

Dr Trzeciak & Partners

Quality Report

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

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 Dr Trzeciak & Partners on 26 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. When a complaint related to any aspect of clinical work it was raised as a significant event.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and pre bookable appointments available.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However the size of the building was limited as the practice population had grown over time.
- There was a clear leadership structure in place. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware

Summary of findings

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).

We saw several areas of outstanding practice:

- The practice used innovative and proactive methods to improve patient outcomes. For example the practice funded care for pre-diabetic patients and performed reviews on these patients in order to prevent disease progression.
- The practice worked with the local farming and agricultural communities to improve health screening of this hard to reach group. They provided an innovative approach attending farming events, agricultural and equipment shows and offering

discreet three minute health screening that checked cholesterol, blood sugar and blood pressure. They had also worked with other organisations to develop a health education booklet for farmers.

The practice **SHOULD**

- Implement procedures to record and monitor near misses and dispensing errors to improve the safety of the service. Review procedures to ensure fridge monitoring is in line with national guidance.
- Develop a process to monitor the services provided by NHS estates in relation to repair and fire safety.
- Ensure all staff receive and annual appraisal.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was discussed at the practice meetings, investigated immediately and shared with the team. However the procedures to record and monitor near misses and dispensing errors need to be improved.
- When things went wrong the practice had in place a policy to ensure patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However the process for monitoring fridge temperatures in the dispensary needs improving.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, supervision and personal development plans for staff which linked to the practices needs. The practice had linked with the other practices in the area to support the role of a community outreach nurse supporting people with complex needs to live at home.

Summary of findings

- Staff were proactive in supporting patients to live healthier lives through a targeted and practice approach to health promotion and the prevention of ill health. Examples of these were promoting healthy life styles for the farming community and those identified as pre diabetic.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations such as health and with the local community in planning how services were provided to ensure that they met patients' needs.
- There was a proactive approach to understanding the needs of different patient groups and to delivery care that met their needs. This included the hard to reach groups.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, Hambleton and Richmond Clinical Commissioning Group (CCG).
- Patients could access appointments and services by telephone, online or in person. The practice were not currently providing telephone triage but provided telephone advice slots with the GP. The practice had a nurse led result and advice line. Only clinicians gave results to patients, an initiative introduced some years ago as an action following a significant event.
- The practice building was a purpose built health centre facility which also accommodated a number of health services provided from health services.
- There was an active review of complaints and how they are managed and responded to and improvements were made as a result.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and held regular management and team meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) who worked with the practice to improve patient care.
- There was a strong focus on continuous learning and improvement at all levels. The practice supported the training of medical students and nurses and pharmacists.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 were informed of their named GP and where possible the named GP managed their care. Of the 745 older patients in the practice 99 had a care plan and any changes to care needs were discussed at the monthly meetings.
- The practice was responsive to the needs of older people, and offered home and urgent appointments for those with enhanced needs.
- Each care home or supported living scheme has an assigned a named GP.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. Those patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed. Care plans were reviewed and discussed with the community matron. The practice also proactively referred to the frail elderly clinic at the Friarage Hospital to promote fast assessment of patients.
- The practice offered extended appointments for older people and home visits were available. Where indicated the practice undertook joint visits with the district nursing team.
- The GPs reviewed 111 contacts and planned follow up care as necessary.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. A chronic disease nurse lead was employed by the practice. There was a joint approach in managing these patients with community and district nurses.
- Patients with chronic obstructive airways disease (COPD), asthma and diabetes were managed by nurse led clinics. The practice had designed computer templates informed by the latest national and local guidance.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example,

Summary of findings

the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 87%. This was 4% above the local CCG average and 7% above the England average.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met.
- The practice promoted self-management for some long term conditions and referred patients for ongoing support where required. Patients also utilised personal care plans to manage their own conditions and understood when they should ask for help. The practice actively screened for diabetes and had an impaired fasting blood glucose register.
- The practice had supported the recruitment of a long term conditions nurse working across the three practices in the Thirsk area to improve the management of long term conditions and those at risk of admission.

Families, children and young people

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

- There were systems in place 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 82% compared to the local CCG average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice did not have a dedicated room for breastfeeding although they accommodate mothers in the side rooms when free.
- We saw positive examples of joint working with multidisciplinary teams, health visitors and school nurses meeting monthly. The health visitors had a communication box in the practice reception areas where messages could be left for and by the health visitors.

