

# Upper Eden 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

Upper Eden Medical Practice is situated in Kirkby Stephen and provides primary medical care services to patients living in and around the Kirkby Stephen, Brough and Tebay areas. At the time of the inspection the practice was providing services to 6676 patients from the main surgery at Kirkby Stephen and branch surgeries in Brough and Tebay. As part of the inspection the team visited the Kirkby Stephen, Brough and Tebay sites.

The service is registered with CQC to provide the regulated activities of; Diagnostic and screening procedures; Treatment of disease, disorder and injury; Surgical procedures; Maternity and midwifery services and Family planning.

Before the inspection we looked at a wide range of information we held about the practice and that the provider sent to us. We asked other organisations such as the local Clinical Commissioning Group (CCG) to share with us what they knew about the practice. We also asked patients prior to our visit to complete comment cards about their experiences of the service they had received. We spoke with thirteen patients who attended for appointments during the inspection.

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

All the patients we spoke with, without exception were very positive about the care and treatment they received. We saw the results of patient surveys that showed that patients were consistently pleased with the service they received.

There was good collaborative working between the provider and other health and social care agencies which ensured patients received the best outcomes. The provider regularly met with the local clinical commissioning group (CCG) to discuss service performance and improvement issues.

The building was well-maintained and clean. Clinical decisions followed best practice guidelines. There were good governance and risk management measures in place. The leadership team were visible and staff we spoke with said they found them very approachable.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service required improvement with regard to safety. The provider learned from incidents and took action to prevent a recurrence. Staff were aware of safeguarding procedures. The provider did not monitor the effectiveness of their procedure for transporting vaccines from the main practice to the branch sites, repeat prescriptions were not always signed before the medication was issued to patients and controlled drugs were not always stored securely in doctors bags.

### **Are services effective?**

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to other services were made in a timely manner. The provider was regularly undertaking clinical audit, reviewing their processes and monitoring the performance of staff.

### **Are services caring?**

Overall the service was caring. All the patients we spoke with during our inspection were very complimentary about the service. They all told us that staff were kind and compassionate and they were treated with respect. Patients were involved in decisions about their care and treatment and appropriate consent was sought when required.

### **Are services responsive to people's needs?**

Overall the service was responsive to patient's needs. The provider conducted regular patient surveys into different aspects of the service and took action to make suggested improvements. Patients were able to have face to face or telephone consultations. Appointments and requests for repeat prescriptions could be made in person, by telephone or on line. There was a complaints policy and the provider had an open culture so complaints were responded to appropriately.

### **Are services well-led?**

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were robust and there were systems in place for identifying and managing risks. Staff were committed to maintaining

# Summary of findings

and improving standards of care. There were key staff who were identified leads for different areas in the practice and they encouraged good working relationships amongst the practice staff and other stakeholders.

# Summary of findings

## What people who use the service say

As part of this inspection we had provided comments cards for patients who attended the practice to complete. We received responses from 10 patients which were very positive about the total experience they received from the practice. We spoke with 13 patients during the site visits and they told us that they had received excellent care and attention and they felt that all the staff treated them with dignity and respect. The patients told us that staff involved them in the planning of their care and were good at listening and explaining things to them. They all felt the doctors and nurses were knowledgeable about their treatment needs.

We looked at the results of an Improving Practice Questionnaire survey conducted in August 2013 that collected the views of 167 patients who used the service. Patients were overwhelmingly very positive about the service they received with 93% of ratings for the practice being good, very good or excellent.

We found that the practice valued the views of patients and saw that following feedback from surveys and the patient participation group, the surgery now opened on a Saturday morning.

## Areas for improvement

### Action the service MUST take to improve

Repeat prescriptions generated by the computerised system were not always signed by the prescriber before they were dispensed to patients. Vaccines were not transported from the main practice to the branch sites in line with recommended guidance. Controlled drugs in the Doctors bags were not stored in a secure manner.

### Action the service COULD take to improve

Actions plans for audits, significant events analysis (SEA) and complaints did not include review dates, actions taken and who had responsibility for ensuring actions are completed.

Two written references were not always available for new employees and the system in place to process Disclosure and Barring Service checks was delaying completion of the checks.

## Good practice

Our inspection team highlighted the following areas of good practice:

There was succession planning in place for key roles in the practice.

The practice worked closely with the local hospice to ensure treatment was co-ordinated and care plans developed for patients receiving end of life care.

The practice had identified all their patients that were housebound and living in care homes and worked with the community nursing staff to develop specific care plans to meet their needs.

# Upper Eden Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a GP, two CQC inspectors and an Expert by Experience.

## Background to Upper Eden Medical Practice

Upper Eden Medical Practice is situated in Kirkby Stephen. The main surgery is in Kirkby Stephen and there are branch surgeries in Brough and Tebay. The practice provides primary medical care services to patients living in and around the three areas. At the time of the inspection the practice was providing services to 6676 patients of all ages. The practice was in a single storey building and had a number of parking spaces on site, including disabled spaces near the main entrance. There was a disabled toilet and baby changing facilities available and an induction loop system to assist patients with hearing difficulties.

The practice was a dispensing practice and they processed prescriptions and issued medicines for their patients who lived more than one mile from a pharmacy.

