

Townhead Surgery

Quality Report

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Date of inspection visit: 30 June 2016

Date of publication: 12/09/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Townhead Surgery on 30 June 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

Our key findings across all the areas we inspected were as follows:

- The practice ethos and culture was to provide good quality service and care to patients.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. A recognised tool was used to identify patients who were considered to be at risk of frailty.

- The practice had good facilities and was well equipped to treat and meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- Patients we spoke with were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice had a good understanding of, and complied with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The partners promoted a culture of openness and honesty, which was reflected in their approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.

Summary of findings

- Risks to patients were assessed and well managed. There were safe and effective governance arrangements in place.
- There were comprehensive safeguarding systems in place; particularly around vulnerable children and adults.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive.
- The GP partners were forward thinking, aware of future challenges to the practice and were open to innovative practice.

We saw two areas of outstanding practice:

- The practice had appointed a care co-ordinator to contact all patients immediately following discharge

from an unplanned episode of hospital care. This intervention had supported people to get the right level of support in the community to avoid further admissions.

- The health of local farmers was pro-actively managed through a bespoke clinic to ensure that sufficient data was available to identify their health needs. As a result of the initiative health problems were identified and preventative medication, such as statins (drugs that reduce cholesterol in the blood) was commenced.

However there was one area of practice where the provider should make improvements:

- Maintain appropriate records when completing balance checks of controlled drugs.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and a nominated lead who dealt with them overall. Lessons learnt were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents.
- There was a nominated lead for safeguarding children and adults. Comprehensive systems were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management. The practice had support from Airedale Wharfedale and Craven Clinical Commissioning Group medicines management team. There were also good processes around the dispensing of medicines but the practice did not maintain a documented record when completing checks of controlled drugs.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The partners and practice manager had weekly meetings where they discussed any management issues, significant events, complaints and any other business relating to the practice.
- All staff had access to policies and procedures.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- The practice used a recognised tool to identify patients who were considered to be at risk of frailty.
- Regular clinical meetings and discussions were held between the GPs and nursing staff to discuss patient care and complex cases.
- Staff worked with other health and social care professionals, such as the community matron, district nursing, health visiting and local neighbourhood teams, to meet the range and complexity of people's needs.

Summary of findings

- End of life care was delivered in a coordinated way.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were better or comparable to both local and national figures.
- There was evidence of appraisals and personal development plans for all staff. The practice was very proactive and supportive with regard to the learning and development of staff.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP patient survey showed that patients rated the practice comparable or better than other local practices. Patients we spoke with and comments we received were all positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses and the majority of comments made by patients and showed they found it easy to make an appointment.
- The practice offered pre-bookable, same day and online appointments. They also provided telephone consultations.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people living with dementia and conditions other than cancer.
- The practice had developed a programme to identify farmers at risk of ill health and proactively invited them to attend for health checks at a time and location suitable for them.

Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The partners promoted a culture of openness and honesty.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Staff informed us they felt very supported by the GP partners and practice management.
- The practice had been proactive in the development of staff. The practice were aware of the risks associated with the recruitment of appropriately skilled staff and had a plan to ensure existing staff were trained in several areas of service delivery and were able to cover effectively for staff absence in other departments.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice provided proactive, responsive and person-centred care to meet the needs of the older people in its population. All patients over the age of 75 years had a named GP.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice participated in Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital.
- Patients who were considered to be at risk of frailty were identified and support offered as appropriate.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed as needed.
- The practice conducted weekly ward rounds at Castleberg Hospital and a local nursing home to ensure the ongoing care needs of those patients were met.
- Patients were signposted to other local services for access to additional support, particularly for those who were isolated.

People with long term conditions

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

Good



- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.
- 98% of newly diagnosed diabetic patients had received the influenza immunisation in the preceding 1 August to 31 March (CCG average 97%, national average 94%).
- 100% of patients diagnosed with atrial fibrillation were treated with anticoagulant or antiplatelet therapy (CCG average 99% and national average of 98%).
- The practice identified those patients who had complex needs and life limiting conditions and ensured they were on discussed at the multi disciplinary meeting and receiving the right care.

Summary of findings

- Patients who were at risk of developing diabetes were identified and invited in for relevant tests and follow-up.
- There was a 'did not attend' (DNA) protocol in place to follow up routine appointments.