Good



Summary of findings

- The practice provided access to contraception and screening for sexually transmitted diseases (STDs). Two of the partners in the practice held membership of the faculty of Sexual and reproductive Health Care
- The practice offered six week post-delivery checks for mothers and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had appointments available on a Saturday morning and telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and provided a supportive and non-judgemental approach. Examples of these patient groups were people with drug and alcohol problems and those living with a learning disability. There were same day appointments available for those in crisis.
- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice, 68% of patients on the register had received an annual review.
- The practice had a named GP for learning disabilities who whenever possible undertook home visits to the local care home for adults with learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

Good



Summary of findings

The practice held Gold Standards Framework (GSF) palliative care meetings every four weeks to discuss and agree care plans. This was a way of working that had been adopted locally. It involved the practice working together as a team and with other professionals in hospitals, hospices and specialist teams to provide the highest standard of care possible for patients and their families

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).

- Nationally reported data from 2014/2015 showed 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, which was 5% below the CCG average and 1% below the national average.
- Nationally reported data showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 86%, which was also the CCG average and 1% above the national average.
- The practice undertook regular patient reviews in their own home or in the surgery. Those patients who did not attend were followed up an invitation letter or with a phone call from the GP who knew them.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice were able to refer patients to the memory clinic and there was a memory café held in the nearby extra care centre.
- A community psychiatric nurse (CPN) for the elderly attended the monthly multi- disciplinary team meeting.
- The reception staff and Health care assistants had all received dementia awareness training and passed on any concerns about patients to the clinical staff.
- The practice carried out advanced care planning for patients with dementia.
- A consultant psychiatrist attended the practice every three months to provide team updates relating to the management of patients and provide advice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients suffering acute mental health issues were seen on the same day and had access to the crisis team locally.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients on medicines requiring regular monitoring and where the practice shared their care with mental health services were monitored regularly.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above or comparable to the CCG and national averages. 217 survey forms were distributed and 116 were returned. This represented 1.6% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 90% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 92% national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 94% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 90% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 completed comment cards which were all positive about the standard of care received. Patients told us they were greeted courteously, in a friendly caring manner, staff were attentive and they received excellent care.

We received feedback questionnaires from 12 patients during the inspection and spoke with four patients. All patients said they were happy with the care they received and thought all staff were approachable, caring and they received good care. Two patients felt the appointment and telephone system could be improved.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement procedures to record and monitor near misses and dispensing errors to improve the safety of the service. Review procedures to ensure fridge monitoring is in line with national guidance.
- Develop a process to monitor the services provided by NHS estates in relation to repair and fire safety.
- Ensure all staff receive and annual appraisal.

Outstanding practice

- The practice used innovative and proactive methods to improve patient outcomes. For example the practice funded care for pre-diabetic patients and performed reviews on these patients in order to prevent disease progression.
- The practice worked with the local farming and agricultural communities to improve health screening of this hard to reach group. They provided an innovative approach attending farming events, agricultural and equipment shows and offering discreet three minute health screening that checked cholesterol, blood sugar and blood pressure. They had also worked with other organisations to develop a health education booklet for farmers.

Dr Trzeciak & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a CQC inspector, a GP Specialist Adviser and a pharmacy inspector.

Background to Dr Trzeciak & Partners

Dr Trzeciak and Partners, The Doctors' Surgery, The Health Centre, Chapel Street, Thirsk, North Yorkshire, is situated in Thirsk town centre. The practice is housed in a purpose built medical centre. The building is owned by NHS estates and space is limited in the practice. There is limited parking with many of the patients living within walking distance and limited access to public transport. There are 7066 patients on the practice list. The practice scored four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

There are six GP partners four female and two male. There are, two nurse prescribers and two practice nurses. There are also three health care assistants (HCAs) and an attached community based practice nurse hosted by the practice and working across three practices. There is a practice manager, departmental leads and administrative staff. The practice is a dispensing practice and there is a dispensing manager and dispensing staff.

The practice is open from 8am to 6.30pm, Monday to Friday. The practice provides extended hours one evening per week until 8pm and on Saturday mornings from 9am until 11am. Appointments can be booked by walking into

the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours emergency service which is manned by a team of local GPs and operates from Northallerton between the hours of 6.30pm to 8am and all day on Saturdays, Sundays and Bank Holidays. The practice holds a General Medical Service (GMS) contract.

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. 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, HCAs, dispensary and administration staff.
- We distributed questionnaires to patients attending the practice on the day of the inspection and spoke with patients.
- Observed how patients were being cared for.

Detailed findings

- Reviewed comment cards and questionnaires where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or the GPs of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. Significant events were a standing item on meeting agendas and these meetings occurred every three months. The results were shared with staff at meetings where the investigation and action plans were discussed and learning actions for the individual clinician and the practice were identified. For example following an incident in the review of patients taking warfarin, a template was developed for the HCAs to use when reviewing warfarin, which included details of when the next test, was due. The practice followed this up doing a weekly search to ensure no patients were missed and improved communications with the district nurses. Other examples were the practice also improved the process for dealing with emergencies and the calling of emergency ambulances when required to ensure the correct response. The practice had also improved the process for ensuring the monitoring of bloods for patients taking certain medicines where this was indicated.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined what constituted abuse and who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and provided examples of when they would raise a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to child protection or child safeguarding level two and three.

