

# Harewood Medical Practice

## Quality Report

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

## 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?

Requires improvement 

# 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 Harewood Medical Practice on 5 October 2016. The overall rating for the practice was requires improvement with one of the key questions, that of safe, rated as inadequate. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Harewood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

This inspection was undertaken following the period of six months following publication of the report and was an announced comprehensive inspection on 16 May 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had defined systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. However on the day of the inspection we found that some staff had not received training updates to provide them with the skills and knowledge to deliver effective care and treatment. The practice rectified this following the inspection and we received evidence that all staff were up to date with essential training.

# Summary of findings

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice provided support to veterans and families of armed forces personnel at Catterick Garrison.
- Some patients we spoke with said they found it difficult to make an appointment with a GP. The practice had recognised this and had an action plan in place to address it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

Take steps to monitor and oversee that staff receive appropriate training and updates as is necessary to enable them to carry out the duties they are employed to perform.

Implement annual staff appraisals.

Adhere to the guidance supplied in their recruitment policy with regard to recruitment checks for new staff.

Regularly update and review policies and procedures.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 defined and systems, processes and practices to minimise risks to patient safety.
- An infection control audit had been implemented.
- Staff demonstrated that they understood their responsibilities however some staff had not received training updates relevant to their role. The practice provided evidence soon after the inspection to show that all staff were now up to date with training deemed to be necessary for their role.
- There was a record of fire alarm testing and evacuation procedures.
- The building had undergone refurbishment and was now in a good state of repair.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Appraisals and personal development plans for staff had not been undertaken within the last year but we saw that they were booked for the following month.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## 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 with comparable reviews for several aspects of care.
- Patients mainly said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment, however some patients on the day complained of some negative staff attitudes.
- Information for patients about the services available was easy to understand and accessible.
- On the day of inspection we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had nearly doubled the number of carers on their register from 63 to 112 following the last inspection.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had a good understanding of its patient population and had recently instigated a pilot in conjunction with mental health services. A Consultant Psychologist was resident in the practice as they had a higher than average proportion of patients with mental health needs.
- The practice had established a Nurse Practitioner led minor ailments service and recent data showed that this had been effective at freeing up GP appointments.
- Some patients said they found it difficult to make an appointment with a GP; the practice had an action plan to address this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



# 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 it. The governance of the practice had changed in April 2016 and they were on a trajectory of improvement.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. Some of the policies required a review and update. The practice was going through a period of change with changes to lead GP roles and this had not yet been embedded, for example staff were unclear as to who the safeguarding lead was.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Some staff had not received inductions or annual performance reviews; however we were told that annual performance reviews were arranged. All attended staff meetings but not all staff had completed training updates essential to their role.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### 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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 81% which was in line with local figures of 83% and national figures of 81%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 86% which was above local figures of 80% and national figures of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice had a high proportion of patients of families from the Armed Forces and had acknowledged this. An example of this was the implementation of a Nurse Practitioner led minor ailments service.
- Immunisation rates were relatively low for all standard childhood immunisations. The practice were aware of this and took steps to try to address this such as telephoning patients, but as the population were transient due to regular deployment of armed forces personnel this was an ongoing problem.
- Patients told us, on the day of inspection, that 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.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good





# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed 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.

## 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



- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive,

# Summary of findings

agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was above the local average of 93% and above the national average of 88%.

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice had a large population of patients from Armed forces families and who were veterans.
- The practice provided care to a nearby supported living service. This service offered supported housing to single veterans who were homeless or at risk of homelessness and who had support needs. The service included patients who suffered from Post-Traumatic Stress Disorder and substance or alcohol misuse.
- The practice was piloting a service that involved a Consultant Psychologist who provided care to patients with mental health needs. Patients were able to self-refer and appointments were available within 48 hours. This provided a means to share best practice and improve the referral criteria to mental health services to GPs. It also meant that patients who did need to be referred to mental health services were seen at a higher and more appropriate level, therefore reducing unnecessary assessments and providing care closer to home.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 302 survey forms were distributed and 114 were returned. This represented 1.5% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comments card which had mixed reviews about the standard of care received from staff and the difficulty in getting an appointment.

