Scorton Medical Centre

Quality Report

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Date of inspection visit: 14 September 2015
Date of publication: 17/12/2015

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	Requires improvement
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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Scorton Medical Centre on 14 September 2015.

Overall the practice is rated as requires improvement. Specifically, we found the practice to require improvement for providing safe and well led services. The practice was good for providing a caring, effective and responsive service.

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

- There were some systems in place to reduce risks to patient safety. However, we identified areas where improvement was required.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they found it easy to make an appointment and that there was continuity of care. Urgent and routine appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service. The practice was in the initial stages of setting up a patient participation group (PPG).
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had mostly received training appropriate to their roles.
- There had been two; two cycle clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- It was evident the practice was in a transition period following recent partnership changes. We saw some evidence, particularly in relation to culture that some changes had been made in respect of shared learning and support arrangements. However, the arrangements for governance and performance management did not always operate effectively.

Summary of findings

- The vision, values and strategy were not well developed and consequently not monitored or regularly reviewed. Whilst all staff were clear they wanted to deliver a good service to their patients they were not clear about the practices strategy. GP partners demonstrated they were aware of current and future challenges.
- Not all staff told us they felt supported and able to raise concerns.
- There was some evidence of innovative practice demonstrated.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure all staff acting as a chaperone understand their role and have had a DBS check carried out or a risk assessment in place as to why a DBS check was not required.
- Ensure systems of good governance are in place. The practice must ensure the systems are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of staff,

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?

Requires improvement

The practice is rated requires improvement for providing safe services.

Although risks to patients who used services were assessed, some of the systems and processes to address these risks were not always in place or implemented well enough to ensure patients were kept safe. For example, the practice did not have an identified infection control lead and infection control audits were not carried out. Fire drills were not being carried out in accordance with recommendations, safeguarding training for adults had not been completed and not all staff understood the role of the chaperone. Not all non-clinical staff who acted as a chaperone had a DBS check and there was no assessment of the risk involved in not carrying out these checks. Communication and learning from significant events, alerts and complaints was not robust enough to ensure that all staff were made aware of learning although we saw evidence that steps had been taken to improve this.

Are services effective?

Good

The practice is rated good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were comparable to national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Some staff had received training appropriate to their roles.

Are services caring?

Good

The practice is rated good for providing caring services.

Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. Data from the National GP Patient Survey of July 2015 showed that patients rated the practice in line with local and above national averages for many aspects of care.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

The practice reviewed the needs of its local population. We saw some evidence the practice engaged with Clinical Commissioning Group (CCG) initiatives and utilised their resources, such as medicines management. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. We also saw non urgent appointments were also available on the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. Systems were not in place to ensure that learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

The practice had recently undergone significant partnership changes. GP partners demonstrated they were aware of current and future challenges and we saw some evidence of an emerging culture of change following the recent partnership changes. They demonstrated they were beginning to implement change and looking at areas for development and improvement.

The practice had identified a lead GP in this area and they had recently established a clinical governance policy which we saw was being followed and or in the process of being implemented. For example increased learning from events was evident and the frequency of clinical and whole team meetings had been increased. The practice demonstrated they were utilising support services from outside of the practice, for example from the CCG medicines management team and services offered through the Federation to improve services.

However, these arrangements did not always extend to other non-clinical areas which resulted in some risks not being identified. The practice had a quality assurance policy in place which was not always followed or understood by staff which resulted in the overall governance arrangements not always operating effectively.

The practice proactively sought feedback from patients and was in the initial stages of setting up a PPG. All staff had received induction training but not all staff had received regular performance/ competency reviews or attended regular staff meetings. Not all staff felt supported and able to raise issues or concerns.

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

Requires improvement

The provider is rated as requires improvement for safety and being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice provided a weekly scheduled visit to two local care homes. All patients over the age of 75 years had a named GP. The practice was in the process of undertaking a project that related to frailty scoring for the over 75's as part of the CCG led Nursing Workforce Project.

People with long term conditions

Requires improvement

The provider is rated as requires improvement for safety and for being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people with long-term conditions.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured review as required to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider is rated as requires improvement for safety and for being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement 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 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. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided a range of contraceptive, pre-conceptual, maternity and child health services such as bi-monthly health visitor clinics and weekly midwife led antenatal clinics.

