

The Leeds Road Practice

Quality Report

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Date of inspection visit: 19 May 2016

Date of publication: 01/07/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Leeds Road Practice on 19 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and managed.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the

Clinical Commissioning Group (CCG). The practice had achieved 100% of the total number of points available for the Quality and Outcomes Framework (QOF). This was above the CCG average of 98% and the national average of 95%. The practice had an exception reporting rate comparable to national averages with most being below the national averages.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they mostly found it easy to make an appointment with urgent appointments available the same day. The practice had reviewed their appointment system in response to feedback.

Summary of findings

- The practice mostly had good facilities and was well equipped to treat patients and meet their needs. The practice was aware of the challenges the premises posed and was working with the other partners to address these issues in the longer term.
- 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 and complied with the requirements of the duty of candour.

There was a focus on continuous learning and improvement at all levels within the practice.

We saw two areas of outstanding practice:

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We were provided with many examples of significant multi-agency working to try and support and improve the outcomes for patients. For example the practice had worked with multiple agencies in respect of one patient and now had an agreed plan in place that was benefitting the patient and the agencies and services the patient was involved with. As a result of the agreed care plan the patient was receiving regular telephone calls from the practice and reducing the time spent contacting and visiting other services such as accident and emergency.
- The practice proactively sought patients' feedback and engaged patients in the delivery of the service. They had a very engaged patient participation group (PPG). The patient group comprised of 300 virtual members. Eight of the virtual members formed the committee and met with the managing partner on a quarterly basis. The committee was made up of volunteers from the virtual PPG and managed by the Chairman. The PPG met regularly and one Friday of every month a member of the committee attended the practice for three hours meeting patients in the practice to discuss

any points that patients may have. This was then then fed back to the practice. The practice also gathered feedback from patients using new technology. For example the practice had social media pages where patients could leave feedback. The practice reviewed and updated these sites regularly.

The area where the provider must make improvement is:

- The practice must take immediate action to ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.

The areas where the provider should make improvement are:

- The practice should ensure it has systems in place to undertake detailed analysis of the significant events over a period of time to enable themes to be identified and appropriate action taken.
- The practice should ensure they assess and manage the outstanding issues identified as high risk in the recent fire risk assessment.
- The practice should ensure they have a specific risk assessment in place in respect of alternative medical scheme (AMS) patients when visiting the practice. The AMS scheme is for patients deemed to pose risk to practices and have been removed from other practice lists.
- The practice should risk assess the current arrangements in place for the delivery of medicines in the community.
- All clinical staff should have emergency response training.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong and it was deemed appropriate patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice shared soft intelligence and acted on soft intelligence received by the CCG.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were mostly assessed and well managed.

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- The practice should risk assess the current arrangements in place for the delivery of medicines in the community.
- All clinical staff should have emergency response training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. There had been 13 clinical audits completed from May 2015 to April 2016. Seven of these were completed audits where the improvements made were implemented and monitored and three audits were planned to complete the audit cycle.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The practice had achieved 100% of the total number of points available for the Quality and Outcomes Framework (QOF). This was above the CCG average of 98% and the national average of 95%. The practice had an exception reporting rate comparable to national averages with most being below the national averages.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Are services caring?

The practice is rated as good for providing caring services.

- The results of the national GP patient survey were mixed with some of the data being above and some being below the national averages for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Due to the layout of the reception area conversations could sometimes be overheard. We observed staff trying to manage patient confidentiality well.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- Patients mostly said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice had made recent changes to their appointment system in response to challenges patients experienced in accessing appointments.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff and the CCG to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was very active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. 4% of the practice population had a proactive care plan which was above the 2% national target. Most of these patients were older people.

People with long term conditions

Good



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

- GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to the England average of 88%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2014 to 31/03/2015) was 78% compared to the England average of 75%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and 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.
- The practice had effective systems in place for LTC reviews including reviews for those patients not taking medicines. The practice evidenced they actively tried to increase the

Summary of findings

uptake of annual reviews. For example for those patients with asthma who were identified as not attending for an annual review then these were encouraged by offering them a telephone review.