We received CQC questionnaires from seven patients which were given out on the day. The questionnaires had mixed comments relating to negative staff attitudes and long waiting times for appointments with a GP, six stated that appointments did not run to time and five stated that they were not informed if there was a delay. All seven stated that their privacy and dignity was always respected and that they felt listened to. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

Take steps to monitor and oversee that staff receive appropriate training and updates as is necessary to enable them to carry out the duties they are employed to perform.

Implement annual staff appraisals.

Adhere to the guidance supplied in their recruitment policy with regard to recruitment checks for new staff.

Regularly update and review policies and procedures.

# Harewood Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC Inspector.

## Background to Harewood Medical Practice

Harewood Medical practice is a purpose built GP premises based in Catterick Garrison. The practice also provides a minor injury unit which is open to registered and non-registered patients. It has a Personal Medical Services (PMS) contract. The practice is situated in a building leased from NHS properties and consequently shares the premises with various community services provided by the NHS Trust, including the Out of Hours service. The building has just undergone an extensive refurbishment programme.

The area covered by the practice is Catterick Garrison and the surrounding villages. Catterick is the largest garrison town in Europe and has a growing practice list size, with an anticipated growth of 50% in the next five to ten years. The practice list size is currently 7208, 10% of the practice population are from the Nepali community. There is a higher number of women aged under 50 and people under 18 registered with the practice compared with local and national averages. There are a lower number of people over the age of 55 registered with the practice. The practice has unusual demographics due to its situation in the garrison and offers various enhanced services because of this such as the military community's enhanced service, the alcohol and substance misuse enhanced service and the violent patients enhanced service. They also offer a Nurse

Practitioner led minor ailments service. The practice provides services to a large proportion of armed forces families and veterans and has a supported living home for homeless veterans in the near vicinity. The practice catchment area is classed as 8 out of 10 in the Indices of Multiple Deprivation (The lower the Indices of Multiple Deprivation (IMD) decile the more deprived an area is).

The practice has had a change of governance in April 2016 and is now operated by the GPs and management of a practice which is situated approximately eight miles away.

Car parking facilities are available but transport links are poor for the surrounding villages.

On the day of the inspection the practice consisted of five GP partners (three female and two male) and seven salaried GPs (who are all female and part time). Some of the GPs also work at the other practice. There are three nurse practitioners, two practice nurses and one health care assistant, all of which are female. They have two managing partners and a range of reception and administration staff. The practice currently employs a Consultant Psychologist in a joint funded role with Tees, Esk and Wear Valley NHS Trust; this is a pilot scheme for one year.

The practice is open Monday to Friday from 8am to 6pm and offers extended hours on Thursdays from 6.30pm to 7.30pm. Between 6pm and 6.30pm and from 6.30pm to 8am the service is covered by the out of hours service. The out of hours is accessed through the 111 service and is provided by Harrogate District Hospital Foundation Trust. Appointments are available from 8am and are available on the day and can be booked up to eight weeks in advance. The minor injuries unit is open from 8am to 6pm Monday to Friday and until 7.30pm on Thursdays.

The practice was inspected in October 2016 and rated as inadequate in the safe domain and requires improvement

# Detailed findings

in the well led domain. As a result of this they were issued with requirement notices in relation to gaps in staff training and recruitment procedures, and a requirement to implement an infection control audit was issued. The practice were also advised to increase the number of carers they had identified on their register, and ensure that information about services and how to complain was available to patients.

## Why we carried out this inspection

We undertook a comprehensive inspection of Harewood Medical Practice on 5 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and was therefore inspected again within six months of publication of the report.