Working age people (including those recently retired and students)

Requires improvement

The provider is rated as requires improvement for safety and for being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement 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 reflected the needs for this age group. For example, the practice had contacted all 18 year olds in respect of the provision of a certain vaccine. NHS health checks were available for this group of patients.

People whose circumstances may make them vulnerable

Requires improvement

The provider is rated as requires improvement for safety and for being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had a process in place to ensure annual health checks were provided and longer appointments were available for people with a learning disability. The practice had joined with two local practices as part of a CCG project and had identified ways to enable nursing teams to have dedicated time to visit vulnerable patients in their home.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary

Summary of findings

organisations. All staff knew how to recognise signs of abuse in vulnerable adults and children although not all staff had received training in this area. All staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns but not all were clear what agencies they would contact outside of the practice.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The provider is rated as requires improvement for safety and for being well-led. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Nationally reported data was comparable to the national average. For example, 100% of people experiencing poor mental health had received an annual physical health check and the patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 85% comparable to the national average of 84%. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey published in July 2015 showed the practice was performing significantly above the CCG and national averages. Of the 27 questions, 14 were above 95% and 7 were above 90%. One was 71% in relation to (feel they don't normally have to wait too long to be seen). All but one of these was above the CCG average and all were above the national average. There were 252 surveys sent out and 127 surveys returns which represents a 50% response rate and a sample size of 4% of the practice population.

99% find it easy to get through to this surgery by phone compared with a CCG average of 90% and a national average of 73%.

91% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 70% and a national average of 60%

99% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 90% and a national average of 73%

93% of respondents are satisfied with the surgery's opening hours compared with a CCG average of 84% and national average of 75%

97% find the receptionists at this surgery helpful compared with a CCG average of 93% and a national average of 87%.

91% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 70% and a national average of 60%.

96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 92% and a national average of 85%.

100% say the last appointment they got was convenient compared with a CCG average of 96% and a national average of 92%.

92% describe their experience of making an appointment as good compared with a CCG average of 88% and a national average of 73%.

71% feel they don't normally have to wait too long to be seen compared with a CCG average of 68% and a national average of 58%.

One result was below the CCG and national average. This showed:

36% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%

Results from the last three months of the Friends and Family test (FFT) showed that of the 231 responses received, 198 were extremely likely, 19 likely, three neither likely or unlikely, five unlikely, one extremely unlikely and five didn't know whether they would recommend the practice.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 (which is 1% of the practice patient list size) comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion, dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff acting as a chaperone understand their role and have had a DBS check carried out or a risk assessment in place as to why a DBS check was not required.
- Ensure systems of good governance are in place. The practice must ensure the systems are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of staff, patients and visitors to the practice.

Scorton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice nurse specialist advisor and a pharmacist specialist advisor.

Background to Scorton Medical Centre

Scorton Medical Centre is located in the rural village of Scorton in Richmond, North Yorkshire. There were 3,542 on the practice list. The practice is a dispensing practice and dispenses to approximately 95% of its patients.

There are three GP's, two practice nurses, a practice manager, reception/dispensing and administration staff. The practice is open between 8.30am and 6pm Monday to Friday with extended appointments offered until 7.30pm on a Monday. Appointments consisted of open appointments from 8.30am to 10.30pm every morning and a mix of pre-booked and open appointments from 4.30pm to 6pm every afternoon.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Harrogate District Foundation Trust.

The practice has a General Medical Service (GMS) contract and also offers a range of enhanced services.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

Detailed findings

• People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 September 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would report any incidents.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence the practice had recently put arrangements in place to begin to formally share lessons learned to make sure action was taken to improve safety. We noted the practice lead had recommended this be undertaken in a more timely way and shared at more frequent monthly staff meetings which were due to commence this month. We were told no previous analysis of significant events had been carried out to identify themes and trends but this was planned for the future as part of the new lead role one of the new GPs had taken on.

Overview of safety systems and processes

Although risks to patients who used services were assessed, some of the systems and processes to address these risks were not always in place or implemented well enough to ensure patients were kept safe. This resulted in a lack of oversight in some areas. For example, the management of infection control, management of fire drills, safeguarding adults training for all staff and the DBS checking of staff undertaking chaperoning. We also found not all staff fully understood the role of chaperone or had the confidence and support to raise concerns. Communication and learning from significant events, alerts and complaints was not robust although we saw evidence of improvements in this area, particularly around significant events.