The service for patients requiring urgent medical attention out of hours was provided by Cumbria Health On Call (CHOC).

## Why we carried out this inspection

We inspected this out-of-hours 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 held about the service and asked other organisations to share what they knew about the service. The practice operates from three sites and as part of the inspection the team visited all three sites. We carried out an announced visit on 7 May 2014 and the inspection team spent eight hours at the main site in Kirkby Stephen and three hours at each of the Brough and Tebay sites.

During our visit we spoke with ten staff across the three sites including GPs, a nurse practitioner, practice nurse, a health care assistant, the practice manager, the clinical interface manager, medicines manager, lead dispenser and receptionist/administration staff. We spoke with seven patients who used the service and observed how staff

# Detailed findings

spoke to, and interacted with patients when they were in the practice and on the telephone. We also reviewed 10 CQC comment cards where patients shared their views and experiences of the service.



# Are services safe?

## Summary of findings

The service required improvement with regard to safety. The provider learned from incidents and took action to prevent a recurrence. Staff were aware of safeguarding procedures. The provider did not monitor the effectiveness of their procedure for transporting vaccines from the main practice to the branch sites, repeat prescriptions were not always signed before the medication was issued to patients and controlled drugs were not always stored securely in doctors bags.

## Our findings

### Safe Patient Care

We saw there was an incident reporting policy in place which outlined why incidents should be reported, how to report them and how they would be investigated. We spoke with staff and they were able to describe the incident reporting procedure and they discussed how action and learning plans were shared with all relevant staff. One staff member told us; "We have an open culture not a blame culture." We saw evidence that internal investigations were conducted when any incidents occurred. For example when two samples were returned to the practice because they had been labelled incorrectly the investigation highlighted an issue with the labelling machine. The machine was not aligned correctly so staff were given further training on to align it correctly so patient details would be printed properly. This meant any changes in practice required were identified and implemented to ensure patients received safe care.

We saw evidence that the practice completed a report of all the incidents that had occurred in the practice each year. Within this report they looked at the types of incidents that had happened, for example was it medicine related or was it an administration error. They also compared the results with those from previous years. This meant the practice would know if actions they had put in place to reduce the risk of incidents happening again were working. We found that the practice used information from different sources, including patient safety incidents, complaints and clinical audit to monitor that they were delivering safe care to patients.

### Learning from Incidents

We reviewed documents that showed that incidents were reported, key learning points identified and action had been taken to reduce the risk of them happening again. We looked at minutes of meetings and saw that key learning points had been shared with all the staff. Staff we spoke with confirmed that incidents that had occurred and the lessons learned were disseminated to staff by e mails and discussed at staff meetings. This meant that all staff would be made aware of any changes to practice required. Staff we spoke with could detail how they had improved the service following learning from incidents and reflection on their practice. For example one nurse told us that after a patient had received the same immunisation twice the

# Are services safe?

nurses now checked the patients own personal immunisation record book as well as their practice records before giving immunisations. This was to prevent a patient receiving the same immunisation twice. One staff member told us, “We look at what we can learn from it, what went wrong. It’s about trying to improve things, not picking fault.” We found that the practice encouraged staff to openly review the service and determine where they could improve.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or drugs or give guidance on clinical practice. They told us the alerts came into the practice via e-mail and they were checked to see if they were applicable to the practice. If it was, then the alert was distributed to staff and any action required was taken. We saw that after an alert had been received regarding the vaccination of healthcare workers against measles, the practice had checked the immunisation status of all staff and offered the vaccine if it was appropriate. Staff we spoke with confirmed they were made aware of relevant safety alerts.

## Safeguarding

We saw the practice had a safeguarding policy. This explained what abuse was, what to do if staff suspected that someone was at risk of abuse and who they should contact if they had concerns about a patient's safety. There were also posters with this information in the practice. This meant staff had access to information which supported them to identify and report suspected abuse.

Staff we spoke with were aware of the different types of abuse and were able describe the signs patients might show if they were being abused. They were able to describe the appropriate action to be taken if abuse was suspected. We saw evidence that staff had completed safeguarding training and staff we spoke with confirmed they had received this. We found that staff had received appropriate training around safeguarding adults and children.

There were regular meetings in the practice where any safeguarding concerns would be discussed and actions required agreed. If a patient was identified as being vulnerable a note was placed on the patient’s record so staff were aware of this. We saw that one of the GPs had been identified as the safeguarding lead and staff we spoke

with were aware of this. Patients were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Monitoring Safety & Responding to Risk

We found that staffing levels were monitored to ensure they continued to meet the needs of patients and staff. Patients who used the service played a role in identifying any risks. For example we were told that patients had said they had missed calls from the practice as the phone number showed as private. We saw the practice was looking to change their phones so that when patients received a call from the practice the phone number would show. This would reduce the risk that patients would miss receiving information from the practice about their care or treatment.

We discussed staffing levels and skill-mix with the practice manager and they explained when the different staff worked each week. This was reflective of the information on the practice website about when the GPs and nursing staff worked. Patients we spoke with confirmed they could get an appointment to see a GP or nurse when they needed to. We found that the practice had used the same GPs to provide locum cover when required. This meant that the locums would be familiar with the practice and its’ procedures.