We issued three requirement notices to the provider in respect of safe care and treatment, staffing and fit and proper persons employed and informed them that they must send us a report to state how they would become compliant with the law by 31 January 2017. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Harewood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Harewood Medical Practice on 16 May 2017. This inspection was carried out following a period of time to ensure improvements had been made and to assess whether the practice had made the improvements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 16 May 2017. During our visit we:

- Spoke with a range of staff (including GPs, Nurse Practitioners, Practice Nurses, reception staff, administrative staff and members of the management team and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards and questionnaires given out on the day where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver 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 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

At our previous inspection on 3 October 2016, we rated the practice as inadequate for providing safe services. Arrangements in respect of cleanliness and infection control were not adequate. The practice was undergoing extensive refurbishment and there was no evidence of a risk assessment in terms of risk to staff and patients whilst undergoing this work. There was also evidence that staff were not up to date with training such as; basic life support, safeguarding adults and children, infection control, chaperoning. We also found that recruitment checks were not sufficiently carried out, including obtaining photographic evidence of identity and that staff who chaperoned had not had a DBS check (disclosure and barring) or been risk assessed. There was no evidence of fire alarm testing or evacuation procedures.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 16 May 2017.

### 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 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 analysis of the significant events.

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. For example the procedure for monitoring medicines prescribed in secondary care was changed following a delay in receiving the information from the hospital.

### Overview of safety systems and process

The practice shared the building with other community health services. It was leased from NHS property services and had recently undergone an extensive refurbishment.

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

- 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, however on the day of the inspection staff were unaware of the lead as this had recently been changed and the policy was not updated. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received safeguarding training but not all could evidence that they had received updates on safeguarding children and vulnerable adults relevant to their role. GPs and Nurse Practitioners were trained to child safeguarding level 3 and practice nurses to child safeguarding level 2.
- Risks to patients were mainly assessed and well managed, however we found that staff had received essential training but some were not up to date with refresher training, including basic life support. We were provided with evidence following the inspection that all staff were now up to date with training relevant to their role.
- Notices on consultant room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had a DBS (disclosure and barring service) 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).

## Are services safe?

- There was an infection control protocol. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. An annual infection control audit was currently being undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken. This included proof of identification and the appropriate checks through the Disclosure and Barring Service.
- The practice had up to date fire risk assessments. There was a fire marshal and there were records of fire alarm testing and evacuation procedures.
- 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 such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found that recruitment checks were carried out, including obtaining photographic evidence of identity.
- Staff who chaperoned were all trained for the role and had a DBS check (disclosure and barring service).
- 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.

### 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.
- Most staff had received basic life support training or were booked onto it.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

### 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 with a poster in the reception office which identified local health and safety representatives.



# 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 monitored that these guidelines were followed and discussed them in clinical meetings.

### 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 were 99.9% of the total number of points available with an exception reporting rate of 7.7% which was comparable with local (7.9%) and national (9.2%) averages. (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 QOF (or other national) clinical targets. However, the practice had a significantly lower number of patients in the older age range; for example, the number of patients aged 65+ years was 7.2% compared to the local average of 24.3% and the national average of 17.1%, and the percentage of patients aged 75+ years was 2.4% compared to the local average of 10.8% and the national average of 7.8%. This meant that demand for services traditionally needed by older patients may have been less than other practices. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to and in some cases above the national average.

- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% with a local average of 97% and national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 95% which was above the local average of 81% and the national average of 78%.
- Performance for mental health related indicators was above the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed since the new partners had taken over the practice in April 2016. These were due to be re-audited this year.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved documentation of patient alerts in clostridium difficile cases.

Information about patients' outcomes was used to make improvements such as: the practice had identified a high number of non-attenders for cervical cytology. On auditing these patients they found that the wrong code had been used on the computer and that the women had attended for cervical cytology, therefore they did not need to be contacted to attend until the next 3 – 5 year recall.

### Effective staffing

The practice provided a record and supporting documentation to confirm what training staff had completed, however we found that this was inconsistent as some staff on the day told us they had completed training which was not documented. When this was identified to the practice they embarked on a review of staff training and requirements. Following the inspection we were shown evidence that all staff were now up to date with training necessary for their role.



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. However we found that two members of staff had not yet completed an induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those administering immunisations.
- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

The learning needs of staff were identified through a system of appraisals, meetings 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 support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff had not received an appraisal within the last 12 months but we were shown evidence that they were booked for the following month.

Staff had access to and made use of e-learning training modules and in-house training.

The practice monitored that all recruitment arrangements and checks were in line with Schedule 3 of the Health and Social Care Act 2008.

