

Harraton 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

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection May 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive/focused inspection at Harraton Surgery on 11 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice systems to manage risk required review to ensure that risks were more effectively identified and managed. We found that when incidents did happen, the practice learned from them and improved their processes.
- Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 99.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions.
- The practice's governance system did not always support clinical effectiveness. We saw that these arrangements did not always ensure that care and treatment would be delivered according to evidence-based guidelines. Clinical staff had access to guidelines but the arrangement to ensure all staff were aware of changes were not clear. The arrangements to ensure all clinical staff acted in line with guidance on the management of sepsis were not effective.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had merged with another local practice operated by the same provider on 4 October 2017; they were not able to demonstrate that they had a plan in place to manage the changes required within the practice.

The areas where the provider must make improvements are:

- Ensure care and treatment are being provided in a safe way for service users. (See Requirement Notice Section at the end of this report for further detail).
- Ensure effective systems and processes are in place to ensure good governance in accordance with the fundamental standards of care. (See Requirement Notice Section at the end of this report for further detail).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Harraton 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 second CQC inspector.

Background to Harraton Surgery

Harraton Surgery provides care and treatment to around 4,100 patients in Sunderland and Washington. The practice is part of Sunderland clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following addresses, which we visited during this inspection:

- Harraton Surgery, 3 Swiss Cottages, Washington, Tyne and Wear, NE38 9AB.
- Springwell House Surgery, Durham Road, North Moor, Sunderland, Tyne and Wear, SR3 1RN.

Harraton Surgery merged with Springwell House surgery on 4 October 2017. Patients previously registered at both practices can access care and services at either address. The practice maintains two websites, www.harratongp.nhs.uk and www.springwellhousesurgery.nhs.uk.

Harraton Surgery is located in a converted two-storey building. Patient facilities are on the ground floor. There is limited on-site parking and access is step-free. A bell is situated by the front door so that patients can summon support when necessary.

Springwell House Surgery is a single story building with fully accessible treatment and consultation rooms for patients with mobility needs. There is a ramp leading up to the front of the building for patients in wheelchairs and those who have difficulty using stairs. There is a disabled WC. There is nearby parking on the street.

Patients can book appointments in person, on-line or by telephone.

Opening hours are as follows :

- Monday to Thursday 8am to 6pm, and Friday 7:30am to 6pm at Harraton Surgery.
- Monday 7:30am to 6pm, Tuesday to Friday 8:30am to 6pm at Springwell House Surgery.

Appointments with GPs are available at the following times:

Harraton Surgery:

- Monday and Tuesday 9:30am - 12pm and 2pm - 4:30pm
- Wednesday 9:30am - 12pm and 4pm - 6:00pm
- Thursday 9:30am - 12pm and 2pm - 4:00pm
- Friday 7:30am - 12pm and 3:30pm - 6:00pm

Springwell House Surgery:

- Monday 7:30-10:30am and 2pm-3:30pm
- Tuesday 10am - 12:30pm and 4pm-6pm
- Wednesday 8:30-11am and 4pm-6pm
- Thursday 9:30am – 11:30am, 12pm-1pm and 4:30pm-6pm
- Friday 9:30am – 12:30pm and 4pm-6pm

The practice is also able to book extended hours appointments for patients at four local health centres between 6pm and 8pm each weekday, between 9am and 5:30pm on weekends and between 10am and 2pm on bank holidays.

Detailed findings

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

The practice has:

- Two GP partners (both male), two locum GPs (female), two practice nurses (both female), two healthcare assistants, a practice manager, and five staff who carry out reception and administrative duties. A business manager provides support to the practice. Only the lead GP, the practice manager and one of the healthcare assistants currently work at both the main and branch surgery.

