

Care Quality Commission

Inspection Evidence Table

Windermere and Bowness Medical Practice (1-2163977764)

Inspection date: 17 January 2020

Date of data download: 08 January 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Effective

Rating: Good

When we inspected the service in November 2018, we rated the practice as requires improvement for providing effective services. Clinical staff support, training, professional development, supervision and appraisal was sometimes insufficient. At this inspection in January 2020, we saw these areas had been comprehensively addressed.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	

Clinicians had easy access to best practice guidelines online and we saw examples of practice-specific protocols which had been developed to reflect best practice.

Reception staff had access to a comprehensive triage flowchart which had been developed with the help of the practice paramedic. It clearly indicated paths of care appropriate to patients, including those with urgent needs.

All staff had been trained in equality and diversity.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.38	0.59	0.74	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice paramedic followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. They acted as a co-ordinator when necessary to ensure all health and social care support services were in place.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed

conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.4%	79.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.7% (37)	12.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.5%	75.6%	78.1%	No statistical variation
Exception rate (number of exceptions).	9.6% (26)	10.8%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.7%	76.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	19.3% (52)	20.8%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	69.3%	74.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.2% (4)	7.6%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	93.9%	89.1%	89.6%	No statistical variation

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	5.7% (5)	13.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	76.3%	81.5%	83.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.1% (24)	4.9%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	89.1%	91.8%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.1% (7)	12.3%	5.9%	N/A

Any additional evidence or comments

Clinical staff told us how they reviewed patients with long-term conditions.

They only excepted patients from treatment according to a strict practice protocol and we saw that clinical exception reporting was comparable to local averages for most areas of the QOF.

Overall clinical exception reporting was 9.5% compared to 9.3% locally and 9.7% nationally.

Families, children and young people

Population group rating: Good

Findings

- The practice met the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity) for all of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	44	46	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	51	53	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	52	53	98.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	52	53	98.1%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical	67.4%	N/A	80% Target	Below 70%

cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	72.6% (current, as at 17/1/20, PHE unvalidated data)			uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	71.4%	75.2%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	59.6%	64.5%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	68.2%	74.8%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	67.9%	50.3%	53.8%	No statistical variation

Any additional evidence or comments

We saw more recent unvalidated Public Health England (PHE) data for cervical screening that indicated the practice had achieved 72.6% overall for cervical screening, with the lowest achievement in the preceding year 66.3% and the highest 85.4%.

Staff told us they struggled to engage the group of patients who worked in the leisure industry in the area and were from other areas of Europe. They told us these workers were always invited for screening at the practice but preferred to do this when they returned to their home country.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. There were pictorial aids used for patients to complete before attending.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice paramedic was the lead for these patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services. There was a South Lakes "Dementia Hub" which met monthly for patients and their carers to attend.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.4%	93.4%	89.4%	Tending towards variation (negative)
Exception rate (number of exceptions).	7.9% (3)	16.5%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.7%	91.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	7.9% (3)	13.9%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.2%	80.4%	83.6%	No statistical variation
Exception rate (number of exceptions).	13.9% (5)	5.8%	6.7%	N/A

Any additional evidence or comments

The practice recognised they had excepted a high percentage of patients with dementia from face-to-face reviews, although this was only for five patients. The reasons for excepting these patients had been considered and all had been verified as appropriate under the circumstances.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	535.8	531.4	539.2
Overall QOF score (as a percentage of maximum)	95.8%	97.8%	96.7%
Overall QOF exception reporting (all domains)	5.5%	5.1%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial
Quality improvement activity was targeted at the areas where there were concerns.	Partial
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice conducted infection prevention and control audits quarterly. They had identified areas of the practice premises which were in need of attention and had a programme of work which was in the process of being addressed, including re-painting and replacing furniture and fittings. Staff told us the building manager was accessible and worked well with the practice to ensure the work was done.

Any additional evidence or comments

The provider reviewed achievement against the Quality Outcome Framework (QOF) on an ongoing basis and every quarter in formal integrated governance meetings.

Staff that were prescribing regularly in the practice had regular clinical supervision and appraisal sessions. This also included the prescribing of inhalers for asthmatic patients by the prescribing practice nurse.