- All of the patients who completed the patient questionnaires were aware they could ask for a chaperone. Clinical staff acted as chaperones and they were trained for this and had received a Disclosure and Barring Service (DBS) check. (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). However we saw that some nursing staff employed in the practice for a long time had not had a DBS. This was addressed immediately by the practice. We saw notices in the practice informing patients of chaperone this service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. The nurse had completed recent infection control training on line. There were infection control policies and procedures in place. Annual infection control audits were undertaken. However we saw that some attention was required to the sink rims, seals and the storage of buckets needed improvement.
- The practice had spillage kits for blood, urine and vomit.
- There was a system in place to control the issue of medicines where the annual medicines review was out-of-date. Regular medication reviews were necessary to make sure that patients' medicines were up to date,

Are services safe?

relevant and safe. There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe. The practice took part in medicines optimisation initiatives in partnership with their local Clinical Commissioning Group (CCG). One of the GP partners was the lead GP for medicines management.

- Prescriptions were dispensed from the practice for patients who did not live near a pharmacy. The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process. Staff told us expiries were checked monthly however there was no record of this happening. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. Controlled medicines were stored securely in a controlled medicine cupboard. . Balance checks of controlled drugs were carried out on a regular basis. There was a system in place for the monitoring of high risk medicines and we saw how this kept patients safe.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. The practice had not embedded the recording of near misses (a record of dispensing errors that have been identified before medicines have left the dispensary). We were shown a near miss log in the dispensary however this detailed that the practice had not had any near misses since 2013. The practice reviewed and improved this process following our visit.
- All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We saw evidence of how staff managed review dates of repeat prescriptions which included sending out letters to patients. These systems however were not of parity for dispensing and non-dispensing patients. For example stickers prompting patients to come in for the relevant monitoring and review were only attached to non-dispensing patients. We found three prescriptions which were over their medicines review date including one patient who was prescribed a high risk medicine. However we were informed that the

patient had been reviewed at the hospital as part of the shared care arrangements in place. We saw evidence of how staff managed collection of prescriptions including those which had not been collected for some time.

- We checked medicines stored in the dispensary medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures however we found this was not always followed by staff. We saw evidence that on thirty occasions the temperatures had exceeded the maximum recommended temperature and no action had been taken over the past year. The practice were informed of this on the day and put in measures to address this.
- Blank prescription forms were kept securely. However there was no procedure in place to track prescription forms through the practice as recommended in national guidance.
- GP Home Visit boxes were located in the dispensary and were managed by dispensary staff. We saw evidence of monthly checks and all medicines we checked on the day were within their expiry and fit for use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that the performers list assurance checks, revalidation and safeguarding training were undertaken for the locum doctors working in the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had regular fire drills carried out during the past year. The staff we spoke with were fully aware of what to do in the event of a fire. However we saw that records of annual fire checks conducted by NHS estates were not available and there was no evidence that the fire extinguishers

Are services safe?

had been checked for more than a year. The practice were informed and addressed this on the day of the inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, including control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However on the day we saw that the outside bins containing clinical waste were not securely locked, the practice told us they would address this immediately.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they supported each other by covering shifts when staff were on sick leave or holidays and there was a policy in place to ensure this happened.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. The practice had developed a grab bag for clinical staff to use in an emergency.
- The practice had a defibrillator and oxygen available on the premises and emergency medicines. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers. There was a memorandum of understanding with both Topcliffe and Lambert practices to provide support and accommodation in the event of an incident.

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 patients' needs. The practice had undertaken audits following the National Institute for Health and Care Excellence (NICE) to ensure guidance were being followed. For example women of child bearing age taking a specific medicine for epilepsy were seen face to face and reviewed.

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). The most

recent published results (2014/15) showed the practice achieved 97% of the total number of points available; with 6% exception reporting, this was 2% below the CCG average and 3.7% below the England average. (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). This practice was not an outlier for any areas of QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was 4.8% above the local CCG average, and 10% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was 5% above the national average and 2% above the local CCG average.
- Performance for mental health related indicators was 96% which was 0.9% above the local CCG average and 3.7% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been twelve audits undertaken in the last 24 months, two of which had two cycles completed where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation and peer review. Examples of audits undertaken by the practice were medicines, cancer referrals and minor surgery. Examples of improvements made following audit were the improved safe prescribing of certain medicines to ensure NICE guidelines are followed. Another example was the monitoring and review of patients prescribed Bisphosphonates beyond five years. Bisphosphonates are a class of medicine that prevent the loss of bone mass, used to treat osteoporosis and similar diseases.
- Information about patients' outcomes was used to make improvements, for example ensuring the templates required for screening patients and prescribing guidelines were available on the information system used by the practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with a long-term condition. The practice was a teaching practice for medical students and nurses.
- 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 and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing

Are services effective?