Families, children and young people

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- Immunisation uptake rates were in line with the CCG and national rates for all standard childhood immunisations.
- Sexual health, contraceptive and cervical screening services were provided at the practice.
- 84% of eligible patients had received cervical screening, the same as the CCG average, (national average 82%).
- Appointments were available with both male and female GPs.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these patients 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 provided extended hours appointments one evening per week, one early morning per week, alternate Saturday mornings, telephone consultations, online booking of appointments and ordering of prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group
- Health checks were offered to patients aged between 40 and 74.
- Students were offered public health recommended vaccinations prior to attending university.

Good



Summary of findings

- Travel health advice and vaccination were available.
- There was an in-house phlebotomist service to avoid the need for some patients having to access secondary care.
- The health needs of farmers were identified and addressed in a bespoke service.

People whose circumstances may make them vulnerable

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

- The practice did a regular search of patients who were identified as having factors which could contribute to vulnerability. These were discussed at multidisciplinary meetings. Clinicians worked with other health and social care professionals, to ensure those patients had their needs met.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- Patients who had a learning disability received an annual review of their health needs and a care plan was put in place. Carers of these patients were also encouraged to attend and were offered a health review and signposted to other services as needed.
- Those patients who were hypersensitive to their environment such as those on the autistic spectrum were offered appointments at quiet times in the practice.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.
- Patients with learning disability and other vulnerabilities were actively encouraged to be part of the Patient Participation Group (PPG). There were two people with a learning disability part of the PPG and they were fully supported to take part in decisions.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 81% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 89%, national average 84%).
- 96% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG average 94% national averages of 88%)..
- Staff had a good understanding of how to support patients with mental health needs or dementia.

Summary of findings

What people who use the service say

The national GP patient survey distributed 237 survey forms of which 130 were returned. This was a response rate of 55% which represented less than 2% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and national averages. For example:

- 90% of respondents described their overall experience of the practice as fairly or very good (CCG 85%, national 85%)
- 96% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 81%, national 79%)
- 76% of respondents described their experience of making an appointment as good (CCG 70%, national 73%)
- 95% of respondents said they found the receptionists at the practice helpful (CCG 86%, national 87%)
- Almost 100% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG and national 95%)

- 99% of respondents said they had confidence and trust in the last nurse they saw or spoke to (CCG 98%, national 97%)

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 28 comment cards, all of which were extremely positive, many using the words 'superb' and 'excellent' to describe the service and care they had received and citing staff as being friendly, helpful and caring. Several of the comments praised individual members of staff.

During the inspection we spoke with patients and members of the patient participation group. Comments received from them were very positive and they had high praise for the practice and staff. All agreed they were happy with the care they received from any of the clinicians. They described the practice as being 'like a family doctors' and the service they received as being 'excellent'. We were given many examples of good care and support they had received.

Areas for improvement

Action the service **SHOULD** take to improve

- Maintain appropriate records when completing balance checks of controlled drugs.

Outstanding practice

- The practice had appointed a care co-ordinator to contact all patients immediately following discharge from an unplanned episode of hospital care. This intervention had supported people to get the right level of support in the community to avoid further admissions.
- The health of local farmers was pro-actively managed through a bespoke clinic to ensure that sufficient data was available to identify their health needs. As a result of the initiative health problems were identified and preventative medication, such as statins (drugs that reduce cholesterol in the blood) was commenced.

Townhead Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a GP specialist advisor and a pharmacist specialist inspector.

Background to Townhead Surgery

Townhead Surgery is a member of the Airedale Wharfedale and Craven Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England. The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services, which include:

- Childhood vaccination and immunisations
- The provision of influenza and pneumococcal immunisations
- Extended hours access

Townhead Surgery is located in Settle, North Yorkshire which is a rural town which relies on agriculture as its main industry. The catchment area for the practice is Settle and surrounding villages covering 250 square miles.

The practice is situated in a purpose built premises, close to the market square, and a modernised branch surgery in

the village of Hellifield. There are facilities for people with disabilities and all patients areas are on the ground floor. There are car parking facilities on site with designated disabled parking.

The practice dispenses prescriptions to eligible patients. The medication is dispensed from Townhead surgery, however the medication can be collected at two other locations which include the branch surgery at Hellifield and a village post office.