### 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's 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.
- Non registered patients using the minor injuries service had their record of care printed out and sent to their own GP once the episode was complete. If the patient was staying long enough in the area the practice would deal with any follow up, if not they were advised to see their own GP when they got home and this was reflected in the notes sent to their GP.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice contacted other health care professionals with an agenda one week before safeguarding and palliative care meetings so that they could add patients and information to the meeting discussions. This helped to ensure that all relevant issues were highlighted and discussed.

### 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.

### 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. Patients were seen in the practice or signposted to the relevant service.
- The GP Consultant Clinical Psychologist provided early intervention for patients with mental health needs and could avert significant deterioration.

The practice had a significant number of patients who were under 18. The number of patients in the 0-4 age group was 12.2% as opposed to the local average of 4.6% and the national average of 5.9%, the number of patients in the 5 – 14 age group was 17.3% as opposed to the local average of 10.1% and the national average of 11.4% and the number

# Are services effective?

(for example, treatment is effective)

of patients in the under 18 age group overall was 34.1% as opposed to the local average of 18% and the national average of 20.7%. The practice also had a significantly higher percentage of patients who were female as there were a large proportion of Armed Forces families registered with the practice of whom male partners were registered with the military GP services.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and these figures were comparable to local and national averages. There were 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.

Childhood immunisation rates for the vaccinations given were mainly significantly lower than both local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 91% (compared with local figures of 92% to 96% and national figures of 73% to 95%) and five year olds from 71% to 87% (compared with local figures of 89% to 95% and national figures of 81% to 95%). The practice were aware of this and telephoned families and tried to provide ad-hoc immunisations but we were told that the patient population group was transient due to the fact that the majority of patients were families of Armed Forces personnel.

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. 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.

- Consulting rooms had examination rooms adjacent to them 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.

Two of the seven patient Care Quality Commission questionnaires and one of the four CQC comment cards we received had mixed reviews regarding some negative staff attitudes. The practice were aware of this and had arranged further staff training in response. All seven questionnaires and three of the comments cards stated that their privacy and dignity was always respected and that they felt listened to and that the service was good. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We received CQC questionnaires from two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey also showed mixed results for satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the 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 but that sometimes they did not have sufficient time during consultations. Patient feedback from the comment cards we received was also aligned with these views. We saw that care plans were personalised.

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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- We saw that translation services were available for patients who did not have English as a first language.
- The practice had a Nepali community population of 10%. They had employed a Nepali interpreter to meet the needs of this community. They had also secured a grant from the District Council with assistance from the PPG in order to extend the role of the interpreter to include receptionist duties.
- 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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had increased the number of patients on their carers register to 112 from 63, meaning that they had 1.5% of their practice population now

registered and receiving care. Written information was available to direct carers to the various avenues of support available to them and we were told the Carers Association had given a talk to the practice staff and PPG.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Weekly visits were made by the GPs to the nursing home in the practice catchment area.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A triage system has been recently implemented to meet the high demand for on the day appointments.
- The practice had implemented a Nurse Practitioner led minor ailments service having recognised the large proportion of children and families in their population who needed on the day attention. We were shown early evidence of the effectiveness of this service which showed a significant number of patients now seen by the Nurse Practitioner freeing up extra GP appointments since its implementation in April 2017.
- Telephone appointments were available for patients if they were appropriate.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had employed a Nepali interpreter/receptionist as 10% of its population were from this group.
- The practice was taking part in a clinical pharmacist pilot which was funded by the CCG and provided support with prescribing for one day each week.
- The practice was piloting a scheme whereby they had part funded a Consultant Clinical Psychologist to work in the practice. This was in conjunction with Tees, Esk

and Wear Valleys NHS Foundation Trust. The GP psychologist role was developed by the practice and a Consultant clinical psychologist at Tees, Esk and Wear Valleys NHS Foundation Trust. Patients of all age ranges had direct access to a mental health professional at the surgery and the GPs benefitted from shared learning to enhance their skills of mental health and to better support their patients. Appointments were available within 48 hours and offered patients direct access to a mental health professional who could offer assessment, psycho-education, brief intervention, signposting and referral where necessary. This provided the potential for savings in mental health services due to higher level referrals. The pilot was running for twelve months and due to be evaluated after six and then twelve months.