(for example, treatment is effective)

support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating. The clinical staff had received an appraisal within the last 12. However some of the non-clinical staff had not received an annual review. The practice provided evidence that this was being addressed.

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, local courses and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. When required these meetings were more frequent.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and minor ailments. Where appropriate, patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG average of 83% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 for healthy heart and lungs. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient 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.

All of the comment cards highlighted that staff responded compassionately and respectfully when they needed help and provided support when required.

The practice was comparable with the local CCG averages and the national averages for its satisfaction scores. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 96% of patients said the GP was good at listening to them compared to the local CCG average of 94% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the local CCG average of 92% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 98% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 91% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 95% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients commented that they received timely access to other services, clear explanations and choice from the GP. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with the local CCG and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 92% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 88% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language or were unable to communicate verbally.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 172 patients as carers; this was 2.4% of the practice list. The practice had a named GP lead for carers. All patients identified as carers

were offered support and an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them. The practice were supported and had access to the Thirsk Carers group.

The practice had developed a protocol to ensure where possible when families had suffered bereavement; their usual GP contacted and visited them. We saw bereavement information available in the practice waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice. Medicines optimisation helped patients to make the most of medicines they take. The practice recently hosted the appointment of a community nurse who worked across the three Thirsk practices to support older and vulnerable patients in their own or care homes. The post was funded by the local CCG.

- The practice offered an extended hours service one evening a week until 8pm and on a Saturday morning 9am to 11am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, older patients and those who were vulnerable. The practice had a policy in place to ensure as far as possible that the named GP for vulnerable adults attended home visits to the home of the patients with learning disabilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities and translation services available.
- The practice used innovative and proactive methods to improve patient outcomes. For example the practice funded care for pre-diabetic patients and performed reviews on these patients in order to prevent disease progression. They had also developed pathways and protocols to manage patients at risk of developing type 2 diabetes. There were currently 233 patients on the register. Since commencing screening 400 patients have been identified.

- The practice had developed their own templates to improve the management of patients with specific conditions. Examples of these were dementia, emergency contraception and heart failure. The templates prompted the clinician, ensured patient details were captured such as main languages spoken and what information the clinician should discuss with the patient.
- The practice worked with the local farming and agricultural communities to improve health screening. They provided an innovative approach attending farming events, agricultural and equipment shows offering discreet three minute health screening checking cholesterol, blood sugar and blood pressure across the wider community. They had also worked with other organisations to develop a health education booklet for farmers.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 11.30pm and 2pm to 6pm daily. Extended hours appointments were offered one evening per week with GP consulting times running from 6.30pm till 7.45pm and on a Saturday morning from 9am to 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the CCG and the national average. Following the results of the Patient Survey and the Patient Participation Group (PPG) the practice changed the way appointments were released and monitored the outcome. The practice provided a 'mop up' of appointments each morning after surgery for those patients who needed to see a GP but had been unable to book an appointment. Since the introduction of the new appointment process there were fewer patients requiring the service. The practice also increased staffing on reception at peak times to deal with telephone enquiries and appointments.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 90 % and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits

Listening and learning from concerns and complaints

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

- Its 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.
- Information was available to help patients understand the complaints system, for example the practice had a complaints summary leaflet.

We looked at two complaints received in the last 12 months. This showed the complaint was dealt with in a timely, open and transparent way. Action was taken as a result to improve the quality of care. We saw that complaints and issues raised were discussed with staff. Following one of the complaints the practice had improved the appointment system. Another example was following a complaint that was also a significant event which led to the review of patient records to ensure all allergies were recorded on the computer records.

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.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice had a process in place to regularly review succession planning.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a strong culture of team working culture across all staff. Staff told us they were happy working in the practice. The practice regularly rotated the administrative staff to ensure they were skilled in all areas.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs, nurses and managers were approachable and always took the time to listen to all members of staff. However some non-clinical staff did not find all of the management team approachable.

The provider 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty and they had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held daily clinical meetings and regular team meetings. We saw the minutes of the various meetings which confirmed this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP's and management team. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered. The practice had held a team building and training event.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a proactive PPG face to face established in 2011 and a virtual group in 2015 with 47 members from a cross section of the practice community. They gathered feedback from patients,

Are services well-led?

Good 

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

commented on future developments and contributed to practice developments. We saw that the PPG had been involved in developing patient surveys and recommended automatic check in.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had identified their future challenges and concerns. Examples of these were succession planning, referrals, anti-biotic prescribing and limited size of the current building.