

Grange Park Surgery

Quality Report

Grange Road
Burley in Wharfedale
LS29 7HG
Tel: 01943862108
Website: www.grangeparksurgery.co.uk

Date of inspection visit: 11 July 2016
Date of publication: 12/09/2016

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Grange Park Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grange Park Surgery on 11 July 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The ethos and culture of the practice was to provide high levels of care a good quality service.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. A recognised tool was used to identify patients who were considered to be at risk of frailty.
- The practice had good facilities and was well equipped to treat and meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- Patients we spoke with were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice had a good understanding of, and complied with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The partners promoted a culture of openness and honesty and there was a comprehensive 'being open' policy in place, which was reflected in their approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.

Summary of findings

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

We saw an area of outstanding practice:

- The practice supported the return to practice of two GPs who had previously left the profession. There were no other support mechanisms to support the individuals. They were able to demonstrate the success of redeveloping competencies and supported the GPs to secure employment in the area.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and a nominated lead who dealt with them overall. Lessons were shared to ensure action was taken to improve safety in the practice. All staff were encouraged and supported to record any incidents using the electronic reporting system.
- There was a nominated lead for safeguarding children and adults. Comprehensive systems were in place to keep patients and staff safeguarded from abuse.
- There were processes in place for safe medicines management. The practice had support from a pharmacy technician.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The partners and practice manager had weekly meetings where they discussed any management issues, significant events, complaints and any other business relating to the practice.
- All staff had access to policies and procedures via the computer system.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

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

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the National GP patient survey showed that patients rated the practice highly compared to other local practices. Patients we spoke with and comments we received were all positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Summary of findings

- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with dementia or a condition other than cancer.

Are services well-led?

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

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The partners promoted a culture of openness and honesty and had a comprehensive 'being open' policy in place.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- Staff informed us they felt very supported by the GP partners and practice management.
- The practice had been proactive in the recruitment of staff, developing existing staff and succession planning.
- The practice supported two GPs back into clinical practice following prolonged periods away from the field.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice provided proactive, responsive and person-centred care to meet the needs of the older people in its population. All elderly patients had a named GP and were referred to a geriatric consultant as necessary.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice participated in Airedale Wharfedale and Craven (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital, such as supporting a local nursing home.
- Patients who were considered to be at risk of frailty were identified and support offered as appropriate.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and patients were reviewed as needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other local services for access to additional support.
- The practice provided weekly attendance of a GP, community matron and a pharmacy technician at a large local nursing home to perform medication reviews and promote good therapeutic practice.

People with long term conditions

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

Good



- The GPs had lead roles in the management of long term conditions and were supported by the nursing staff. Annual reviews were undertaken to check patients' health care and treatment needs were being met. Holistic reviews were undertaken with patients who had several co-morbidities, which avoided the need for multiple appointments.
- The practice maintained a register of patients who were a high risk of an unplanned hospital admission. Care plans and support were in place for these patients.

Summary of findings

- 96% of patients with diabetes had an influenza immunisation the preceding 1 August to 31 March period of 01/04/2014 to 31/03/2015 (CCG average 87%, national average 90%).
- 83% of patients diagnosed with asthma had received an asthma review in the last 12 months (CCG average 77% and national averages of 75%).
- 94% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months (CCG and national average 90%).
- The practice identified those patients who had complex needs and life limiting conditions and ensured they were on the palliative care register.

Families, children and young people

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- There was a 'did not attend' (DNA) process in place to follow up any children and young people who failed to attend a hospital appointment or immunisations at the practice.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- Immunisation uptake rates were better than or comparable to the CCG rates for all standard childhood immunisations.
- Sexual health and cervical screening services were provided at the practice.
- 83% of eligible patients had received cervical screening (CCG average 77% and national average 82%).
- Appointments were available with both male and female GPs.

Good



Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these

Good



Summary of findings

were accessible, flexible and offered continuity of care. The practice provided extended hours appointments one evening per week, telephone consultations, online booking of appointments and ordering of prescriptions.

