours provider when the practice was closed and there was evidence of good communication with them regarding proactively identifying complex patients, the terminally ill and those families or individuals at risk. The practice manager and the duty GP were alerted by fax and through the computer systems by the practice manager the morning after any patients had been seen by CHOC.

Health Promotion & Prevention

We found patients who had a terminal illness or long term health condition were discussed regularly in a monthly palliative care meeting. Macmillan nurses and community nurses were invited to this meeting. Of particular merit was the way, palliative care patients were looked after proactively. Those who were classed as high risk were visited at least weekly by a GP or Macmillan nurse. We found the approach from the three GPs interviewed for the very sick or housebound who had not necessarily requested a visit was evidence of good practice. We were told the GPs endeavoured to 'pop in' on them to ensure patients' treatment and care needs were being met.

New patients including children were all given questionnaires to complete and offered appointments with the nurse or health care assistant. The doctors reviewed the assessments and where appropriate patients were invited in for an appointment with the doctor. Carers were identified during the initial assessment and advice was given about support agencies. There were also smoking cessation and programmes carried out by the practice to identify diabetes and other chronic disease or longer term illness. In addition the senior doctor was also aware of the Healthy Child Programme and was considering inviting children to new patient assessments.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service requires improvement.

Complaints about the service and significant events were taken seriously and were responded to in a timely manner. The practice was collecting information to help them plan and develop new services to enable them to meet the health care needs of the community they served. However it did not have a system in place to respond to patient views.

Our findings

Responding to and meeting people's need

The practice manager told us how the practice understood the different needs of the population it served and acted on these to design services. The practice used the disease registers to identify local health needs and collected new patient demographics. Where any areas of high risk or need were identified they would discuss these at the practice meetings and look at ways of meeting the needs.

For example where the practice had identified patients could not easily get an urgent appointment, they planned to provide on the day appointments. Also for patients with mental health needs or with a learning disability where patients may have needed more time to cover all of their health issues, longer routine appointments were to be provided. We were told the practice were looking at implementing a new dementia care assessment and were working with other agencies regarding providing information in the patient's home regarding their health needs and wishes.

Where the practice was unable to meet the needs of the different people it served in the local community, they provided information for carers about local support services

We saw the premises met the needs for patients with a physical disability. There was ground floor access to the practice and doctors consulting rooms were on the ground floor. There were automatic doors to support easy wheelchair access and disabled toilets. The building had lifts available for visiting professionals and access to community services/dental practice.

In addition the administration staff were aware of how to access the interpreter service where the patient's first language was not English.

Where patients were discharged from hospital the practice received hospital discharge information by fax or post depending on the urgency.

However the practice manager acknowledged there was no formal means in place at the practice to involve or gather patients' views or provide feedback about the changes to the practice, such as a patient survey or patient participation group. The practice had a suggestions box

Are services responsive to people's needs?

(for example, to feedback?)

and informed patients via the practice leaflet or on the website about how to make a verbal or formal complaint. The GP told us they were planning to implement a system to collect patient views in 2014.

Access to the service

Patients did not raise any concerns about accessing the practice or getting the appointments they wanted and they told us the prescription service had improved.

The GP Patient Survey collected during January-March 2013 and July-September 2013 showed only 11 patients out of 131 stated the surgery was not open at a convenient time for them and 108 out of 125 patients said the experience of making an appointment was good.

Patients were offered a mixture of appointments at the practice from Monday to Friday. The appointments system and the number of staff were reviewed regularly to ensure the practice was operating effectively and where issues were found the appointment system had been amended. We saw the specific opening times and clinics were not displayed in the practice's reception or waiting area, the practice manager agreed to make sure they were displayed.

The out of hours service was carried out by Cumbria Health On Call (CHOC) and information about how to access this service was found in the practice information leaflet and the practice website.

The doctors and nursing staff described good relationships with other local surgeries and external providers including midwives and community nurses; and with health visitors, Macmillan nurses and school nurses with whom they kept in regular contact. There were also examples of regular contact with Social Services the Police and the local hospitals.

Concerns & Complaints

The practice had a complaints policy and procedure. We saw the practice held a record of complaints. We saw the practice had five complaints from April 2013 to May 2014. The records showed three had been resolved.

The practice manager told us they received and responded to all general complaints and brought any clinical complaints to the attention of the lead partner. Complaints were further discussed and reviewed at the practice meetings and lessons learnt were shared with staff teams.