The practice has a patient list size of 9428 which is made up of predominantly white British, with an almost 50:50 ratio of male and female patients. There is a higher than CCG and national average number of patients over the age of 50 years. The practice has close links with a local residential home, where some registered patients reside.

There are nine GP partners, four female and five male, who are supported by four practice nurses and two health care assistants; all female. There is a business manager and a practice manager, along with a team of pharmacy dispensers, administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday, with extended hours from 7.30am to 8.00am Monday Tuesday or Thursday mornings and extended hours appointments from 6.30pm to 7.00pm Monday evenings. They are also open alternate Saturday mornings 8.00am to 10.30am. The branch surgery at Hellifield is open Monday Wednesday and Friday 9am to 12.15pm and Tuesday and Thursday 3.00pm to 6.00pm GP appointments are available throughout the day. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Detailed findings

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

One of the GP partners is the chair of Governing Body for the Airedale Wharfedale and Craven Clinical Commissioning Group. There is also a GP partner who is a special measures advisor for the Royal College of General Practitioners (RCGP).

We were informed of the challenges for the practice which included the rurality of the practice and staff recruitment.

Due to the demographics of the practice and its population, the practice accessed a number of hospital trusts in the North of England for example. Airedale General Hospital, Harrogate General Hospital, as well as hospitals in Preston, Morecombe Bay, Bradford and Leeds.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Airedale Wharfedale and Craven CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 30 June 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, the general manager, the business manager and a practice nurse.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/family members were treated.
- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Spoke with a local nursing home who told us how proactive and responsive the practice was with the resident patients.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- The partners promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' policy in place.
- Staff told us they would inform the general manager or business manager of any incidents and complete the electronic incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as Airedale Wharfedale and Craven CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning of significant events, such as the development of the emergency grab bags when the practice had two incidents occurring at the same time, one in surgery and one in the car park, when the emergency trolley was difficult to manoeuvre in the car park.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to level three. All staff had received training relevant to their role and could demonstrate their understanding of

safeguarding. We were told the GP safeguarding lead worked closely with health visitors. The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).

- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) It was recorded in the patient's records when a chaperone had been in attendance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Arrangements for managing medicines were checked at the practice. Prescriptions were dispensed for patients who did not live near a pharmacy, and this was appropriately managed. Staff showed us Standard Operating Procedures (SOPs) which covered all aspects

Are services safe?

of the dispensing process (these are written instructions about how to safely dispense medicines). These were not signed by the staff using them so the practice could not be assured staff were working in accordance with these policies; however these were signed immediately on our departure. Dispensing staff were aware prescriptions should be signed before being dispensed. A procedure was in place to ensure this occurred, we observed all the prescriptions ready to be collected were signed. There were sufficient staff to ensure a second checking system was used to provide dispensing accuracy assurances. We saw a process was in place to monitor any uncollected prescriptions at both sites and these were followed up appropriately.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary. We saw records showing members of staff involved in the dispensing process had received appropriate training. Staff told us they received annual appraisals; however, there was no ongoing assessment of their competency.
- Urgent medicines were sometimes dispensed remotely for patients who did not live near the dispensary and this was appropriately managed. The practice also made reasonable adjustments for patients who struggled to manage their own medicines, for example by providing monitored dosage systems.
- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed within the dispensary team and at practice meetings. Staff responded appropriately to national patient safety alerts and there was a system in place for the management of high risk medicines.
- Stocks of Controlled Drugs (CDs, medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely, access was restricted to authorised staff, and SOPs set out how they were managed. Staff told us they carried out weekly balance checks of controlled drugs although this was not documented in the CD register. The practice responded positively to this issue and said they would

ensure this happened in future. All the CD stocks we checked on our inspection were correct. There were appropriate arrangements in place for the destruction of CDs.

- Medicines requiring refrigeration were stored and monitored appropriately. Expired and unwanted medicines were disposed of according to waste regulations, and there was a procedure in place to ensure dispensary stock was within expiry date.
- We checked medicines stored in the treatment rooms, doctors bag, and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Oxygen and a defibrillator were available for use at both sites and were easily accessible. There was a procedure in place to ensure emergency medicines were fit for use.
- The practice had devised and designed a robust process for identifying patients at risk of unplanned admissions to hospital. This process included identification from a number of sources including the use of the frailty tool, knowledge of patients, and recent unplanned admissions. The patients were then discussed at one of the monthly multi disciplinary meetings and appropriate services and care planning devised. The process identified patients at highest risk of unplanned hospital admissions and those in the second tier of risk enabling more appropriate use of resources in preventative practices.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was also a health and safety policy accessible to staff.
- An up to date fire risk assessment which had been completed by a local provider.

