

Quaker's Lane Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quakers Lane Surgery on 7 July 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 assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them

with dignity and respect. We received a wide range of examples to demonstrate how the practice had supported patients well through difficult circumstances.

- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 strong focus on continuous learning, innovation and improvement at all levels.

We saw some areas of outstanding practice:

Summary of findings

The practice's care of older people. The practice was working with two other practices as part of a frailty pathway project. The project was in phase one. The outcome aims of the project included areas such as improved patient satisfaction and quality of life, and improved recognition and diagnosis of frailty. The project was in phase one. Early outcomes clearly demonstrated the aims of the project were being worked towards and that appropriate care and referrals were made to support these patients. For example, of the 33 patients identified for the project 12 had been referred to the falls service, five to the Community Mental Health Team due to significant memory problems, 15 to a geriatrician for a more comprehensive assessment and one patient referred to the Voluntary Sector to provide a be-friending service.

The practice provided medical care to a local community hospital. They had access to six intermediate beds and provided medical care for their own patients who they directly visited. The practice also provided care for patients admitted to this hospital who were not their patients and out of area.

The practice offered a range of services as part of the 'Out of Hospital Basket' enhanced service aimed at providing care closer to the patient's home and avoiding unnecessary travel to hospital. For example ring pessary fitting and replacement.

The practice offered 'E-Consult' an electronic way for patients to communicate with GPs for routine queries. This was of particular benefit for this semi-rural practice.

The areas where the provider should make improvements are:

The provider should ensure that systems are in place to ensure training is completed and updated in a timely way.

The practice should ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act (HSCA) 2008. The practice must ensure that all the necessary employment checks are in place for all 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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Two members of staffs safeguarding training was not appropriate to their role.
- Most staff had been recruited in line with Schedule 3 of the HSCA. The practice took action prior to the inspection to manage a shortfall they had identified in respect of a DBS check for a member of the clinical team that was not in place.
- 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).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Most staff had the skills, knowledge and experience to deliver effective care and treatment. Where they did not the practice immediately put measures in place to address this.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were involved in decisions about their care and treatment.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We received a wide range of examples to demonstrate how the practice had supported patients well through difficult circumstances.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was part of the CCG Nursing Workforce Project and a Federation known as the Heartbeat Alliance. The practice demonstrated it embraced new initiatives offered by the CCG. In recent months they had benefited from a pharmacist, launched 'E Consult' an electronic GP consultation facility and had joined with two neighbouring practices to undertake a frailty project.
- Patients said they found it easy to make an appointment with a named GP. There was continuity of care, with urgent appointments available the same day. The practice offered pre-bookable appointments, telephone appointments, urgent on the day appointments and e-consultations.
- 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.

Good



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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice held regular meetings where governance issues were reviewed and discussed.
- 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 to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning, innovation and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding 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.
- The practice was working with two other practices as part of a frailty pathway project. The project was in phase one. The outcome aims of the project included areas such as improved patient satisfaction and quality of life, and improved recognition and diagnosis of frailty. The project was in phase one. Early outcomes clearly demonstrated the aims of the project were being worked towards and that appropriate care and referrals were made to support these patients. For example, of the 33 patients identified for the project 12 had been referred to the falls service, five to the Community Mental Health Team due to significant memory problems, 15 to a geriatrician for a more comprehensive assessment and one patient referred to the Voluntary Sector to provide a be-friending service.
- The practice provided medical care at a local community hospital. The practice had access to six intermediate beds and provided medical care for their own patients who they directly visited. The practice also provided care for patients admitted to this hospital who were out of area. These patients were in the older people population group and were admitted for rehabilitation or palliative care.

Outstanding



People with long term conditions

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

- Staff 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 above the national average. 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 national average of 88%.