There was a programme of regular “mandatory” audits which included audit of infection prevention and control, health and safety audits, staff recruitment files and clinical reviews of staff records of patient consultations, including medical and non-medical prescribing. There was also a clinical audit programme which included monitoring the prescribing of antibiotics and opiate medicines, and treatment provided for patients with hypertension. We saw evidence three clinical audits had been commenced from October 2018 to January 2020 although they had only been run once and had not yet been repeated to check for improvements. Staff we spoke with said this had been due mainly to the fact there had not always been permanent GPs in post at the practice but hoped it would improve in the future.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in November 2018 we identified there were gaps in staff induction, appraisal and supervision processes and these had not been done appropriately for some staff. At this inspection, we saw the practice had appointed an advanced nurse practitioner in the practice as the clinical lead to ensure these processes took place as planned.</p> <p>We saw evidence of a strong induction process which had been used for new staff.</p> <p>Staff training was well-supported by practice. We saw the nurse practitioner and paramedic were both studying towards a masters' degree in advanced practice.</p> <p>There was management overview of staff training and we saw evidence all staff including clinical staff were appropriately trained for their role. The overall staff training matrix did not include all details of clinical staff training and leaders told us they would add these to the matrix.</p> <p>All staff had had an appraisal in the last 12 months and there was a comprehensive programme of staff supervision supported by a clinical supervision policy. The provider had named clinical supervisors appointed from their experienced practitioners who conducted supervision at the practice.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings	Y

where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>Staff at the practice met regularly with staff from other health and social care agencies to discuss vulnerable patients.</p> <p>There was regular communication with other services visiting the health centre such as counselling for patients with poor mental health, physiotherapy and health visiting.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a care pack for patients with dementia and their carers to offer advice and support and signpost local available resources.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record	92.9%	95.3%	95.0%	No statistical variation

smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.7% (9)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All clinical staff had trained in the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff we spoke with were knowledgeable about consent issues.</p> <p>Patient consent was monitored regularly during peer reviews of patient consultation records.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us how they reviewed and understood the patient population needs and adjusted services to match those needs. They had struggled to recruit permanent GPs and had partly addressed this by appointing a paramedic and a musculoskeletal clinician to provide care to patients. They had done this following an analysis of population health data to produce a model of how multi-disciplinary staff could work for the surgery. At the time of our inspection, they were continuing to advertise for a further permanent GP.</p> <p>There was a bell at the practice front entrance should a patient need assistance entering the premises.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 7.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 7.30pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Extended hours opening:	
Telephones at the practice were answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours was	

provided by the NHS 111 service and Cumbria Health on Call Ltd (CHoC).
 Extra nurse and GP appointments were offered at the practice on Wednesday evenings until 7.30pm.
 The practice offered patients 15-minute appointments as standard.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5726.0	300.0	111.0	37.0%	1.94%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	95.0%	95.7%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice used best practice information to offer care to older patients. For example, they had implemented new guidance and no longer accepted urine samples over the counter from patients over 65 years of age but offered a face-to-face appointment instead.
- The practice paramedic reviewed all older people discharged from hospital, visiting them at home if necessary, to ensure available social and health care was in place.
- The practice musculoskeletal (MSK) clinician had involved other local health and social care services and started a monthly “Bounce Back” clinic for people who had lost confidence after a fall. This clinic offered care and support for all patients within the local primary care network (PCN). The service had recently been nominated for a primary care innovation award.
- The practice promoted a local bereavement café which had been started by a member of its patient participation group (PPG) and supported those who had been recently bereaved.
- There was a medicines delivery service for housebound patients offered by the pharmacy in the same building.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss

and manage the needs of patients with complex medical issues.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. The practice paramedic acted as the lead for this work.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7.30pm on a Wednesday and from 8am with one of the nurses for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Midwife services visited the practice twice a week.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on a Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area offered by Cumbria Health on Call Ltd (CHoC) at evenings and weekends.
- There were telephone appointments available to patients who were unable to attend the practice.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability; they offered longer appointments when needed.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Dementia patients and their carers were encouraged and supported to use a “This is me” booklet to record details of the patient’s life.
- The surgery had good communication links with the local community home visiting team.

Timely access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: All patient requests for on-the-day appointments were accommodated by the practice. If a surgery was particularly busy, urgent requests were triaged, usually by telephone, and care and treatment given as appropriate. The practice paramedic reviewed all patient requests for home visits and discussed them with GPs.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	85.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	75.3%	71.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	63.6%	72.2%	64.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	76.5%	76.9%	73.6%	No statistical variation

Any additional evidence or comments

The practice was aware of difficulties in accessing appointments at the practice following the contract migrating to the new provider in 2015. There had been major changes in staff and leaders confirmed to us the practice had been de-stabilised to some extent. Most of the challenges this presented had been successfully addressed and patients we spoke with reported improvements in access to the practice, particularly over the last year to 18 months. We saw this was also reflected in the results of the national patient survey which showed 81% patient satisfaction with the practice overall compared to 86% locally and 83% nationally.