- There were some arrangements in place to safeguard adults and children from abuse that reflected relevant legislation. There was a lead member of staff for safeguarding. They had completed Level 3 safeguarding children training but had not completed adult safeguarding training. With the exception of one, staff had not completed safeguarding adults training. We received confirmation following the inspection that all staff had been booked onto the required safeguarding training. GP's attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff demonstrated they understood their responsibilities to raise safeguarding concerns. Not all staff demonstrated they understood the different types of abuse and the ways they could report concerns outside of the practice.
- A notice was displayed in the waiting room, advising patients that a chaperone service was available. Not all staff (non-clinical) who acted as a chaperone had a disclosure and barring check (DBS). These 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. Some staff also told us they stood outside of the curtain during the examination because they either thought they should or because they had been asked too. The practice informed us this practice would cease immediately and that they would ensure that chaperones stood inside the curtain during examinations to safeguard patients.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy which contained a wide range of policies and procedures. The practice had up to date fire risk assessments. The practice had carried out a recent fire drill but there was no evidence of previous regular fire drills taking place and not all staff had received training in this area. There was no information displayed within waiting areas to inform patients what to do in the event of an evacuation. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH).
- Appropriate standards of cleanliness and hygiene were mostly followed. Legionella risk assessments had been carried out. There was a basic infection control protocol in place and most staff had received up to date training. The practice did not demonstrate an overall management of infection control which resulted in areas that needed addressing not being identified. For example, the practice was unable to clarify who the infection control lead was and there were no infection

control audits were carried out. Specifically we found adult oxygen masks and piping were not stored in covers and cleaning materials not appropriately stored and managed.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was part of the Dispensing Services Quality Scheme (DSQS) which helped ensure processes were suitable and the quality of the service was maintained. The practice did not audit the vaccine stock regularly although all the vaccines we found were in date and fit for use. The practice had a good system for managing patients on high risk medication and handling hospital discharges to ensure patient records were up to date. There was evidence of error reporting and recording near misses and dealing with medication alerts. The practice was receiving support from medicine's management at the CCG and was following the changes they had introduced. Staff had adequate qualifications for the roles they were undertaking. One staff member who didn't have a particular dispensing qualification was working towards this. There were no systems in place to demonstrate how the practice would support the continuous professional development of staff in the dispensary and how they would monitor and assess their on-going competence and adherence to the changes introduced by the medicines management team. There were currently no formal documented arrangements in place for sharing learning amongst the dispensary staff.
- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment for the most recent members of staff who had joined the practice. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted there were no DBS checks or risk assessments in place for non-clinical staff who had worked at the practice for a considerable amount of time who acted or may act as a chaperone. This equated to a small number of staff who occasionally acted as a chaperone. The practice informed us this practice would cease immediately and the appropriate checks would be carried out.
- 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 and arrangements for managing planned and unplanned absence. Some staff reported they would benefit from more staff at certain times of the day to allow staff more flexibility. For example, the practice reception desk did not have a physical staff presence in the afternoon as the staff worked in the dispensary and moved between the dispensary and the reception desk if a patient attended. Patients did not raise this as a concern. We saw evidence the practice had taken some steps to address staffing by securing the resource of an apprentice who had commenced their role shortly prior to our inspection.

Arrangements to deal with emergencies and major incidents

Staff received annual basic life support training and emergency medicines were available in the treatment room. The practice had a defibrillator available which staff had been trained to use, although no paediatric pads were available to use with it. Oxygen was stored on the premises, however the oxygen masks were not always stored correctly. An accident book was available.

The practice had a basic continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and details of an alternative practice that could be accessed. Not all staff were aware of this.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice monitored adherence to these through clinical supervisions and clinical reviews. For example the practice had conducted a review into their two week rule referrals, dermatology referrals and referrals into the MSK (musculoskeletal) service

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.6% of the total number of points available, with 4.7% exception reporting which was below the CCG and national average. This practice was an outlier in one area of patient safety. This related to the practices prescribing of certain antibiotic medicines which were above the national average. Records showed the practice was working with the CCG to reduce this and evidence showed they had already reduced antibiotic prescribing. Data from April 2013 to March 2014 showed;

- Performance for diabetes related indicators was similar to expected when compared to the national average, performing slightly below in some areas and slightly higher in others. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March 2013/2014 was 86% compared to 93% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 80% which was below the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% which was above the national average of 86%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 85% comparable to the national average of 84%.