Good



Summary of findings

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 80% compared to the national average of 78%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and nurse and a structured review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP and nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours. The premises was suitable for children and babies.
- The practice had a dedicated area on their website for young people.
- The practice offered emergency contraception, family planning and sexual health advice including administration of long-acting reversible contraception (LARC).
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of 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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those identified as frail, housebound and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had a dedicated practice nurse for managing patients with a learning disability. All those that needed a review had had one or had one planned.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was comparable to other practices. Two out of the three indicators were above the national average and one below. 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, this was lower than the national average of 84%. 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 (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88%.
- 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.

Good



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above national averages. 237 survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% 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 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 93% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for feedback from patients, with CQC comment cards to be completed by patients prior to and on the day of our inspection. We received feedback from 59 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. All of the feedback received was excellent. Patients described the practice as caring, excellent and empathetic. Patients commented on good access to appointments. All but one of the 16 patients who we asked about chaperoning was aware of the chaperone system.

Data from the Friends and Family test showed 97% of patients would recommend the practice based on 38 responses.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should ensure that systems are in place to ensure training is completed and updated in a timely way.

The practice should ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act (HSCA) 2008. The practice must ensure that all the necessary employment checks are in place for all staff.

Outstanding practice

The practice's care of older people. The practice was working with two other practices as part of a frailty pathway project. The project was in phase one. The outcome aims of the project included areas such as improved patient satisfaction and quality of life, and improved recognition and diagnosis of frailty. The project was in phase one. Early outcomes clearly demonstrated the aims of the project were being worked towards and that appropriate care and referrals were made to support these patients. For example, of the 33 patients identified for the project 12 had been referred to the falls service, five to the Community Mental Health Team due to significant memory problems, 15 to a geriatrician for a more comprehensive assessment and one patient referred to the Voluntary Sector to provide a be-friending service.

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The practice offered 'E-Consult' an electronic way for patients to communicate with GPs for routine queries. This was of particular benefit for this semi-rural practice.

Quaker's Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Quaker's Lane Surgery

Quakers Lane Surgery, Quakers Lane, Richmond, North Yorkshire, DL10 4BB is a semi-rural practice situated in Richmond serving Richmond and surrounding villages. The registered list size is 6,273 and predominantly white British background. The practice is ranked in the eighth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile is comparable to the England average with the largest age range being 65 years plus. The practice is a dispensing practice and dispenses to approximately 1,474 of their patients. The practice is run by three partners (one female and two male) with a salaried GP joining the practice in August 2016.

The practice employs a part time practice manager, three practice nurses and a health care assistant. The health care assistant works two days a week and is funded by the CCG as part of the nursing workforce project. Two members of staff work in the dispensary. A pharmacist funded by the CCG has been working at the practice two days a week until the end of June 2016. The team is supported by a senior administrator, two dispensers and a team of secretarial/administration and reception staff.

The practice is open between 8am until 6pm Monday to Friday. Extended opening is offered one evening a week on alternative Tuesdays and Thursdays until 8pm with two GPs and a nurse. GP appointments start from 8.20am to 11am and 3pm to 6pm.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed between 6pm and 8am patients are directed to Primecare who manage the calls.

The practice holds a General Medical Services (GMS) 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.

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 7 July 2016.

During our visit we:

Detailed findings

- Received feedback from a range of staff including GPs, nurses, practice management, dispensing and non-clinical staff. We also received feedback from patients who used the service.
- Observed how staff interacted with patients/carers in the reception and waiting areas of the practice.
- 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 told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out some analysis of the significant events. They did not specifically look at recurring themes which would assist the practice in preventing recurrence of similar incidents.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a delay in the insertion of an intrauterine contraceptive device (IUCD) which is a form of contraception. The practice had identified this and added IUCD to their auto reporting system to avoid such a situation occurring in the future.

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 children and a lead for safeguarding adults. 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 3. One GP's training was due an annual update. Two of the three nurses were trained to child safeguarding level 3. One nurse and the HCA were trained to child safeguarding level 1 which was inappropriate for their role. We raised this with the practice who informed us they would address this immediately. 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 but one of the practice nurses did not have 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 had identified this shortly before the inspection and had submitted the necessary paperwork to complete the check. The Practice had put in place a risk assessment in the interim.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and the majority of 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 to check medicines were within their expiry date and suitable for use. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed.

Staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines) and we saw evidence that these were regularly reviewed to reflect current practice. We observed medicines being dispensed and saw

Are services safe?

arrangements were in place to minimise dispensing errors. Medicine errors and near misses were recorded and reviewed to reduce the risk of errors being repeated. Dispensary staff responded appropriately to national patient safety alerts.

Prescriptions were signed before being dispensed and there was a robust process to ensure that this occurred. There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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.

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed five personnel files. Some of the staff had worked at the practice for a considerable amount of time and recruitment checks were not comprehensive. The practice had addressed this and had recently carried out DBS checks for the clinical staff. The practice was awaiting the return of one DBS check for a practice nurse. They put a risk assessment in place for this nurse immediately following the inspection. We saw evidence that for the most recent recruit, appropriate recruitment checks had been undertaken prior to employment in line with the practice's recruitment policy. This policy included obtaining a DBS check for clinical and non-clinical staff prior to employment and checks such as proof of identification, references, qualifications, registration with the appropriate professional body and

the appropriate checks through the Disclosure and Barring Service. Risk assessments were in place for non-clinical staff in respect of the decision not to carry out a DBS check for existing non-clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. There was evidence the practice had acted on all risks identified through a recent fire inspection the practice had commissioned from an external professional. 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).
- 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. This was managed by the practice manager and a GP partner.

Arrangements to deal with emergencies and major incidents

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

- The majority of staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. Clinical exception reporting was 8.5% which was 0.7% below the England average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was above the national average. 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 national average of 88%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 80% compared to the national average of 78%.
- Performance for mental health related indicators was comparable to other practices. Two out of the three indicators were above the national average and one

below. 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, this was lower than the national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88%.

- The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population (01/04/2014 to 31/03/2015) was below the England average, 12.86 compared to the England average of 14.6. Ambulatory care sensitive conditions are conditions where effective community care and case management can help prevent the need for hospital admission.

Data from The NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) showed the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (01/07/2014 to 30/06/2015) was significantly higher than the national average at 15% compared to the national average of 5%. The practice was aware of this and had taken a number of actions to reduce these levels. For example, the in house pharmacist met with each individual GP to review, discuss and address their prescribing of these medicines. Recent data showed a reduction in prescribing of these medicines.

There was evidence of quality improvement including clinical audit.

- There had been a wide range of clinical audits completed in the last two years. The practice had completed at least four completed audits recently and several single cycle and observational studies.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a GP partner had written a proposal to do qualitative referral benchmarking which had recently been adopted by the CCG and was planned to roll out to the other practices in the CCG.

Information about patients' outcomes was used to make improvements. We saw many examples to demonstrate this. For example the practice had put a system in place to run a monthly search for patients who had had a

Are services effective?

(for example, treatment is effective)

splenectomy to make sure they were called for the required immunisations. The practice had also taken action to improve their management of Atrial Fibrillation (AF), anticoagulation and immunisations.

Effective staffing

- GPs had lead roles outside of the practice. For example one GP was the appraisal lead for Hambleton and Richmondshire and another GP was the Local Medical Council (LMC) representative for Hambleton and Richmondshire.
- The practice used a regular locum to cover any sessions the partners could not cover themselves.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a system in place for monitoring training although this was not always effective as we identified a small number of training that needed updating. For example fire safety and infection control.
- Most staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Most 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. We identified one member of staff who was shortly leaving the practice who had not completed up to date training in vaccinations and immunisations. The practice immediately reviewed this and stopped this member of staff undertaking this particular role
- The learning needs of staff were identified through a system of appraisals, meetings, mentoring and reviews of practice development needs. For example as part of the practice nurses mentoring arrangements they met with their mentor GP monthly. Most 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.

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.