- The practice offered a range of health promotion and screening that reflected the needs for this age group. This included screening for early detection of chronic obstructive pulmonary disease (a disease of the lungs) for patients aged 40 and above who were known to be smokers or ex-smokers.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- Students were offered public health recommended vaccinations prior to attending university.
- Travel health advice and vaccination were available.
- There was an in-house minor surgery clinic and phlebotomist to avoid the need for some patients having to access secondary care.
- The practice provided extended hours commuter clinics three mornings per week.

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).
- Patients who had a learning disability received an annual review of their health needs and a care plan was put in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- We saw there was information available on how patients could access various local support groups and voluntary organisations.

Good



Summary of findings

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).

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- 86% of patients diagnosed with dementia had received a face to face review of their care in the preceding 12 months (CCG average 89%, national average 84%).
- 92% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, who had a recording of their alcohol consumption in their record in the preceding 12 months (CCG average 92% and national average of 90%).
- Staff had a good understanding of how to support patients with mental health needs or dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey distributed 234 survey forms of which 125 were returned. This was a response rate of 53% which represented less than 2% of the practice patient list. The results published in January 2016 showed the practice was performing in line with local CCG and national averages. For example:

- 89% of respondents described their overall experience of the practice as fairly or very good (CCG and 85%)
- 86% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG 81%, national 79%)
- 77% of respondents described their experience of making an appointment as good (CCG 70%, national 73%)
- 79% of respondents said they found the receptionists at the practice helpful (CCG 85%, national 87%)
- 99% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG and national 95%)

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

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 27 comment cards, all of which were positive, many using the words 'very good' and 'excellent' to describe the service and care they had received and citing staff as being friendly, helpful and caring. Three of the comments reported that although the services were good, routine appointments could not always be obtained easily, but urgent appointments could always be made.

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

Outstanding practice

- The practice supported the return to practice of two GPs who had previously left the profession. There were no other support mechanisms to support the

individuals. They were able to demonstrate the success of redeveloping competencies and supported the GPs to secure employment in the area.

Grange Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, a nurse specialist advisors and a GP specialist advisor.

Background to Grange Park Surgery

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

- Childhood vaccination and immunisations
- The provision of influenza and pneumococcal immunisations
- Facilitating timely diagnosis and support for patient with dementia
- Extended hours access
- Improving online access

Grange Park Surgery is located in Burley in Wharfedale, which is commuter village in a semi-rural location in West Yorkshire.

The practice is situated in purpose built premises, which was built in 1986. There are facilities for people with disabilities and all patients areas are on the ground floor. There are car parking facilities on site with designated disabled parking.

The practice has a patient list size of 6642 which is made up of predominantly white British, with an almost 50:50 ratio of male and female patients. The practice serves a population in the 10% least deprived in the country.

There are four GP partners, and four associate GPs, five female and three male, who were supported by two practice nurses and a health care assistant; all female. There is a practice manager and a team of administration and reception staff. The practice also has the support of a practice employed pharmacy technician.

The practice was open 8am to 6pm Monday and Tuesday, 7.00am to 18.00 Wednesday and Friday, and 7.00.30am to 6.00pm Thursday. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

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

We were informed of the challenges the practice had undergone over the past year, when there had been a change of practice manager and a major rebuild and refurbishment of the surgery.

Due to the demographics of the practice and its population, in addition to hospitals within Airedale, they are also required to liaise with Leeds Hospitals, Bradford Hospitals; which are based in other CCG areas.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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

We carried out an announced inspection on 11 July 2016. During our visit we:

- Spoke with a range of staff, which included GPs, the practice manager and staff, and practice nurses.
- Spoke with patients who were all extremely positive about the practice and the care they received.

- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/family members were treated.
- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The partners promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' culture in place.
- Staff told us they would inform the practice manager of any incidents. The practice was also aware of their wider duty to report incidents to external bodies such as Airedale and Wharfedale and Craven CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning of significant events, such as when a request for a district nurse to attend a patient was sent via a shared IT system and the visit did not take place this resulted in analysis and a change to protocol ensured all requests were made face to face or by telephone contact.
- All significant events relating to medicines were monitored by the local CCG medicines management team. Any concerns/issues were then fed back to the practice to act upon.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate.

Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. We saw laminated posters displaying safeguarding information

and contact details, in all the consulting and treatment rooms. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level three. We were told the GP safeguarding lead worked closely with health visitors. The practice could evidence the number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will help to keep a child safe).

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

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks.

Monitoring risks to patients

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

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health. There was also a health and safety policy accessible to staff.
- An up to date fire risk assessment which had been undertaken by the local fire service.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- A Legionella risk assessment had been undertaken and a contractor was employed to manage the water system.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

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

The most recent published results (2014/15) showed the practice had achieved 96% of the total number of points available, with 9% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). A 9% exception reporting level is comparable to the CCG and national rates.

Data showed:

- Performance for some diabetes related indicators was comparable to the CCG and national averages. For example, 88% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (CCG average 83% and national average of 8%).
- Performance for mental health related indicators was comparable to the CCG and national averages. For

example, 85% of patients with who had been diagnosed with dementia whose care had been reviewed in a face-to-face consultation in the preceding 12 months (CCG average 94%, England average 88%).

The practice also monitored their performance against local practices through the use of reports produced by the CCG.

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We reviewed two audits which had been completed in the preceding 12 months and had covered at least two cycles, identified where improvements had been made and could evidence sustained improvement. For example an audit on patients at risk of Atrial Fibrillation (Atrial fibrillation predisposes to stroke and is more common with increasing age) was undertaken in June 2015 and again in July 2016. After having established a low rate of data recording with regard to pulse rate and rhythm in 2015 the recording was significantly improved.

Effective staffing

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates, for example motivational interviewing.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussions with other clinicians

Are services effective?

(for example, treatment is effective)

- All GPs were up to date with their revalidation and appraisals.
- The practice had supported and mentored two GP's to return to practice following lengthy absence when no other support mechanism was available to them. The two GPs the practice supported are now employed in the area at other practices and are a valuable resource to the local population.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients. They could evidence how they followed up patients who had an unplanned hospital admission or had attended accident and emergency (A&E); particularly children or those who were deemed to be vulnerable.

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

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

Consent to care and treatment

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

We saw a comprehensive mental capacity policy in place which included assessment of capacity, principles of best interest, advance directives, referrals and advocacy. Staff could demonstrate their understanding of the Mental Capacity Act 2005. We were informed that a patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, an assessment was undertaken and the outcome recorded in the patient's record.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in

medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

Supporting patients to live healthier lives

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

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

The practice had a very active Patient Participation group who organised a monthly health and wellbeing group in the village and an annual healthy living event co-ordinating input from a range of organisations.

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

- Participated in Airedale Wharfedale and Craven (CCG) initiatives to reduce the rate of elderly patients' acute admission to hospital. A recognised tool was used to identify patients who were considered to be at risk of frailty. These patients were reviewed and health care provided as needed.
- Had good working relationships with the local neighbourhood team and health trainers, to support patients with any additional health or social needs.
- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. There was a nominated 'practice champion' who promoted the benefits of bowel screening and followed up patients who did not attend for the screening. Patients were contacted and reminders were sent out to those eligible for cervical screening. The uptake rate for cervical screening in the preceding five years was 87%, compared to the CCG average of 84% and England averages of 82%.
- Had failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

- Carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged up to 24 months ranged from 83% (for 24 months Meningitis C) to 100% and for five year olds they ranged from 90% to 99%.
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Had a blood pressure monitoring machine available a private area of the reception, to enable patients to check their own blood pressure.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

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

Staff told us that the practice was very patient centric, and went further than expected such as when they became aware of a patient that lived in a house that was in a poor condition the GPs, as individuals, funded the decoration of the patients home and the health visitor obtained furniture to ensure the patient was able to live comfortably in a healthy environment.

Staff also told us of occasions when surgeries had been stopped, and waiting patients apologised to, to enable doctors to visit distressed patients in need of urgent attention.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, three patients commented that although the service was very good it was sometimes difficult to get routine appointments, but urgent appointments were always available.