Source	Feedback
Patient Interviews	Patients we spoke with told us they could always get an appointment when they needed one. If they needed to see a particular GP this could be difficult, and they could wait for some time, however, they could usually get an appointment with any GP within two or three days if it was not urgent. They told us they could always get an urgent appointment on the day it was requested.
Patient comment cards	We received three patient comments cards. Two of these mentioned the practice response to patient needs was fast and reliable.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	17
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Explanation of any answers and additional evidence:

All of the 17 patient complaints were received between January and August 2019, there had been none since then. The practice co-ordinator was the lead for handling patient complaints and communicated all complaints to the main provider for shared learning.

When we inspected the practice in November 2018, we saw information about how to escalate complaints if necessary was missing. At this inspection, we saw there were leaflets available to patients in the patient waiting area about the full complaints process as well as a poster showing how complaints could be escalated throughout the provider organisation if necessary. There was also a notice in the patient waiting area inviting patients to “chat with the person in charge” and offering a copy of the practice complaints policy from reception.

Examples of learning from complaints.

Complaint	Specific action taken
A patient had problems with setting up some aspects of “Patient Access”, a system that allows patients online access to records, prescriptions etc., and staff were unable to help.	The surgery apologised to the patient and trained all staff in all aspects of the Patient Access system.
A patient queried the treatment provided at the practice and why certain medicines had not been prescribed.	Clinicians reflected on clinical practice and discussed best practice guidelines to ensure care and treatment was appropriate in future.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice leaders were supported by the overarching provider management structure at One Medicare Ltd. for all aspects of service delivery. Managers provided timely and effective support and communication. The practice had experienced challenges in recruiting GPs. They were continuing to advertise to recruit GPs to the practice and had employed a multi-disciplinary team of clinicians to assist GPs. They had appointed a paramedic and a musculoskeletal (MSK) clinician in addition to using two advanced nurse practitioners. Vacancies in the practice administration team had also been addressed. One of administration team had been supported in taking on a management role as the practice co-ordinator who was given management support by the provider service delivery lead, and another team member had been appointed as senior receptionist. This had filled the vacant practice manager position. We saw a local service delivery plan 2019/20 for the practice. This detailed how the provider planned to provide good access to appointments, how to ensure continuity of care for patients who needed it and how to provide lifestyle and wellbeing care including social prescribing, health promotion and prevention. It detailed how the practice would engage with the local community, stakeholders and other organisations and how it would ensure service sustainability, grow the business and improve services by delivering new ways of working and innovation. Staff told us managers were always approachable. They said could always rely on leaders for support in any circumstances.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving	Y

them.	
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice vision reflected the objectives of the delivery plan. The practice vision and purpose included: “We want to offer a connected community centre point for promoting health and wellbeing for Windermere and Bowness with a strong focus on patient-centred high-quality care and innovation, health education and health promotion.” It also included: “We will work in line with the vision and values of OneMedicalGroup; improving lives by putting people first, working together towards a better future.”</p> <p>The service delivery and strategy were reviewed quarterly at formal meetings.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were aware of the practice whistleblowing policy and told us they would be happy raising any concerns with practice leaders. They were aware they could also raise concerns with the nominated provider director who was the Freedom to Speak Up Guardian.</p> <p>The practice had comprehensive risk management systems in place to ensure staff safety.</p> <p>The provider valued staff wellbeing; they had launched a staff wellbeing strategy in 2019. They used a retreat in Harrogate which all staff were able to request to attend. This offered activities over a two-day residential programme including for example, mindfulness and yoga as well as physical activity.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff said the provider team was open in its approach, friendly and willing to listen;

	staff felt supported by managers.
Staff records and interviews	We saw from records, and staff told us, they had been with the practice for a long time. Some staff had worked in the practice for over 10 years and sometimes over 20 years.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The provider had comprehensive governance systems which were appropriately applied and understood in the practice. There were lists of provider and practice staff roles and responsibilities on all administration room walls.</p> <p>Policies and procedures were available to all staff online on the provider intranet. We saw this intranet was clear and easy to access.</p> <p>Communication with staff in the practice was good. There were daily ten-minute “huddles” for all staff to discuss current issues, fortnightly clinical staff meetings with set agendas, regular reception meetings and monthly whole team meetings.</p> <p>Significant events and patient complaints were managed systematically, and learning shared effectively with staff. There was sharing of learning both at practice and provider level.</p> <p>We saw meetings were held by the provider integrated governance committee quarterly where all areas of governance were discussed. There were also minuted weekly service delivery calls which addressed areas of governance and calls to escalate any service issues twice a week.</p>	