Are services safe?

- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a fire evacuation plan in place which identified how staff could support patients with mobility problems to vacate the building. Regular fire drills were carried out and staff were aware of their responsibilities
- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for children and adults.
- Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- The practice had an effective accident/incident recording and reporting system in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Updates were also discussed at GP and nursing team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs attended CCG meetings with other practices, to look at the joint needs assessment of the local area.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) showed the practice had achieved 99% of the total number of points available, with 11% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data showed:

- Performance for some diabetes related indicators was higher than the CCG and national averages. For example, 90% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG average 83% and England average of 88%.
- Performance for mental health related indicators was higher than the CCG and national averages. For

example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan the preceding 12 months; CCG average 94%, England average 88%.

- There was only one area where the practice indicators were lower than the CCG or national average. This was in relation to the percentage of patients with COPD who had a review undertaken including the assessment of breathlessness using Medical Research Council dyspnoea scale (practice 78%, CCG average 90% and national 90%). We discussed this with the practice and at the time of the inspection, staff told us this was being reviewed and analysed, and an action plan was to be developed once the reasons for this were better understood.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. The practice had undertaken eight clinical audits in the previous year. We reviewed three audits which had been completed in the preceding 12 months. These identified where improvements had been made and could evidence sustained improvement. For example:

- The practice was identified as a high prescriber of Cephalosporin (an antibiotic) following an audit and further benchmarking in 2014. The practice analysed this data and ensured prescribers followed best practice guidelines where they existed. A repeat of the audit and further benchmarking in 2015 demonstrated a reduction in the prescribing of the antibiotic within the practice and being benchmarking identified the practice was slightly below the level of comparable practices

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning

Are services effective?

(for example, treatment is effective)

training modules and in-house training. They were also supported to attend role specific training and updates. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussions with other clinicians

- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission by the appointment of a care coordinator who contacted all patients recently discharged. Evidence from the programme demonstrated high levels of patient satisfaction for the service and improved patient outcomes.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. Information was shared between services, with the patient's consent, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs, at a high risk of an unplanned hospital admission or had palliative care needs. These were reviewed and updated as needed. Information regarding end of life care was shared with out-of-hours services, to minimise unnecessary distress to the patient and/or family.

Consent to care and treatment

The practice had a policy regarding consent and staff we spoke with were aware of it and had a good understanding of the principles of consent.

Staff could demonstrate their understanding of the Mental Capacity Act 2005. We were informed that a patients'

consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, an assessment was undertaken and the outcome recorded in the patient's record.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle information, such as dietary advice, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

We were informed (and saw evidence in some instances) that Townhead Surgery:

- Participated in Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital. A recognised tool was used to identify patients who were considered to be at risk of frailty. These patients were reviewed and health care provided as needed.
- The uptake rate for cervical screening in the preceding five years was 84%, the same as the CCG and better than the England average of 82%.
- Had failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged up to 24 months ranged from 91% to 100% and for five year olds they ranged from 93% to 100%.
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 75. Where abnormalities or risk

Are services effective?

(for example, treatment is effective)

factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

- Had a blood pressure monitoring machine available a private area of the reception, to enable patients to check their own blood pressure. If there were any abnormalities, patients were invited to see a clinician for follow-up.
- A local proactive project to support farmers was in place as information on this group of patients held in the practice was minimal so the exact needs were unknown. Around 50 farmers had been invited into the surgery for NHS health checks. As a result the practice had

identified that the farmers had a higher risk of ill health which could be prevented than other population groups. Consequently many had been commenced on statins and anti hypertensive therapy as a result of the findings of various tests undertaken with those patients, for example cholesterol and blood pressure. .

- Later work looked at the best ways of contacting farmers. The practice had identified through a focus group that farmers did not like being contacted at the local auction (a popular strategy for public health work with farmers), but preferred telephone calls in the evening. Other work investigated the barriers preventing farmers seeking health care.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place at Townhead surgery.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many cited individual staff as being very supportive and kind.

During the inspection we spoke with patients and members of the patient participation group, whose views and comments were also overwhelmingly positive.