Clinical audits were carried out to demonstrate quality improvement. There had been two clinical audits completed in the last two years, both of these were two cycle completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included improvement to antibiotic prescribing and more effective use of warfarin.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The practice had recently experienced a change in the partnership arrangements with two new GP partners joining the practice. The practice had a policy for never using locum GP's and covered each other within the practice.
- Staff received training appropriate to their roles and completed most mandatory training although the systems for monitoring completion of training needed to be addressed to allow the practice to have oversight as to what training staff had and had not completed. Staff had access to and made use of e-learning training modules and in- house training.
- The practice had systems of appraisals. All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff although some of these had not been carried out within the last 12 months. Whilst supervision of nursing staff had taken place, until recently they had not been

appraised for some time. There were no systems in place to demonstrate how the practice would support the continuous professional development of staff in the dispensary and how they would monitor and assess their on-going competence and adherence to the changes introduced by the medicines management team.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. NHS patient information leaflets were also available. The practice used a system of mobile electronic information which meant GPs could access their internal systems when visiting patients in the community.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Most 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity. The process of recording consent was inconsistent and written consent was not always obtained for procedures such as coil fitting and minor surgery.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who may be in need of extra support were identified by the practice, for example carers.

The practice had a screening programme in place. The practice's uptake for the cervical screening programme was 82%, which was equal to the national average of 82%

Childhood immunisation rates for the vaccinations given were above the CCG average with a large number being at 100%. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 96% to 100% and five year olds from 94% to 100%. Patients who were over the age of 18 years had been contacted and offered a certain vaccine.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients could access bi-monthly health visitor clinics and weekly midwife led antenatal clinics.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Some staff had received training in understanding and maintaining patient confidentiality.

All of the 45 patient CQC 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. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice results were in line with local and above the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 95% and national average of 89%.
- 98% said the last nurse was good at listening to them compared to the CCG average of 96% and national average of 91%
- 91% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 98% said the nurse was good at giving them enough time compared to the CCG average of 97% and national average of 92%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 85%.
- 97% said the nurse was good at treating them with care and concern compared to the CCG average of 96% and national average of 90%
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 99% and national average of 95%

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and above national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 86%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 90%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 81%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. For example, the practice had information leaflets at the reception desk about a local support group that operated in the local community called 'Scorton carers'.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of a Primary Care nursing workforce programme which involved them working with two other local practices looking at how resources could be shared to free up nurse time to enable them to visit patients with chronic conditions in their own homes. The three practices had agreed the shared resource of a health care assistant to enable this. The practice was in the early stages of implementation. The practice was part of a federation of other practices in the CCG known as the Heartbeat Alliance. They met regularly and explored collectively how they could improve outcomes for patients.

The practice was in the initial stages of setting up a PPG. They had held their first meeting and evidence showed a further meeting was planned. Records showed the practice's aim was for the PPG to be an active voice within the practice.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people who needed them.
- Home visits were available for elderly patients and those that needed it.
- Staff at the practice delivered medicines in their own time to a small number of patients who were housebound.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was disabled access to all parts of the building with automatic doors, level access on the ground floor and lift to access the first floor. We noted the practice had a hearing loop but this was not in use.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with extended appointments offered until 7.30pm on a Monday. Appointments consisted of open appointments from 8.30am to 10.30am every morning and a mix of pre-booked and open appointments from 4.30pm to 6pm every afternoon. Early morning appointments were available to book with the nurse and extended GP appointments were available until 7.30pm on a Monday evening. Records showed pre-booked and urgent appointments were available on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 90% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 73%.
- 36% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system with posters displayed. Patients we spoke with were aware of the process to follow if they wished to make a complaint and felt that this would be easy to carry out if needed.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. The majority of records showed openness and transparency when dealing with the complainant. The practice did not always record follow up actions.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, systems for managing the acute presentation of heart attack in the surgery building had been developed and a system for triaging urgent concerns for nursing home patients had been implemented.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The vision, values and strategy were not well developed and consequently not monitored or regularly reviewed. Whilst all staff were clear they wanted to deliver a good service to their patients they were not clear about the practices strategy. GP partners demonstrated they were aware of current and future challenges and we saw some evidence of an emerging culture of change following the recent partnership changes. They demonstrated they were beginning to implement change and looking at areas for development and improvement.