Managing risks, issues and performance

There were generally clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y

A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Practice and policies were developed to ensure staff were aware of service requirements. There were good systems in place to ensure staff were aware of these policies and any changes to them. However, there was no practice-specific policy for the management of communications coming into the practice. Staff told us how they would remove some items of post without a clinician having had sight of them. This was done by two long-standing, experienced staff members who had been informally trained by a GP in the practice some years earlier. They also told us they would send all discharge summaries, patient attendances at the local A&E department and out of hours reports to the practice paramedic for action.</p> <p>We saw evidence the practice recruitment process was safe and ensured all necessary assurances were in place before staff commenced working in the practice.</p> <p>There were comprehensive health and safety processes and procedures which were followed. There were records of all necessary equipment and premises safety checks, and systems to ensure infection prevention and control were in place.</p> <p>Arrangements to ensure medicines were managed safely in the practice were thorough.</p> <p>At our inspection in November 2018, we noted improvement was needed in the frequency of fire drills. At this inspection, we saw a fire drill had been carried out on 11/09/2019.</p> <p>Management overview of staff and GP training was good although full records of clinical staff training were not easily available. We saw clinical training was reviewed at appraisal and records were held separately in individual staff files. Managers told us they would add clinical training to staff training records in future.</p> <p>The provider had an ongoing service risk register that was regularly reviewed. This included areas of risk including recruitment, service performance and patient experience.</p>	

Appropriate and accurate information

There was generally a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was regular and systematic discussion of practice achievement at provider and practice level.</p>	

The practice had a programme of quality improvement which included clinical searches and audit. We saw this programme covered some areas of general clinical practice although we saw no evidence of practice two-cycle audit.

Staff told us they continually reviewed the appointment system to improve patient access. Patients we spoke with confirmed access had continually improved over the last year or more.

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to provide high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group (PPG).	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Explanation of any answers and additional evidence:

The practice continually collected and reviewed patient views using the national Friends and Family Test (FFT). It also conducted its own patient survey annually.

There was a quarterly newsletter produced by the surgery for patients as well as a quarterly provider newsletter.

The practice PPG met about every three months and were consulted on surgery developments. Staff told us the PPG was valued by the practice and they had been instrumental in improving communications generally with the practice patient population.

The surgery was a member of the South Lakes and Grange primary care network (PCN) and worked with them to develop services in the local area and share best practice.

Feedback from Patient Participation Group (PPG).

Feedback

We spoke with three members of the PPG before our inspection. They told us they had worked with the practice to understand how to address the challenges they had faced following the contract migrating to the new provider in 2015. They said there had been a period of instability at the practice with changes in staffing and they felt there had been a lack of communication with patients during this time.

We were told there had been a lot of work done to improve communications with patients and give better clarity and understanding of what was happening at the practice. The idea of the notice board in the waiting area with staff photographs was implemented by the practice and a member of the PPG took the photographs.

At the suggestion of the PPG, the minutes of PPG meetings were kept for patients to read in the waiting area.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>The provider had recently acquired a digital service provider as part of the organisation. They told us they were in the process of developing their own online application for patient “live chats” and video consultations.</p> <p>Leaders told us they were keen to take the surgery forward and continue the development of the practice to offer more services to patients in-house.</p>	

Examples of continuous learning and improvement

- Leaders had appointed a paramedic to the practice team in Summer 2018. Their role in the practice was developed to deliver care and treatment appropriate for professional competencies and to act as a service co-ordinator for vulnerable patients discharged from hospital with insufficient support.
- The practice musculoskeletal (MSK) clinician had recognised the need to support patients who had had a fall and lost confidence in mobilising. They developed a monthly “Bounce Back” clinic, working with pharmacists, physiotherapists and Age Concern. This clinic offered care and support for all patients within the local PCN, either through self-referral or referral by clinicians. The service had recently been nominated for a primary care innovation award.
- A member of the practice PPG had set up a bereavement café. This offered support and discussion to recently bereaved patients. This had been supported by the practice and promoted to patients.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.