Staff told us they tried to rectify any concerns or adverse comments immediately. They said they gave patients who wished to make a complaint a copy of the procedure if the matter could not be resolved at the time. Details of how patients could make a complaint was in the practice leaflet and on the website.

Are services responsive to people's needs?

(for example, to feedback?)

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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 service requires improvements

We found there had been significant changes to the leadership and culture of the practice. The new management team were intending to implement new ways of working and systems which would help them to monitor and improve the quality of the service they provided. Although some of these were either still in the planning stage, had not been fully implemented or not had the opportunity to become embedded in staff practice.

Our findings

Leadership & Culture

The lead partner, the practice manager and the staff told us of the changes which had occurred at the practice in the last year. The sole existing partner told us they were planning to take on a new partner and employ a new salaried doctor and develop and improve the practice. The staff team were enthusiastic and eager to support the existing partner and the recently appointed practice manager to put in place appropriate governance, policies and systems.

At the inspection although we saw there was evidence of some improvements, overall we found that many new policies and procedures had not been implemented or fully embedded and the lack of these could have posed a risk to patients.

Governance Arrangements

The provider's statement of purpose contained an organisational flow chart which clearly showed us the staffs' areas of responsibility in the practice. The practice manager told us they were intending to provide staff with a list of their responsibilities but at the time of the inspection we found this had not been fully implemented and staff were not always aware of what their responsibilities were. An example of this was the medicines manager and the infection control lead.

Systems to monitor and improve quality & improvement

We found the practice manager and the partner were implementing new systems to monitor and improve the quality of the services provided. The practice held regular practice meetings and this included reviewing the register of all accidents/incidents and critical events which had taken place, including lessons learned from them. There were also on going checks of the safe running of the practice such as legionella testing, emergency lighting and fire safety.

However, further work was still required and many of the systems to monitor staffs work were still to be embedded in staff practices. Examples of further improvements needed to monitor and improve the quality of the service were in infection control, medicines management and auditing of clinical supervision for the doctors.

Are services well-led?

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

Patient Experience & Involvement

The GP Patient Survey collected during January-March 2013 and July-September 2013 showed 110 out of 130 would definitely or probably recommend the practice to others. The survey is carried out by an independent survey specialist, it assesses patient experience of access to and the quality of the care patients have received from their local GPs on behalf of NHS England.

Staff engagement & Involvement

Staff told us their views were discussed at the monthly practice meetings and information from the meetings was cascaded to the whole staff team. Where new ways of working had been implemented we were provided with an example of how staff were supported with the changes and encouraged to follow the new systems. The staff had annual appraisals which provided them with a further opportunity to raise any concerns they had confidentially and assess their needs for development.

Also, for the administration staff a programme of one to one supervision had recently been commenced which enabled staff to regularly review their progress individually and respond to any issues.

We talked with the practice manager, the lead practice nurse, the health care assistant and administration staff who were all enthusiastic about the development and improvement of the practice and told us they all felt supported to carry out their roles.

Learning & Improvement

We saw the practice learnt from internal and external events. Each month a practice meeting was held where any

internal or external significant clinical events were discussed. We saw from the minutes that any learning was shared across the team. At this meeting the practice manager and the clinical staff told us clinical audit, complaints, the appointment system and results of the Quality and Outcome Framework were discussed to enable the staff to identify any issues and plan for improvement.

The practice had recently introduced a new induction programme and a new system for the supervision and appraisal of the administration staff. Where the staff had identified areas of training which required ongoing development such as computer skills. Although there was not an overall schedule of training in place, to help ensure all of the staffs training was current; a new system had recently been introduced which would enable this.

Identification & Management of Risk

We were told following the changes in the management of the practice there were changes planned to the systems to identify and manage risk. Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a proportionate manner. The practice manager showed us assessments of risks for health and safety, incidents and significant events and clinical risks. They told us, all of the information was taken to the practice meeting where changes would be made to minimise the risk. The practice manager told us a clinical audit of cancer referrals had resulted in changes to the referral procedures.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: Patients were not protected against the risks associated by medicines because the provider did not have sufficiently robust systems in place to manage medicines.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment How the regulation was not being met Patients were not protected from the risk of unsafe equipment, the emergency trolley.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment How the regulation was not being met The registered provider did not have effective systems in place which regularly assessed and monitored the quality of the services and protected patients against unsafe care and treatment.