- Patients had individualised care plans for chronic obstructive pulmonary disease (COPD) and asthma.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was high when compared to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The National Cancer Intelligence Network (NCIN) data published in March 2015 showed a high uptake of females aged 50-70 years screened for breast cancer in last 36 months. This was 81% compared to the England average

Summary of findings

of 72%. Patients between the age of 60-69 years screened for bowel cancer in the last 30 months was high when compared to the England average. This was 68% compared to the England average of 58%.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice hosted weekly services from Carers Resource and until recently the Red Cross that the practice could refer into.
- The practice offered longer appointments for patients assessed as needing them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We were provided with many examples of significant multi-agency working to try and support and improve the outcomes for patients. For example the practice had worked with up to 50 agencies in respect of one patient and now had an agreed plan in place for this patient that was benefitting the patient and the agencies and services the patient was involved with.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and offered them support when they were of no fixed abode. For example one patient used the practice as their home address.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar

Summary of findings

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the England average of 88%.

The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the England average of 84%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had recently been involved in two mental health research projects; the outcomes of which were having a positive benefit to the patients involved.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results were mixed, seven above, eleven below and five equal to the national averages. All but two were below the local CCG averages. 250 survey forms were distributed and 113 were returned. This represented 0.9% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 74% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection and for patients to complete questionnaires on the day of the inspection. We received 31 comment cards which were all positive about the standard of care received. Three patients commented on the difficulty with accessing appointments. We also received five patient questionnaires from patients in the main practice at Leeds Road and four from patients in the Pannal branch practice. All of the comments were positive about the standard of care received. Three comments that appointments didn't always run to time and they were not informed of delays. Four out of the five patients asked had not been offered a chaperone.

Areas for improvement

Action the service **MUST** take to improve

- The practice must take immediate action to ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.

Action the service **SHOULD** take to improve

- The practice should ensure it has systems in place to undertake detailed analysis of the significant events over a period of time to enable themes to be identified and appropriate action taken.

- The practice should ensure they assess and manage the outstanding issues identified as high risk in the recent fire risk assessment.
- The practice should ensure they have a specific risk assessment in place in respect of alternative medical scheme (AMS) patients when visiting the practice. The AMS scheme is for patients deemed to pose risk to practices and have been removed from other practice lists.
- The practice should risk assess the current arrangements in place for the delivery of medicines in the community.
- All clinical staff should have emergency response training.

Outstanding practice

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We were provided with many examples of significant multi-agency working to try and support

and improve the outcomes for patients. For example the practice had worked with multiple agencies in respect of one patient and now had an agreed plan in place that was benefitting the patient and the

Summary of findings

agencies and services the patient was involved with. As a result of the agreed care plan the patient was receiving regular telephone calls from the practice and reducing the time spent contacting and visiting other services such as accident and emergency.

The practice proactively sought patients' feedback and engaged patients in the delivery of the service. They had a very engaged patient participation group (PPG). The patient group comprised of 300 virtual members. Eight of the virtual members formed the committee and met with the managing partner on a quarterly basis. The

committee was made up of volunteers from the virtual PPG and managed by the Chairman. The PPG met regularly and one Friday of every month a member of the committee attended the practice for three hours meeting patients in the practice to discuss any points that patients may have. This was then then fed back to the practice. The practice also gathered feedback from patients using new technology. For example the practice had social media pages where patients could leave feedback. The practice reviewed and updated these sites regularly.

The Leeds Road 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, a practice nurse specialist adviser and a pharmacist specialist adviser.

Background to The Leeds Road Practice

The Leeds Road Practice is a semi-rural practice situated in Harrogate close to the town centre. There is also a branch surgery in the village of Pannal and a further surgery held in a specially adapted consulting room at the village hall in Spofforth. The practice covers a 150 square mile geographical area. The registered list size is 13,200 and approximately 95% are of white British background. The practice is ranked in the tenth least deprived decile, significantly below the national average. The practice age profile is comparable to the England average. The practice is a dispensing practice and dispenses to approximately 2500 of their patients. The practice is run by a four GP and practice manager partnership (three full time GPs one part time GP (3.56 wte) and a full time practice manager). There are six salaried GPs (2.9 wte). The practice is a newly established teaching practice. They currently have one GP registrar in their first year and a physicians associate from Leeds University working at the practice one day a week.

The practice employs four part time practice nurses (2.4 WTE) and a full time advanced nurse practitioner (ANP) for acute care. They have a new health care assistant for 30 hours per week. The team is supported by a team of 14 reception and administration staff.