We found that staff recognised changing risks within the service, either for patients using the service or for staff, and were able to respond appropriately. For example the staff we spoke with were able to describe what action they would take in the event of a medical emergency situation. We saw records confirming staff had received Cardio Pulmonary Resuscitation training.

We found the practice had emergency equipment and drugs available to be used in an emergency and records showed that the equipment and drugs were checked regularly. The provider had appropriate arrangements in place for dealing with foreseeable risks that could arise from time to time.

## Medicines Management

Upper Eden Medical Practice was a dispensing practice and offered this service to those patients who lived more than one mile from a pharmacy. The dispensers had undergone appropriate training and there was a named GP who had responsibility for the dispensary. The practice was a

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member of the Dispensing Services Quality Scheme which meant they had to demonstrate they were meeting specific criteria, for example with staff training. There were medicines management policies and standard operating procedures (SOP) in place which provided staff with guidance on medication practices and for working in the dispensary. Staff we spoke with were familiar with them and told us that they could access them easily on the computer. We looked at a number of SOPs and saw they had been reviewed when required.

We found that medicines for use in the practice were stored securely. The dispensary was locked and access was only available to clinical and dispensary staff. We saw that all prescription pads were kept in the dispensary when not in use. When a prescription pad was removed from the dispensary a record was kept so it could be identified quickly if one was not accounted for.

We looked at how controlled drugs were managed. Controlled drugs (CDs) are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed that the controlled drugs were stored, recorded and checked safely. We saw that CDs were regularly checked and there were systems in place for the requisitioning and disposal of these drugs. Clear records were kept whenever any medicines were used or dispensed.

We discussed with the lead dispenser the procedure they followed to dispense prescriptions and we observed medication being prepared and dispensed to patients. We found that prescriptions were legible and directions for use were completed correctly. We looked at the labels on the medication and found that they were completed correctly and had been checked by two dispensers. This meant that the risks of medication errors was reduced.

We talked to the lead dispenser about the dispensing of repeat prescriptions in response to patients' requests. They told us that if the timing of the request seemed inappropriate, any changes to medication were needed or the request had gone past the time when the patient should have stopped taking it they would query the prescription with the GP. This was done via the computer and the dispenser would wait for the GP's response before dispensing the medication. We saw an example of a response being received by the dispensers from a GP regarding a repeat prescription. This meant that the risk of patients receiving incorrect medication was reduced.

Following the inspection visit we spoke with the lead dispenser and found that it was custom and practice in the dispensary for the doctor to sign repeat prescriptions at the end of the day after the prescribed medicines had been issued to the patient. This meant the practice was not complying with the Medicines Regulations.

We saw that the dispensary was clean and tidy. Medicines were organised in a logical, uncluttered order on shelves. Medicines were checked regularly and stock rotated, this ensured that medicines did not go past their expiry date and remained safe to use. We saw that room and fridge temperatures where medicines were stored were checked daily, this meant medicines were stored in line with manufacturers guidance.

We saw that checks were in place to ensure medication in the practice was stored at the correct temperature. However we found that they transported vaccines, which had to be kept at a cool temperature, to the branch surgeries in a cool bag and not in a specially designed container. We discussed this with the practice manager and they told us they had obtained a quote for a specially designed container. Also no records were kept of the length of time the vaccines were in the bag. This meant the practice was not following recommended guidance for transporting vaccines.

The provider had contracts in place to ensure the safe disposal of unwanted medicines.

There were medicine and equipment bags ready for doctors to take on home visits. We saw that the bags were regularly checked to ensure that the contents were intact and in date. However we found that one doctor's bag was not locked and the box inside them which contained CDs was not lockable. This meant CDs and other medicines were not stored securely in the bag.

## Cleanliness & Infection Control

During the inspection we spoke with the practice manager, nursing staff and reception staff about infection prevention and control (IPC) in the practice. The staff we spoke with were able to describe the measures they took to prevent the spread of infection. This included washing their hands before and after dealing with patients, regular washing and wiping down of equipment and work surfaces, and wearing personal protective equipment (PPE). Staff told us there was always sufficient PPE available for them to use, including masks, disposable gloves and aprons. We saw

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that hand wash, disposable towels and hand gel dispensers were also readily available for staff. However we observed at the Kirkby Stephen site that there was no hand gel in the waiting area for patients to use. Hand washing posters were displayed throughout the practice. This helped minimise the risk of infection by encouraging staff and patients to wash their hands. Staff we spoke with confirmed they had completed training in infection prevention and control.

We looked around the waiting area and the consultation and treatment rooms at all three sites and found these were clean and tidy. The practice manager explained that domestic staff were employed by the local NHS Property Services Team and cleaned the practice at the end of each day. We saw that cleaning schedules were in place outlining which areas were cleaned daily, weekly and monthly. A copy of the schedule was not available at all the sites. We saw that best practice guidelines for cleaning were being followed, as different coloured mops and buckets were used to clean different areas, for example red for toilets. The colour coding of cleaning equipment ensures that these items would not be used in multiple areas, therefore reducing the risk of cross-infection. Monitoring visits were carried out by the property services team to ensure procedures were being followed and standards maintained. Feedback from four patients said that the practice was clean. We found that patients were cared for in a clean environment.