Governance arrangements

The practice had identified a lead GP in this area and they had recently established a clinical governance policy which we saw was being followed and or in the process of being implemented. For example increased learning from events was evident and the frequency of clinical and whole team meetings had been increased. The practice demonstrated they were utilising support services from outside of the practice, for example from the CCG medicines management team and services offered through the Federation to improve services. Records showed GP clinical performance was reviewed by GP partners at regular meetings, appraisals and through clinical audit. However, these governance arrangements did not always extend to other non-clinical areas. For example the practice had a quality assurance policy in place which was not always followed. For example, obtaining consent, ensuring staff are appropriately trained and carrying out non-clinical audits. We found:

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical audit had been carried out and the practice demonstrated they used these to monitor quality and to make improvements. However there was no evidence of a continuous programme of clinical audit in place. The use of other audits was limited, for example there were no infection control, vaccine stock records or dispensary wide audits completed.
- There was a lack of oversight in respect of training which resulted in not all staff having completed required training. For example, safeguarding adults.
- The GPs had learnt from incidents and complaints but these were not always shared with others to promote learning and follow up not always recorded. The practice did not currently have clear methods of communication that involved the whole staff team. We saw evidence that communication of certain areas, such as significant events had been identified and measures had been put in place to introduce monthly whole staff meetings where this information would be shared. Clinical meetings between GPs and nurses were not in place.
- Systems were in place to disseminate best practice guidelines.
- The practice gained patients' feedback through the use of the FFT and suggestion boxes. They had recently held the first PPG meeting and were in the process of establishing this group and embedding it within the practice.
- The GPs were all supported to address their professional development needs for revalidation, appraisal schemes and continuing professional development. Supervision and competency assessment had recently been introduced for the nursing staff. Non-clinical staff were appraised. There was no evidence of how the practice would support the on-going continuous professional development of the dispensary staff and how they would monitor and assess their on-going competence.
- The majority of staff told us they felt supported by their manager. Some staff told us they did not always feel confident to raise concerns. The practice informed us following the inspection that they had met with staff and revisited the whistleblowing policy.
- Staff were aware of their own roles and responsibilities but there was a lack of clarity or lack of ownership in some areas. For example, infection control.
- Practice specific policies were not always followed in a range of areas. For example, obtaining written consent for invasive procedures and ensuring all staff were appropriately trained, for example in safeguarding.

Innovation

There was evidence of some continuous learning and improvement. The practice participated in some local schemes to improve outcomes for patients in the area. For example, by sharing a health care assistant resource with two other practices to free up nursing time to visit patients with long term conditions in their homes. The practice had also secured an apprentice to work in the reception area at

Are services well-led?

Requires improvement

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the practice following the success of this in other areas. They had also set up an i-pad in the patient waiting area for patients to complete the FFT electronically, which had resulted in a vast increase in patient participation in this survey.

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
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (1) & (2)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding service users from abuse and improper treatment With the exception of one, staff had not completed safeguarding adults training. Not all staff demonstrated they understood the different types of abuse and the ways they could report concerns outside of the practice. Not all staff (non-clinical) who acted as a chaperone had a disclosure and barring check (DBS). These 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. Some staff also told us they stood outside of the curtain during the examination because they either thought they should or because they had been asked too. Regulation 13(1) &(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Regulation 17 (2)(b)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance

Non-clinical audits were not always carried out which resulted in risks not being identified. Incidents were not always shared with others to promote learning.

The systems for monitoring training were not robust which resulted in the practice failing to identify that staff had not completed certain required training.

The practice did not competency assess all staff to assure themselves that all staff were competent to carry out their role. For example, not all staff understood their role when acting as a chaperone or demonstrated a sound understanding of safeguarding.

Regular fire drills were not carried out.

The practice did not audit the vaccine stock regularly. There were no audits carried out for the dispensary as a whole.

Infection control was not appropriately managed with no infection control lead and no audits in place.

Regulation 17 (2)(b)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014