The practice is open between 8.30am and 6.00pm Monday to Friday. Extended hours are offered on Tuesday mornings from 7.30am and on Thursday evenings until 9pm (6pm – 8.30pm for appointments). General appointment times for GPs are from 8.40am to 12pm and 1.30pm until 5.50pm. The branch practice at Pannal is open Monday to Friday 08.30am to 12pm. The branch practice at Spofforth is open on Mondays from 4pm to 5.30pm, Wednesdays 10.30am to 12pm and Fridays from 4pm to 5.30pm. Telephone triage for acute on the day requests is managed by a GP or ANP. Standard appointments are 10 minutes for face to face appointments. The practice does not currently offer routine telephone appointments. The practice offers a range of enhanced services including the direct enhanced service for violent patients.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff including the practicing manager partner, three GP partners, two salaried GPs, GP trainee, two practice nurses, the senior practice nurse and the administration and reception managers. We also received completed questionnaires from nine non-clinical staff.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

Staff were able to describe the process for reporting incidents. 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, where appropriate 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. For example following a significant event in relation to immunisations the practice had taken action and increased the appointment time allocated when immunisations were given.
- The practice was carrying out some analysis but not specifically looking at the trends in detail over a period of time.

Opportunities to learn from external safety events were identified. For example soft intelligence shared by the CCG was shared within the practice and used to identify learning. The practice demonstrated they actively submitted soft intelligence to the CCG.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded 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 clearly 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child safeguarding level two and above. All but one member of staff had completed safeguarding adults training. This was being addressed by the practice.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had been trained specifically to carry out this role. Most staff had received infection prevention and control (IPC) training. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The Practice had a system where all prescriptions were reviewed and signed by the GP before dispensing. The SOP for home delivery of patients medicines, including controlled drugs and refrigerated medicines) did not include the fact that the driver took medicines (including refrigerated medicines) that could not be delivered, back to their home. We were told controlled drugs were returned to the practice. The practice had not risk assessed these arrangements.
- 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 personnel records and found appropriate recruitment checks had been undertaken prior to employment for most staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. However, the practice employed a driver and a stand in driver (used to provide cover at times of absence) to deliver medicines to patients in the community. These staff did not have a DBS check in place. The practice informed us they would review this immediately.

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 nominated health and safety lead. There was health and safety information throughout the practice including information in what to do in the event of a fire. Staff were trained in health and safety and there were nominated fire marshalls. The practice had recently commissioned a fire risk. The practice had initiated some but not all of the issues which were identified as a

risk. They had not put an action plan in place. The practice assured us they would review the outstanding issues and put an action plan in place. Regular fire evacuations and testing took place. 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). The recent legionella risk assessment had identified some high risk areas and despite the practice not putting an action plan in place could demonstrate that some immediate action had been taken such as replacement the water tank.

- The practice was an AMS provider for their CCG area. This is for patients deemed to pose risk to practices and have been removed from other practice lists. All staff were aware of their responsibilities in respect of the scheme and were clear of the protocols they had to follow to ensure the safety of staff and visitors to the practice. Records showed they followed the protocols. The practice did not have a specific risk assessment in place for AMS patients but had a generic risk assessment for the health and safety of patients and staff whilst at the practice. We discussed this with the practice who told us they would put a specific risk assessment in place immediately.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some 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.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. All of the practice nurses had completed anaphylaxis training. None of the GPs or the ANP had completed such training.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 through risk assessments, audits and random sample checks of patient records. In the last year the practice had carried out two full cycle audits against NICE guidelines and two first cycle audits with the second cycle audits planned for later in the year. For example they had audited 'fever in children under five – and were recording the advised observations and antiplatelet prescribing for secondary prevention after strokes and transient ischaemic attacks. The latter audit showed the practice was falling far short of the target at 48% in the first cycle and by the second cycle had reached 81% against the target of 80%. Both audits demonstrated the practice had acted on areas that needed improvement.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2014/2015 were 100% of the total number of points available. Exception reporting was in line with national averages, most of them being below the national average. One indicator 'The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 8% above the national average at 21%. The practice assured us they were following the correct guidance for exception reporting. They told us they would look into this issue immediately. (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.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to the England average of 88%
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the England average of 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the England average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits completed from May 2015 to April 2016. Seven of these were completed audits where the improvements made were implemented and monitored and three audits were planned to complete the audit cycle. For example, the practice had undertaken an audit to see whether patients with a chronic disease were attending for annual reviews. Where they were not the practice demonstrated they had taken action to try and address this. For example as part of the audit the practice identified that asthmatic patients not on regular medication were not attending reviews. As part of the 2016 practice asthma plan they introduced offering telephone annual reviews for patients to try and address this shortfall.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice is a Royal College of General Practitioners (RCGP) recognised research practice and members of the Northern & Yorkshire Primary Care Research Network. The practice had recently been involved in

Are services effective?