We saw that sharp bins were available along with bins for the disposal of household and clinical waste which had lids and foot operated pedals. There was a contract in place for the removal of all household, clinical and sharps waste and we saw evidence that waste was removed by an approved contractor. Staff we spoke with told us that all equipment used for procedures such as smears tests and for minor surgery were disposable. This meant staff were not required to clean or sterilise any instruments, which reduced the risk of infection for patients. We saw that other equipment used in the practice was clean.

We saw that infection prevention and control procedures had been developed which provided staff with guidance and information to assist them in minimising the risk of infection. There were nominated leads for specific areas of IPC which meant there were staff responsible for ensuring good practice was followed. An audit was completed every six months and we saw copies of these. This meant any

areas for improvement could be identified and actioned. We spoke with one of nurses who told us that they had received the immunisations required for working in a GP practice, this included Hepatitis B. We saw evidence that staff had their immunisation status checked which meant the risk of staff transmitting infection to patients was reduced. They told us how they would respond to needle stick injuries and blood or body fluid spillages and this met with current guidance. We saw that a spillage kit was available for staff to use in the event of blood or body fluid spillages.

## Staffing & Recruitment

The provider had a recruitment policy in place outlining the practices' process for appointing staff. We looked at five staff files, three for staff who had only been in post for six weeks and two who had been employed for more than 14 years. They showed that on the whole the recruitment procedure had been followed. In one file references that had been obtained were verbal.

For three staff who had been employed in the past six weeks there had been a delay in obtaining their Disclosure and Barring Service (DBS) checks to make sure they were suitable to work with vulnerable adults or children. In March 2014 the practice manager had sent the forms to the NHS local area team for them to process however the LAT had not sent the forms to the DBS department. The practice manager contacted the LAT during the inspection and one of the checks had been received by them but not forwarded to the practice. The practice manager told us in future she would closely monitor progress of the DBS applications.

We found that professional registrations had been checked with the relevant professional body for nurses and GPs. We saw that staff held suitable qualifications and/or experience to enable them to fulfil the requirements of their posts. We found that pre-employment health checks were not done prior to appointment therefore the provider would not know if staff were physically and mentally fit and able to carry out their role. We discussed this with the practice manager who said they would obtain health statements for new employees in the future.

## Dealing with Emergencies

We saw that the practice had a Business Continuity Plan in place to make sure they could respond to emergencies and major incidents that might interrupt the smooth running of

## Are services safe?

the service. This meant the practice had a proactive approach to anticipating potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness.

### **Equipment**

We were told that only trained staff operated the equipment used in the practice and staff we spoke with confirmed this. We looked at a sample of medical

equipment throughout the practice and other electrical equipment and saw they had been serviced as required. We also found that fire extinguishers, alarm points and fire alarm systems were checked at the required intervals.

We saw records showing that equipment was been serviced and maintained at required intervals by competent persons. These measures provided assurance that the risks from the use of equipment were being managed and patients were protected from unsafe or unsuitable equipment.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to other services were made in a timely manner. The provider was regularly undertaking clinical audit, reviewing their processes and monitoring the performance of staff.

## Our findings

### Promoting best practice

We found that care and treatment was delivered in line with recognised best practice standards and guidelines because there was a systematic approach to identifying relevant legislation, current and new best practice and evidence based guidelines and standards. We discussed with the practice manager, GPs and staff how National Institute of Health and Clinical Excellence (NICE) guidance was received into the practice. They told us that this was downloaded from the website and then disseminated to staff. Minutes of staff meetings showed that NICE guidance was discussed, any actions for implementation agreed and the use of them monitored. We spoke with GPs, nurses and medicines management staff and they all demonstrated knowledge of NICE guidance. We saw they also discussed it when they attended clinical meetings with GPs from other practices. This meant up to date guidance was considered when patient care was delivered.

Staff we spoke with described how they carried out comprehensive assessments which covered all health needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example we found that patients with heart problems were receiving appropriate medication, having regular health checks and were being referred to hospital when required. One patient we spoke with told us, "I was referred to the consultant promptly."

The practice had written guidance for dealing with abnormal test results. GPs and nurse practitioners were responsible for checking all test results and adding any instructions for follow up. Staff would then phone patients to give additional instructions or request they attend the practice. Patients we spoke with confirmed they received their test results either by telephone or when they visited the practice. We found that if patients had abnormal test results these would be followed up appropriately.

Staff we spoke with told us they had access to the necessary equipment to treat and care for patients and were aware of how to use it.

We found that processes were in place to seek and record patients' consent and all decisions were made in line with relevant guidelines. Staff we spoke with were able to



# Are services effective?

## (for example, treatment is effective)

describe the consent process and demonstrated a good understanding of the Mental Capacity Act 2005 in relation to consent. Capacity assessments and Gillick competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We saw that risks and benefits of treatment or procedures were explained to patients and they were made aware of alternatives where appropriate. This meant that patients were giving informed consent where required.