Data from the national GP patient survey showed respondents rated the practice higher for many questions regarding how they were treated compared to other local and national practices. For example:

- 98% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 91%, national 89%)
- 97% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 89%, national 87%)
- 97% of respondents said the last GP they spoke to was good at explaining tests and treatments (CCG 89%, national 86%)
- 95% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG 92%, and national 91%)

- 98% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 94% of respondents said the last nurse they spoke to was good explaining tests and treatments (CCG 90%, national 90%)

Care planning and involvement in decisions about care and treatment

The practice provided facilities to help patients be involved in decisions about their care:

- The choose and book service was used with all patients as appropriate.
- Longer appointments and additional support were available for those patients who may have had difficulty with understanding their options.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

Patient comments we received on the day of the inspection were all positive regarding their involvement in decision making and choices regarding their care and treatment.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices. For example:

- 91% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG and national 85%)
- 94% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG and national 91%)

Patient and carer support to cope emotionally with care and treatment

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, they would be contacted and support offered as needed.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Airedale Wharfedale and Craven CCG to review the needs of its local population and to secure improvements to services were these were identified. These included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone consultations
- Longer appointments as needed
- Extended hours access

Travel vaccinations which were available on the NHS

- Disabled facilities, a hearing loop and interpretation services

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday, with extended hours from 7.30am to 8am Monday Tuesday or Thursday and 6.30pm to 7pm on Monday. The practice also opened alternate Saturday mornings. GP appointments were available 8 am to 6.30pm Monday to Friday and 6.30pm to 7.00pm Monday. Telephone appointments were also available. Appointments could be booked up to six weeks in advance; same day appointments were available for people that needed them. When the practice was closed out-of-hours services were provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

We were informed the practice took into account individual needs of patients when accessing the practice. For example, the general manager told us that patients who needed to attend surgery at quiet times were offered appointments at the end of surgery or at the branch surgery which was much quieter.

Data from the national GP patient survey showed respondents rated the practice better than or comparable to other local and national practices. For example:

- 78% of respondents were fairly or very satisfied with the practice opening hours (CCG 76%, national 78%)
- 85% of respondents said they could get through easily to the surgery by phone (CCG 71%, national 73%)
- 96% of respondents said the last appointment they got was convenient (CCG and national averages 92%)

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice kept a record of all written and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information displayed in the waiting area to help patients understand the complaints system.

There had been 16 complaints received in the last 12 months. We looked at three complaints in detail and we found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the vision and values of the practice.
- There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A good understanding of staff roles and responsibilities. The GPs and nurses had lead key areas, such as mental health, safeguarding, long term conditions management and infection prevention and control.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held monthly, where practice performance, significant events and complaints were discussed.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning was in place. For example, receptionists and administrators were being trained to dispense medication to ensure there were sufficiently skilled staff available at all times.

Leadership and culture

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and had a comprehensive 'being open' policy in place. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

On the day of the inspection the GP partners and managers could demonstrate they had the experience, capacity and capability to run the practice.

- There was a clear leadership structure.
- We were informed that the GP partners and manager were visible, approachable and took the time to listen.
- Staff informed us they felt respected, valued and supported.
- We saw evidence of regular meetings being held within the practice, such as nursing and administration
- The practice minuted a range of multidisciplinary meetings they held with other health and social care professionals to discuss patient care and complex cases, such as palliative care and safeguarding concerns.
- The GPs promoted the learning and development of staff and also provided mentorship for other clinicians.
- One of the GP partners was the chair of Airedale Wharfedale and Craven CCG

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients who were members of the patient participation group (PPG). The PPG met regularly, carried out patients surveys and felt confident in submitting proposals for improvements to the practice.
- Patients who could be considered to be vulnerable, such as those with learning disabilities were encouraged to be part of the PPG. The members of the PPG who had learning disabilities had been provided with individual support to understand the issues being discussed and read minutes and notes.
- The NHS Friend and Family Test, complaints and compliments received.

Are services well-led?

Good 

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

- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- They had recently joined a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- They had used the Enhanced Primary Care Scheme (EPC) to develop a systematic follow up of all unplanned admissions on discharge from hospital.
- Patients with multiple long term conditions were reviewed annually on the month of their birthday. The practice had devised a matrix to identify the length of appointment needed to review their conditions based on the complexity and comorbidity.