(for example, treatment is effective)

three research programmes, Mirtazapine for treatment resistant depression (MIR), Helicobacter Eradication Aspirin Trial (HEAT) and Collaborative Care in Screen-Positive Elders (CASPER). For example the MIR trial looked at identifying patients who had not completely responded to antidepressant therapy to see if adding a different antidepressant would benefit them. The practice felt this was an excellent project to take part in as it was targeting patients who the practice felt were already treated to the best of their abilities and to see if further treatment would be effective at improving patients low mood symptoms.

- The practice had designed and implemented a wide range of templates to assist staff in ensuring adherence to guidance and to ensure they captured the information they required.

Information about patients' outcomes was used to make improvements. The Royal College of Physicians had carried out an inquiry into the death of asthma patients and the frequency of those patients in using a certain medicine. The practice had reviewed this information and carried out a review of their patients prescribed this medicine and the frequency of its use.

Effective staffing

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

- The practice had a comprehensive induction pack and training policy specifically for GP trainees. They also had an induction programme specific to each role for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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 on line resources and discussion at practice meetings.
- 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice demonstrated they kept staffing levels and the effectiveness of the staffing arrangements under review. The latest practice business plan showed a GP had been identified to lead on carrying out a 'nursing efficiency' review. An initial audit had been completed in March 2016. They were looking at national standards and guidelines to develop strategy plans and clinical pathways in these areas in-house. Work on dopplers, COPD and asthma had already started. Pathway development work and changes planned to be completed by August 2016 with a further audit planned in February 2017.

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.
- We looked at the documents GPs had to process and found these were all processed in a timely way with no evident backlogs.

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.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service using information within the practice, patient contact, the practice website, Twitter and Facebook.
- The practice carried out opportunistic screening of patients when they attended the practice for areas such as blood pressure monitoring and breast screening.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 78% and better than the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

NCIN data published in March 2015 showed a high uptake of females aged 50-70 years screened for breast cancer in last 36 months. This was 81% compared to the England average of 72%. Patients between the age of 60-69 years screened for bowel cancer in the last 30 months was high when compared to the England average. This was 68% compared to the England average of 58%.

Childhood immunisation rates for the vaccinations given were slightly better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% and five year olds from 90% to 96%. The CCG average for under two year olds ranged from 93% to 96% and under five year olds from 79% to 94%.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Records noted the practice had plans in place to try and increase the uptake of these checks.

A weekly clinic for vulnerable elderly patients often in isolation was offered by the Red Cross and hosted by the practice. This service ceased in April 2016 due to funding issues. Patients can still be referred via any member of clinical staff.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The reception desk was directly in front of and open to the waiting area. We observed some patients waiting close to patients who were being dealt with at the reception desk. The practice did not have any facility of demarcation area to indicate where patients should stand to prevent this happening. However, we did observe reception staff asking the waiting patient to use the self check in and to take a seat until they were ready.

All of the patient feedback we received was positive about the service experienced. Patients said they felt the practice offered a good and excellent service and staff were helpful, caring and treated them with dignity and respect. Staff provided us with examples to demonstrate patients were treated with dignity and respect. For example when appropriate patients of no fixed abode were able to use the address of the practice as a contact point.

We received feedback via email from the chair of the patient participation group (PPG). They told us the care from GPs and nurses was good. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients mostly felt they were treated with compassion, dignity and respect. The practice was above average for all but two in relation to its satisfaction scores on consultations with GPs and nurses. For example:

- 95% 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%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 97% 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%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and 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 CCG average of 93% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

- Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.
- The practice made use of personalised care plans for patients including those with long term conditions such as asthma and COPD. 4% of the practice population had a proactive care plan which was above the 2% national target.