### **Management, monitoring and improving outcomes for people**

We found that the practice manager and provider had a variety of mechanisms in place to monitor the performance of the practice and the clinicians adherence with best practice. These included ensuring the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. We found that staff openly raised and shared concerns about clinical performance. They discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. For example we saw that an incident when the wrong immunisation was given to a patient was discussed and reviewed. Following this, work was done in the treatment rooms to ensure stock was labelled clearly to reduce the risk of the incident happening again.

### **Staffing**

We discussed training, supervision and appraisal for staff with the practice manager. They told us that all staff had undergone a range of training and received regular updates. We saw evidence that staff had completed mandatory training, for example basic life support and safeguarding, however not all staff were up to date with this. The practice manager told us that they had purchased an on line training package through the CCG which would enable staff to complete all required training. This meant the training completed would be routinely recorded and the practice manager would be able to monitor completion by staff. We saw that a training matrix had been developed which outlined what training each member of staff required, when they had attended, or were due to attend and when any refresher training was due.

Staff had also had training in areas specific to their role for example, nurse prescribing and immunisations. The staff

we spoke with confirmed that they had access to a range of training that would help them function in their role. The practice had protected learning time so staff were able to receive training on a regular basis, we saw evidence on the practice website of training sessions that had been arranged for staff during 2014.

There was a comprehensive induction programme in place for new staff which covered generic issues such as fire safety and infection control. We also saw evidence of role specific induction, for example prescribing training for nurses.

The patients we spoke with told us they were confident that staff knew what they doing and were trained to provide the care required. One patient commented, 'I feel confident in their ability.' One staff member told us how they feedback to colleagues following training. They said, "After going to an ear care workshop we changed our practice." This demonstrated how learning from training was shared amongst all staff and influenced changes in practice. Staff received appropriate professional development which meant they had the skills and knowledge to care for patients attending the practice.

All the staff we spoke with confirmed they had received an appraisal and we saw copies of completed appraisal forms for staff. They told us it was an opportunity to discuss their performance, any training required and any concerns or issues they had. The clinical staff we spoke with told us that they had regular supervision sessions, however the provider may find it useful to note that there was no record of this. One staff member said, "Training is encouraged and appraisals are held regularly." All the staff we spoke with said they felt supported in their role and they felt confident in raising any issues with the practice manager or the GPs. This meant that staff were supported and received appropriate support to help them deliver care to patients accessing the practice.

The nurses in the practice were registered with the Nursing and Midwifery Council (NMC). To maintain their registration they must undertake regular training and updating of their skills. The GPs in the practice were registered with the General Medical Council (GMC) and were also required to undertake regular training and updating of their skills. We spoke with the GPs about their revalidation with the General Medical Council (GMC) and they told us they were due to start completing their revalidation. Revalidation is the process by which licensed doctors are required to

# Are services effective?

## (for example, treatment is effective)

demonstrate on a regular basis that they are up to date and fit to practice. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by the GMC. As part of this process patient feedback is gained about their experiences when visiting the doctor.

We found that staff were supported and received appropriate training and support to help them deliver care to patients attending the practice.

### **Working with other services**

We saw evidence that the practice staff also worked closely with other professionals. For example they had worked with local community nursing teams, social services and care home staff to identify housebound patients. Care plans had then been developed to assist staff in meeting the needs of these patients.

We saw that the community nurses, health visitors, podiatrists and physiotherapists were all based in the same building as the Kirkby Stephen practice and staff told us this supported good communication. They told us that they met regularly with staff from the CCG, hospitals, hospice and community services to discuss how general services and individual patients' needs would be met. We saw minutes from meetings which confirmed that the provider met with other professionals to discuss treatment and care and ensure it was meeting the needs of patients.

Practice staff described how they worked with the community nursing and health visiting teams to ensure patients received appropriate and timely care. During the inspection we saw that a health visitor spoke with one of the practice nurses about a child that had missed an appointment for their immunisation injections. The health visitor was due to see the child the following day and asked the practice nurse if they would be able to give the immunisations at the same time. This meant the child would receive the care required.

The local CCG had promoted the development of a Clinical Interface Manager (CIM) role in GP practices in Cumbria.

This person was responsible for supporting the practice with their quality assurance processes and promoting work with other services. The CIM explained how good links had been established with local hospital consultants and this aided the flow of information to them in respect of referrals and discharges.

We also found that two of the GPs had a special interest in palliative care and they worked closely with the local hospice. This meant there was active management for patients receiving end of life care, including information about patients' needs and input into care plans for patients receiving palliative care. They also worked with the out of hours service to make sure staff had full information about patients' needs, including care plans for people receiving palliative care.

### **Health, promotion and prevention**

The provider offered all new patients a consultation to assess their past medical and social histories, care needs and assessment of risk. We saw that the practice promoted this in the practice information leaflet and on the web site. This meant that the needs of new patients were assessed and a plan of the persons on-going needs to stay healthy was developed. We found that the staff proactively assessed patients to identify any potential problems that may develop. For example patients over the age of 40 were offered health assessments which would support the early identification of health problems such as diabetes.

We saw the practice took steps to identify which patients attending the practice had a caring role and there was a 'Carers Support Group' in place for patients to attend. We saw that information about the group was available in the waiting area.