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

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

- 94% of respondents said the last GP they saw or spoke to was good at listening to them (CCG 90%, national 89%)
- 92% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG 87%, national 87%)
- 85% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG 87%, national 85%)
- 91% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG and national 91%)
- 87% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG and national 92%)
- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG 90%, national 91%)

Care planning and involvement in decisions about care and treatment

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

- The NHS E-Referral Service (an electronic system where patients are able to choose an appropriate secondary care provider and the GP able to book the referral online) was used with all patients as appropriate.
- Longer appointments and additional support were available for those patients who may have had difficulty with understanding their options.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

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

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

Are services caring?

- 86% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG 84%, national 82%)
- 94% of respondents said the last GP they saw was good at explaining tests and treatments (CCG 89%, national 86%)
- 91% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG and national 91%),
- 85% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG and national 90%)

Patient and carer support to cope emotionally with care and treatment

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need
- Telephone consultations with GP's
- Longer appointments as needed
- Extended hours access
- Use of local community volunteer drivers for patients to access surgery appointments
- Travel vaccinations which were available on the NHS
- Disabled facilities, a hearing loop and interpretation services

Access to the service

The practice was open 8am to 6pm Monday and Tuesday, 7.00am to 18.00 Wednesday and Friday, and 7.30am to 6.00pm Thursday. GP appointments were available throughout the opening hours. Telephone appointments were also available. Appointments could be booked up to twenty weeks in advance; same day appointments were available for people that needed them. When the practice was closed out-of-hours services were provided by Local Care Direct, which could be accessed via the surgery telephone number or by calling the NHS 111 service.

The practice (a GP and pharmacy technician) attended a large local nursing home on a weekly basis to address the health needs of the patients

We were informed the practice took into account individual needs of patients when accessing the practice. For example, the practice offered appointments early mornings

from 7am to target the commuters rather than late evenings as previously provided as the patients attending late were often those that usually attended during the afternoon.

Data from the national GP patient survey showed respondents rated the practice comparable to other local and national practices, with the exception of telephone access. For example:

- 71% of respondents were fairly or very satisfied with the practice opening hours (CCG 75%, national 78%)
- 87% of respondents said they could get through easily to the surgery by phone (CCG 71%, national 73%)
- 97% of respondents said the last appointment they got was convenient (CCG 91%, national 92%)

Listening and learning from concerns and complaints

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

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

There had been six complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care. For example a patient had been refused a repeat prescription to cover a prolonged holiday. The system has now been changed so that GPs make decisions relating to requests for prescriptions outside the normal parameters.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide safe, effective and innovative health care to all groups of the practice population
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the values of the practice.

There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

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

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

Leadership and culture

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

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

- There was a clear leadership structure.
- We were informed that the GP partners and manager were visible, approachable and took the time to listen.
- Staff informed us they felt respected, valued and supported.
- We saw evidence of regular meetings being held within the practice, such as nursing and administration
- The practice minuted a range of multidisciplinary meetings they held with other health and social care professionals to discuss patient care and complex cases, such as palliative care and safeguarding concerns.
- The GPs promoted the learning and development of staff and also provided mentorship for other clinicians, such providing a placement and support to GPs who had been out of practice for a number of years, supporting them back into work.

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

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

- Patients who were members of the patient participation group (PPG). The PPG met regularly, carried out patients' surveys and felt confident in submitting proposals for improvements to the practice.
- The NHS Friend and Family Test, complaints and compliments received.
- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

Continuous improvement

Are services well-led?

Good 

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

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

- They had recently joined a federation of practices within the CCG, to look at how the delivery of primary care services could be improved within the local area.
- They were a GP training practice. They also supported medical students in their third year of study. The trainees we spoke to all felt supported by the practice and evaluation data from the placement were all positive.
- The practice worked closely with the CCG in developing new services such as a local health and wellbeing group.
- Due to future new housing developments in the area, the practice was looking to how they could maintain a quality of services and accommodate an increase in patient demands.