Results from the national GP patient survey were mixed in respect of their involvement in planning and making decisions about their care and treatment. Results were below the local and equal to the 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%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was no information within the practice to notify patients of this.
- Information leaflets were not available in easy read format but would be made available if requested.

Patient and carer support to cope emotionally with care and treatment

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 identified 147 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them both in the practice and on the website. Patients could register as a carer on line as well as at the practice. When a patient was identified as a carer they were offered reviews in-house by a charity that attended the practice weekly who provided tailored support and information to unpaid carers and vulnerable people.

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. Partners from health and social care in Harrogate and District have been chosen following a successful Vanguard bid to take a national lead on transforming health and social care for local people. The aim of the Vanguard will be to provide support to people to remain independent, safe and well at home with care provided by a team that the person knows and they can trust. This service will be provided by an integrated care team from community based hubs which include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector. The practice had committed to be part of this and was working with the CCG to help the recruitment of new roles to support the project.

- The practice offered a 'Commuter's Clinic' on a Tuesday morning from 7.30am and a Thursday evening until 9pm to accommodate working patients who could not attend during normal opening hours.
- The practice had two branch practices and offered some services from these practices throughout the week reducing the need for patients to travel.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- A wide range of services were offered at the practice to avoid the patient having to attend hospital. For example, Electrocardiography (ECG), ring pessary fitting, retinal screening and international normalized ratio (INR) monitoring. The practice did not offer a phlebotomy service. The PPG told us this was an issue of discontent for patients.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Extended hours were offered on a Tuesday morning from 7.30am and on a Thursday evening until 9pm (6pm – 8.30pm for appointments). From 8am to 8.30am patients were directed to an on-call services. The practice evidenced they would open the phone lines from 8am from September 2016. General appointment times for GPs were from 8.40am to 12pm and 1.30pm until 5.50pm. The branch practice at Pannal was open Monday to Friday 8.30am to 12pm. The branch practice at Spoforth was open on a Monday from 4pm to 5.30pm, Wednesday 10.30am to 12pm and a Friday from 4pm to 5.30pm.

Standard appointments were 10 minutes for face to face appointments. The practice did not currently offer routine telephone appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice operated a daily triage system managed by a duty GP or an advanced nurse practitioner who assessed and managed all acute on the day appointment requests.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed, below the local averages and some above and some below the national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them. Three patients commented on the difficulty with accessing appointments and three commented that appointments didn't always run to time and they were not informed of delays.

We noted the next available routine appointment with a GP was in three days and for nurses the next day). We saw evidence the practice was monitoring the number of appointments offered and responding to patient feedback where possible. The practice had commenced a review to

Are services responsive to people's needs?

(for example, to feedback?)

improve access. Some changes were evident for example appointments could be booked up to four weeks ahead instead of two and an additional ANP managed requests for acute care appointment.

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.
- The practice had identified three leads; one to manage the overall complaint process, another to manage non

clinical complaints and another to manage clinical complaints. There was a comprehensive policy in place which detailed the process the practice would follow when complaints were received.

- We saw that information was available to help patients understand the complaints system.

We looked at the complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. For example, the practice had reviewed the clinical referral criteria of skin lesions

and features of basal cell carcinoma (BCCs) in particular. There were no further significant events or complaints received in respect of this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was available on the practice website displayed throughout the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

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 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). 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 did not always keep 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.
- 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. The practice hosted two events for staff each year outside of work as well as whole practice meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff, where appropriate 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.

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 and one Friday of every month a member of the committee attended the practice for three hours meeting patients in the practice to discuss any points that patients may have which they then fed back to the practice. We saw evidence that the practice acted on this. For example, patients had commented they would like to see photographs of the staff at the practice. This was now visible in the practice reception area. They were also involved in carrying out patient surveys, actions plans and review of actions.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. 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.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice gathered feedback from patients using new technology. For example the practice had social media sites which they

reviewed and updated daily and where patients could leave feedback. Several of the partners at the practice were involved in other organisations. For example the Local Medical Council, the Federation and from September 2016 one GP would be the CCG prescribing lead.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The information as specified in Schedule 3 was not available in relation to each such person employed for the purposes of carrying on the regulated activities.</p> <p>Specifically, the practice had not completed a Disclosure and Barring Service (DBS) check or a risk assessment for the delivery drivers that were employed by the practice to deliver medicines to patients in the community.</p> <p>Regulation 19(2)(a)(b)</p>