There was a good range of health promotion information in the practice reception area and on the practice web site. We saw that there were posters around the practice promoting services that may help support patients, such as smoking cessation and support with mental health.



# Are services caring?

## Summary of findings

Overall the service was caring. All the patients we spoke with during our inspection were very complimentary about the service. They all told us that staff were kind and compassionate and they were treated with respect. Patients were involved in decisions about their care and treatment and appropriate consent was sought when required.

## Our findings

### **Respect, dignity, compassion and empathy**

Staff were familiar with the steps they needed to take to protect patient's dignity. Consultations took place in purpose designed consultation rooms with an appropriate couch for examinations and curtains to protect privacy and dignity. We saw the provider had confidentiality and chaperone policies in place and the staff we spoke with were aware of these and of their roles and responsibilities when supporting patients. One of the nurses we spoke with told us that there was always one member of staff on duty who could assist as a chaperone. We saw information displayed explaining that patients could ask for a chaperone during examinations if they wanted one.

One patient told us privacy was very good and they had no concerns about confidentiality. Another said, "The doors are always closed during consultations and no one enters the room." Patients told us that they felt that all the staff and doctors effectively protected their privacy and dignity. The patients we spoke with told us that staff were always polite and respectful and treated them with compassion and understanding. Feedback from two patients said staff were, 'Very kind and polite,' and, 'The staff have always treated me with dignity and respect.'

We observed that the reception staff treated patients with respect and ensured conversations were conducted in a confidential manner. We observed staff closed the reception window after speaking with patients so conversations in the reception area could not be overheard. Phone calls from patients were taken by administration staff in an area where confidentiality could be maintained. There was a room available if patients wished to discuss a matter with the reception desk staff in private.

There was a weekly meeting available for people who required support regarding mental health issues and information was available to signpost people to support services. This included MIND for help with mental health issues and the Macmillan service for support following bereavement.

Patients we spoke with told us care was personalised, and enabled them to maximise their health and well-being and enable a good quality of life. One person we spoke with told us they had, "Excellent care overall. I feel very lucky

## Are services caring?

coming here and wouldn't want to lose this." Feedback from two patients on CQC comment cards completed stated, 'I received very good care and continuing very good treatment,' and 'The treatment and attention (and sympathy re various problems) I have received has been excellent.' This meant care was planned to meet the needs of patients with complex health needs.

All the patients we spoke with discussed their satisfaction with the approaches adopted by staff and felt clinicians were extremely empathetic and compassionate.

### **Involvement in decisions and consent**

We saw that healthcare professionals were aware of relevant legislation and guidance in relation to consent and were able to describe when and how they would gain consent from patients. Capacity assessments and assessment of competency of children and young patients was an integral part of clinical staff practices. Where issues in respect of a patient's capacity were not raised, staff

ensured that appropriate consent was obtained for all aspects of their care and treatment. The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted.

Patients we spoke with told us that they had been involved in the decision making about their care and felt supported by the team. One patient we spoke with told us, "The GP involves me, I don't feel pressured. I negotiate with the GP the best way forward. I feel I am in control of my care and what is best for me." Another patient told us, "My GP is very good at explaining everything to me. They take time and I feel I can consider options." This meant that patients were able to consider different options for their treatment, discuss them with staff and were involved in decisions about their care.

We saw that access to interpreting services was available and information could be obtained in other languages and formats when necessary. This meant that all patients could be involved in decisions about their care, for example when English was not their first language.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

Overall the service was responsive to patient's needs. The provider conducted regular patient surveys into different aspects of the service and took action to make suggested improvements. Patients were able to have face to face or telephone consultations. Appointments and requests for repeat prescriptions could be made in person, by telephone or on line. There was a complaints policy and the provider had an open culture so complaints were responded to appropriately.

## Our findings

### Responding to and meeting people's needs

We found that the three practice sites were accessible to patients with mobility difficulties as they were all on one level. However the front door at the Kirkby Stephen site was not automatic and would pose difficulties for some patients if they came on their own, for example anyone in a wheelchair. We discussed this with the practice manager and they told us that the door had recently been installed by NHS property services. The practice had requested an automatic door but this had not been approved due to cost. The practice manager told us that staff observed the front entrance and would assist patients if they were having difficulties opening the door. They also told us they would arrange for a bell and notice to be placed on the door advising patients they could ring and staff would assist them to open the door if needed.

The consulting rooms were accessible for patients with mobility difficulties and there was also a toilet for disabled patients. Hearing loops were installed at the reception desk for patients with hearing problems. There was a large waiting room and smaller waiting areas closer to the consultation rooms so it meant patient could split the distance to walk down if needed.

We saw that there was a process in place for choose and book referrals to other services. The NHS Choose and Book is a government initiative that allows patients to choose the time, date and hospital for their treatment. We looked at referrals the practice was making to other services and saw that these were done in a timely manner and contained relevant information. We saw that patients who required an urgent referral were responded to effectively and the provider had processes in place to check they had been received, for example by the hospital.

Patients we spoke with told us they had had no problems when they had been referred to other services. We spoke with the staff involved in these processes who showed us how the practice was continually monitoring this process to ensure it was effective.