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. Regular meetings took place with other health care professionals 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.

- 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.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to

Are services effective?

(for example, treatment is effective)

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by phoning patients at night when they may have been less busy. 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.

Childhood immunisation rates for the vaccinations given were slightly higher than the CCG/national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% compared to the national average of 91% to 96% and five year olds was 94% to 100% compared to the national average of 91% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the feedback we received from the 59 patients was extremely positive about the service experienced. Both clinical and reception staff were highly valued by the practices patients. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was higher than the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% 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%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 100% 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%.
- 98% 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%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. All patients praised the way they were 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. We looked at several care plans and all were well done and comprehensive with good evidence of patient engagement.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above local averages and significantly above national averages. For example:

- 97% 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%.
- 99% 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%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% and the national average of 85%.

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

- Staff told us that services were available for patients who needed assistance. The practice had not needed to use translation services but would if needed. They used a signer to support some patients.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (1% of the practice list). Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. We were provided with examples of this in practice.

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. For example the practice was part of a federation of other practices in the CCG. Federation practices continue to be independent organisations serving their registered patients but agree to work together in defined areas. For example, developing new approaches to enhance access to practices, by using technology/social media including 'e- consultations', creating networks of practices able to operate seven days a week and examining opportunities to share back office functions to free up time for critical practice work. The practice had benefitted from the services through the federation, of a pharmacist who had been working at the practice. The practice demonstrated it embraced new initiatives offered by the CCG. In recent months the practice had launched 'E-Consult' an electronic GP consultation facility and had joined with two neighbouring practices to undertake a frailty project.

- The practice offered a 'Commuter's Clinic' one evening a week on alternative Tuesdays and Thursdays until 8pm with two GPs and a nurse for working patients who could not attend during normal opening hours.
- The practice had recently launched 'E Consult' an electronic GP consultation for routine issues.
- Telephone appointments were offered to patients.
- The practice saw patients who arrived at the practice without an appointment.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice offered a range of services as part of the 'Out of Hospital Basket' enhanced service aimed at

providing care closer to the patient's home and avoiding unnecessary travel to hospital. For example ring pessary fitting and replacement, minor surgery and joint injections.

- The practice had access to the services of an attached paramedic who may visit patients at home following triage by the practice.
- The practice provided medical care at a local community hospital. They had access to six intermediate beds and provided medical care for their own patients who they directly visited. The practice also provided care for patients admitted to this hospital who were out of area. These patients are in the older people population group and are admitted for rehabilitation or palliative care.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am until 6pm Monday to Friday. Extended opening was offered one evening a week on alternative Tuesdays and Thursdays until 8pm with two GPs and a nurse. GP appointments started from 8.20am to 11am and 3pm to 6pm.

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

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

People told us on the day of the inspection that they were able to get appointments when they needed them. The records we looked at confirmed this.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs? (for example, to feedback?)

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

The practice had received 13 complaints in the last 12 months. We looked at a random sample of these and found these were dealt with in a timely, open and transparent way. The practice carried out an annual complaints review,

the last review completed in June 2016. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a protocol was put in place in respect of patients moving out of the practice area.

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 displayed throughout the practice. Staff understood the values of the practice.
- The practice had a business plan in place for 2015 – 2016 which was regularly monitored. This reflected the practice's mission statement and future planning.

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 risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and the practice manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us and they evidenced that they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff. There was a positive rapport evident within the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

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

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

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

- Staff told us the practice held regular team meetings. Whole staff meetings were held approximately every six months.
- Staff told us there was an open culture within the practice. They said they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. Staff were encouraged by 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, staff and other professionals involved with the practice. The practice sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested a display board 'You said – We did'. The latest PPG minutes demonstrated the practice was considering this.
- 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)

- The practice demonstrated they gathered feedback from other professionals.

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example a GP partner had written a proposal to do qualitative referral benchmarking to improve the management of referrals. This had recently been adopted by the CCG and was planned to roll out to the other practices in the CCG.