- The practice had identified a group of young disabled patients who were not able to attend school and therefore did not have any support from a health care professional. These patients had been added to the monthly meeting attended by health professionals.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered between 6.30pm to 7.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent and telephone appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Some patients told us on the day of the inspection that they were not able to get appointments when they needed them. The practice had an action plan to address this, including the new minor ailments service which was in its infancy.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

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.

We received CQC questionnaires from seven patients which were given out on the day. The questionnaires had mixed comments relating to long waiting times for appointments with a GP, six stated that appointments did not run to time and five stated that they were not informed if there was a delay. All seven stated that their privacy and dignity was always respected and that they felt listened to. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## 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.

We looked at several complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, customer service training was implemented.



# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 5 October 2016, we rated the practice as requires improvement for providing well-led services. The practice was undergoing a period of adjustment and change and the vision or strategy for the practice, governance structure and leadership arrangements were not yet embedded.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 16 May 2017. However we found that the oversight of staff training and the monitoring of training still required improvement as on the day of the inspection some members of staff had still not completed training as necessary for their role. The management team were unaware of which staff had completed the relevant training as the documentation was not up to date. We also saw that annual appraisals had not been completed in the past year, although these were arranged with staff members. Staff were unaware of the lead for safeguarding in the practice, we were informed that practice leads had recently changed but this had not been made clear to the staff. The practice is still rated as requires improvement for being well-led.

### Vision and strategy

The practice had been in the process of implementing new policies and procedures and a new structure.

The practice had gone through a period of unsettlement, with a change in governance in April 2016 and a new refurbishment just completed in April 2017. However, there were still some policies and procedures that required review and an update, for example the staff handbook had not been updated since 2013. The practice were unable to demonstrate or evidence some areas of staff training and monitoring and this had also been identified at the last inspection. There were gaps in training, but staff when questioned stated that they had completed the training however we saw no evidence of it being documented. We were provided with evidence following the inspection that staff were now up to date with training relevant to their role.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice demonstrated they were on a trajectory of improvement and were aware that there were improvements to make

and had made a great deal of improvements since the last inspection. We saw evidence that they had identified challenges, some of which they had already addressed: Examples included:

- The rapidly growing population and the demand for services such as mental health services.
- The extremely high demand for on the day appointments and the need to establish sufficient medical staff to meet daily demand.
- The particular needs of the armed forces families and veterans.

Challenges identified at the last inspection had been addressed, such as;

- Communicating with staff, team meetings were now regularised,
- Increased involvement of the PPG in sharing information,
- Problems with regard to access to GPs with the introduction in April 2017 of a Nurse Practitioner led minor ailments service.

However some had not been addressed such as those relating to;

- Administrative and regulatory record keeping and assessments.

The practice had a mission statement and staff knew and understood the values.

The practice had a robust strategy and was developing supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. On the day of the inspection we saw that recruitment checks were now sufficiently carried out.
- Policies were implemented and were available to all staff. Some of the policies were in need of review and an update. These had been developed in conjunction with Leyburn Medical Practice and there was an ongoing period of development with regard to sharing best practice between the two practices.

# Are services well-led?

Requires improvement 

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

## Leadership and culture

On the day of inspection the partners 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 that the partners were approachable and always took the time to listen to all members of staff.

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 partners encouraged a culture of openness and honesty. The practice 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 regular team meetings. We were told that other health professionals were provided with the meeting agendas one week prior to the meeting to give everyone a chance to contribute to the information sharing.
- 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 partners in the practice. All staff were involved in discussions about how to run and develop

the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The idea for the new minor ailments service had come from a member of staff.

## 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice were working with the PPG to develop greater involvement of the younger generation by the use of social media.
- 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 management. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had identified that they had a high demand for on the day appointments and had taken steps to address this with telephone triage and the minor ailments service. They also worked in collaboration with other stake-holders in the area such as Defence Primary Health Care and the local school to meet patient demand, understand patient needs and educate patients.