The CIM and GPs told us that the practice had a history of high referrals to the hospital eye clinic so they had reviewed how the practice could manage this. They explained that

# Are services responsive to people's needs?

## (for example, to feedback?)

one of the GPs had undergone training to develop their skills in diagnosing eye conditions and treatment so patients could be seen in the practice instead of going to hospital.

The practice had male and female GPs which meant patients could choose to see a male or female doctor.

All of the staff told us how they responded to people who were visiting the area. Because of the location of the three sites staff told us that they got a lot of people who had been walking in the surrounding area who would come into the practice with minor problems, for example blisters or sprained ankles. Staff said they would treat people in the practice or support them until an ambulance arrived if it was more serious and they needed to go to hospital.

We found that the practice was responding positively to the needs of their patients and other people visiting the area.

### Access to the service

We saw that following the 2013 practice patient survey it had been identified that patients who needed an 'urgent/same day' appointment could not always be seen because slots were being utilised for 'non urgent' cases. As a result of this feedback the practice manager told us that they had reviewed their appointment system and introduced a new process in February 2014. We found that patients could now make their appointments in different ways, either by telephone, face to face or online, via the practice website. This meant that patients who did not need an urgent appointment could book them in advance which freed up slots for patients who needed to be seen quickly. The provider now also provided both face-to-face and telephone consultation appointments.

The Practice also offered extended opening hours on a Saturday morning. This meant that patients who worked during the day or were unable to get to the practice had a choice of how they made their appointment and how and when they wanted to see the GP or nurse.

Patients we spoke with told us they were able to get appointments when they needed them. One patient told us, "It is easy to make appointments." Another said, "The appointment system is very good, I have never been turned away." Four out of the ten patients who completed CQC comment cards indicated that they were not clear about how the new system worked. We discussed this with the practice manager and they told us that they were attending

the local parish council meeting in June 2014 to talk about the new system and raise awareness. We saw that information was also available on the practice website and in the waiting areas.

We also found that patients could order repeat prescriptions via their local pharmacy, in person or on line. This meant the practice was using different methods to enable patients' choice and ensure accessibility for the different groups of patients the practice served.

We saw information displayed in the waiting area and on the practice web site about what to do in an emergency, in hours and out of hours.

### Concerns and complaints

The practice had a complaints procedure and information on how to make a complaint was in the patient information leaflet, on the practice website and displayed in the waiting rooms. We saw that the complaints procedure had details of who patients should contact and the timescales they would receive a response by. Patients we spoke with told us they knew what to do if they were not happy with something and staff we spoke with told us they were aware of the providers' complaints policy and procedure. This meant patients could be supported to make a comment or complaint if they needed assistance.

We saw copies of complaints received and saw that they were investigated and resolved, to the satisfaction of the complainant. They also recorded the actions agreed to prevent a similar issue occurring in the future. This demonstrated processes were in place to implement any lessons learned from complaints. We saw evidence that the practice completed a report of all the complaints that had occurred in the practice each year. Within this report they looked at the types of complaints that had happened, for example was it related to clinical care or was it an administration error. They also compared the results with those from previous years. This meant the practice would know if actions they had put in place to reduce the risk of complaints occurring were working.

Staff confirmed that complaints were discussed at meetings and lessons learned were shared. The practice manager analysed all of the complaints and produced reports for the provider which we found were shared with the staff during their meetings. For example following a

# Are services responsive to people's needs? (for example, to feedback?)

complaint about a staff member's attitude all staff had refresher awareness raising regarding customer service. Patient's complaints were investigated and resolved to their satisfaction.

The provider had established a 'virtual' patient participation group (PPG) called 'The Patient Voice' and we saw that there were 113 patient members in this group. The 'virtual' group communicated by e mail and the practice

web site. The practice manager told us they had chosen to have a virtual group as they felt this would be a better way to reach their more rural patients and it would appeal to younger patients. The practice had already received feedback from members of the group regarding the telephone lines and this was contributing to improvements in the practice.

# 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 was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were robust and there were systems in place for identifying and managing risks. Staff were committed to maintaining and improving standards of care. There were key staff who were identified leads for different areas in the practice and they encouraged good working relationships amongst the practice staff and other stakeholders.

## Our findings

### Leadership and culture

The practice manager, GPs and staff we spoke with were very clear on their roles and responsibilities. All of them demonstrated a deep understanding of their area of responsibility and each one clearly took an active role in ensuring that a high level of service was provided on a daily basis. We found that staff had been allocated lead roles for key areas, for example infection control, safeguarding, medicines management and audits. Staff we spoke with were able to describe the values of the practice and their desire to provide patients with an effective, high quality service. The practice website outlined the roles and responsibilities of staff and patients and also encouraged patients to become involved in the running of the practice. We saw an e mail to members of the Patient Voice group that said the practice wanted them to help staff look at patient care from a patients perspective and suggest ways it could be improved.

All the staff we spoke with felt they had a voice and the provider was interested in creating a learning and supportive working environment. We saw that there was input from key stakeholders, patients and staff which ensured the practice regularly reviewed the aims of the practice to ensure they were being met.

There was a good understanding of the current and future leadership needs of the organisation. We were told that the current practice nurse would be retiring within the next 12 months and the new practice nurse was already in post. This meant the practice had considered succession planning for this key role within the practice.

The staff we spoke with told us there was a very open culture in the practice and they could report any incidents or concerns about practice. This ensured honesty and transparency was at a high level and challenges to poor practice between all staff was the norm. One of the GPs told us there was a 'no blame' culture and the practice was open to challenge so they could improve. We saw evidence of incidents that had been reported involving all levels of staff and these had been investigated and actions identified to prevent a recurrence.

We saw that all practice staff met regularly and mechanisms were in place to support staff and promote their positive wellbeing. One staff member told us, "We are

# Are services well-led?

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

well supported, it's a nice place to work, everybody cares about each other, you don't just feel like a number. It's a lovely team." We found that staff were supported by the practice manager and the GPs and they worked well together as a team.

## **Governance arrangements**

There was a strong and visible leadership team with a clear vision and purpose. Arrangements were in place to ensure risks were identified and managed. We saw that risk assessments were undertaken and measures put in place to reduce the potential for harm to staff, patients and visitors. The practice manager and provider had a comprehensive and effective system in place for monitoring all aspects of the service. We found that the senior management team and staff constantly challenged existing arrangements and looked to continuously improve the service being offered.

## **Systems to monitor and improve quality and improvement**

There was an identified GP who took the lead for clinical audits and they worked closely with the clinical interface manager (CIM) to utilise clinical indicator information and data to assess and monitor the quality of care being delivered. This meant any areas for improvement could be identified. We saw copies of audits that had been undertaken for example, A/E attendances and emergency admissions to hospital. The practice manager was the lead for other audits such as health and safety and fire. We saw that following the audits, actions were identified, however the action plans did not include who was responsible for ensuring it was completed or a date for review or completion. The CIM described how they discussed results of audits internally and at external peer review meetings. This meant that the practice would be challenged by other professionals which ensured they could look at ways to continuously improve.

The practice was involved in the 'Productive General Practice' programme, which encouraged staff to openly review the service and determine where they could improve. The staff we spoke with discussed how this programme assisted them to constantly review and improve their practices and the overall service being provided.

## **Patient experience and involvement**

The practice had established a virtual Patient Participation Group, the Patient Voice which had 113 members. We saw

that the practice was actively encouraging new members particularly from younger patients. Posters were displayed in the waiting areas and there was information on the practice website encouraging patients to become involved in the PPG. We found that the practice was actively encouraging patients to be involved in shaping the service and PPG members had received an e mail asking if they would be interested in becoming patient champions. These patients would help the practice develop best practice in a whole range of areas such as, the patient environment, services and patient communication.

We saw evidence that feedback from patients was acted on. For example patients had said that on auction days they found it difficult to access the practice car park due to vehicles attending the auction obstructing entrances. The practice manager had liaised with the managers of the auction event to ask them to raise awareness of the problem patients had with access on auction days with their customers.

## **Staff engagement and involvement**

Staff we spoke with told us that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. We saw that the provider also used the meetings to share information about any changes or action they were taking to improve the service and they actively encouraged staff to discuss these points.

We saw that there were regular clinical meetings attended by multi-disciplinary staff from different health agencies. Patient care was discussed and staff were provided with the opportunity to contribute to these.

All the staff we spoke with told us they were encouraged to feedback on any aspect of the practice. They felt they had a voice and the provider was interested in creating a learning and supportive working environment. One staff member told us, "There is an open door policy and we can always go in and discuss things with the GPs." This meant the senior management team actively encouraged staff involvement in the running of the practice.

## **Learning and improvement**

We saw that all the doctors and relevant staff come in on one afternoon each month for a 'meeting day' and the practice was closed. Patients were made fully aware of the closure and why via the practice website and posters in

# Are services well-led?

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

waiting areas. Meetings included the whole staff team, clinical and non-clinical and also members of the external multi disciplinary team such as district nurses and health visitors. Minutes from the meetings showed that topics discussed were clinical care, audit results and areas for improvement.

Staff we spoke with discussed how action and learning plans were shared with all relevant staff and meeting minutes we reviewed confirmed that this occurred. All of the staff we spoke with could detail how they had improved the service following learning from incidents and reflection on their practice.

## **Identification and management of risk**

The practice manager, GPs, nursing and non clinical staff completed regular self-assessments and peer reviews of their performance. 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 staff we spoke with were clear about how to report incidents. Each clinical lead had systems for monitoring their areas such as whether GPs and nurse prescribers were following the latest guidance and protocols. The systems were effectively monitored by the practice manager and senior staff.



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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Patients were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Repeat prescriptions were not always signed before medicines were issued to patients, controlled drugs were not stored securely in Doctor's bags and vaccines were not transported in line with current requirements.</p>
Maternity and midwifery services	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Patients were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Repeat prescriptions were not always signed before medicines were issued to patients, controlled drugs were not stored securely in Doctor's bags and vaccines were not transported in line with current requirements.</p>
Family planning services	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Patients were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Repeat prescriptions were not always signed</p>

This section is primarily information for the provider

## Compliance actions

before medicines were issued to patients, controlled drugs were not stored securely in Doctor's bags and vaccines were not transported in line with current requirements.