The age profile of the practice population is broadly in line with the local and national averages. Patients formerly registered at Springwell House surgery consisted of fewer patients under the age of 50. Information taken from Public Health England placed the area in which the main surgery at Harraton is located in the sixth least deprived decile and the area in which the Springwell House branch is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse, although the arrangements for recruiting locum GPs and recording GP training records could be improved.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis for permanent members of staff. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 arrangements for locum staff were less effective. Two locum GPs were employed, the practice held no records of the professional indemnity cover held for one of the GP's. During the inspection, the practice confirmed that this cover was in place. For the second locum GP the practice records did not show that they had confirmed the GPs identity, relevant training or had seen proof that a DBS check had been completed.
- Most staff based at Harraton Surgery received up-to-date safeguarding and safety training appropriate to their role. The records we reviewed showed that most staff based at the branch surgery had not completed adult or child safeguarding training in the last year. The

practice told us they did not hold training records for the GPs apart from for the lead GP. However, staff we spoke to knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control. This included, for example, providing staff with appropriate training and carrying out an annual infection control audit. However, the records for staff based at the branch surgery did not show when the infection control lead had last completed infection control training.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The practice had not completed PAT (portable appliance testing) in the last year but records we saw confirmed that this was scheduled to be carried out very shortly.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety; these arrangements were not always effective.

- There were arrangements for planning and monitoring the number and mix of staff needed. However, some of the staff told us that their workload was too high. We also saw that the lead GP worked across two different practices over the course of a week, each practice also had a branch surgery where the lead GP worked each week. The practice did not have a documented contingency plan to ensure this schedule did not affect patient care if the lead GP was not available.
- The lead GP was the duty doctor for the main and branch surgery for four days each week. One of the locum GP's was the duty doctor each Friday. We were told that if there was a clinical issue and the lead GP was not in the building then the nurse would provide support if needed. However, the staff rotas we reviewed showed that a nurse was not always available. For example, there was no nurse scheduled to work on Mondays or Tuesdays at the main surgery in Harraton.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Most clinicians knew

Are services safe?

how to identify and manage patients with severe infections, for example, sepsis. However, one of the GP's we spoke to told us that they would take external clinical advice if they suspected sepsis instead of referring for immediate emergency clinical care in line with gold standard emergency care. They were also unable to show us any recent guidance on the management of sepsis and had not completed any recent relevant training. They said that there was no practice policy on sepsis. Administrative staff were able to describe the symptoms that would lead them to call for clinical help to assess a patient's condition, if they became unwell at the practice or when they contacted the practice by telephone.

- In October 2017, Harraton Surgery merged with Springwell House Surgery. We asked the practice manager to provide the plan that had been used to manage this merger in order to reduce the risk to patients. They were not able to demonstrate that they had a plan in place to manage the changes required within the practice. The CCG had managed the work required to ensure that the clinical systems of the two practices merged effectively, the practice had supported this plan.
- The practice had separate disaster handling and business continuity plans that covered Harraton Surgery and Springwell House Surgery to help them respond in the event of an emergency. These were available to key staff when they were off site. On the day of inspection we found that these plans had not been updated to reflect the changes that had taken place due to the merger, however, the plan for Harraton Surgery was reviewed and amended before the inspection was completed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines; however, these could be improved.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment required review to reduce risks to patients. The practice kept prescription stationery securely and monitored its use at Harraton Surgery. We found that some electronic prescription stationery was not securely stored at the branch surgery. On the day of the inspection, we saw some of this stationery was held in the reception area and was not always locked away. This was not in line with the arrangements the practice told us were in place nor was it in line with best practice guidance. The practice told us they would review the arrangements in place immediately after the inspection.
- The bags the doctors carried when they undertook home visits did not contain emergency medicines. The risk assessment carried out by the practice only listed what issues should be taken when deciding what drugs to carry, no decision was recorded on this risk assessment.
- We found that there was no paediatric pulse oximeter available at the surgery or the branch surgery and no risk assessment had been carried out to support this decision. A paediatric pulse oximeter is a non-invasive device used to measure a child's blood-oxygen saturation level and pulse rate.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- A range of medicines were available for use in the event of an emergency. However, when we reviewed the emergency medicines available at the branch surgery we found that it was difficult to access some of the emergency medicines. The emergency medicine required for the treatment of an epileptic fit was locked in a different room from the rest of the emergency medicines and it was not possible to access this room for 30 minutes. This medicine was therefore not available for use in an emergency in a timely manner. We also found that the emergency medicines available at the branch surgery did not contain medicines to treat hypoglycaemia; there was no risk assessment in place

Are services safe?

to record why the practice had decided not to provide this medicine at the branch surgery. The main surgery at Harraton held emergency medicines to treat severe pain; we saw that this medicine was not available at the branch surgery. There was no risk assessment in place to record why the practice had decided not to provide this medicine at the branch surgery.

- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, a health and safety assessments had been completed. However, the practice's health and safety policy statements were not dated and signed.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff we spoke to, and records we reviewed confirmed this.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts but this system did not effectively track who had been made aware of safety alerts and if the appropriate had been actions had been taken.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had access to local and national guidelines, for example National Institute for Clinical Excellence (NICE) a website and the British National Formulary (a pharmaceutical reference book). The arrangements to ensure that all kept clinicians up to date with, and used current evidence-based practice were not clear. We reviewed the minutes of the last three monthly team meetings held at each site, the lead GP was the only GP who attended these meetings. The meetings between the lead GP and the nurse based at main surgery at Harraton were informal and were not minuted. The practice told us that changes were communicated to all of the other GPs by leaving a printed copy of information for them to review, for example, minutes of meetings and patient safety alerts. They told us that all of the locum staff that they used worked at other local practices and therefore would have been made aware of any relevant issues by their own practices.

- The practice worked to ensure effective antimicrobial prescribing. Data showed that the percentage of antibiotics of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2015 to 30/06/2016) was 2%, CCG – 6.8%; national average – 4.7%.
- The practice told us that they were above the local average for prescribing inhalers for COPD, when patients attended for their annual review inhaler use was reviewed in line with local guidelines in order to reduce the number of inhalers prescribed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The lead GP was responsible for reviewing all of the blood test results received by the practice. There was no documented contingency plan in place if the lead GP was unexpectedly unavailable to complete these reviews.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice made use of the electronic frailty index facility on their clinical IT system, to help them identify and predict adverse outcomes for their older patients. As result, frail patients at increased risk received a clinical review, including a review of their medication and susceptibility to falling.
- Patients aged over 75 previously registered with Harraton Surgery were not invited for a regular health check. The practice told us this was because most of their patients over 75 had regular checks as part of their care for a long-term condition. This health check was offered to patients previously registered with Springwell House, the practice told us they planned to offer this check to all patients aged over 75 in the future.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were generally in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.

Are services effective?

(for example, treatment is effective)

- The practice had arrangements for advising eligible patients, such as students attending university for the first time, to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way that took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability or other mental health needs.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This is comparable to the national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 95%; national 95%).

Monitoring care and treatment

The information throughout this report relates to the most recent information available to the CQC at that time of the inspection. The Quality Outcome Framework (QOF) data was collected prior to the merger of Harraton Surgery and Springwell House Surgery in October 2017. This data used

in this report refers to Harraton Surgery as this the practice registered with the CQC, where possible a summary of the date collected for Springwell House Surgery has been included for the purposes of completeness.

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice based pharmacist regularly completed medication reviews and audits to ensure prescribing was in line with local and national guidance.

- Clinicians took part in local improvement initiatives. For example, the practice worked with the local medicine optimisation team to ensure they prescribed in line with best practice.
- The practice programme of clinical audits was limited and not focused on the needs of the practice population. In the last 12 months, the practice had completed one clinical audit. In March 2017, the practice reviewed the average time taken for consultations with doctors for each type of appointment. The practice amended the range of appointments available each day to reduce the average consultation length of appointments and reduce delays for patients. A second review of data in September 2017 showed that the changes had not resulted in any change to the average consultation time.
- Additional medication related audits had been completed or were in progress, however, the information supplied by the practice did not show how this information was being used for patient safety and well-being.

The most recent published Quality Outcome Framework (QOF) results covered 2016/2017 and were published prior to the merger. Harraton Surgery achieved 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.4% and national average of 96.5%. The overall exception reporting rate was 15% compared with a national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Are services effective?

(for example, treatment is effective)

Springwell House Surgery achieved 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.4% and national average of 96.5%. The overall exception reporting rate was 9.9% compared with a national average of 9.6%.

The QOF results for the main surgery at Harraton showed that a small number of clinical indicators had higher than average clinical exception rates. We discussed this issue, and the system used to review patients with long-term conditions, with the lead GP and the practice nurse based at the main surgery. The practice told us that this was because the local population, who often had working commitments, and did not respond to the invitations sent by the practice. We found that the system in place was appropriate. The practices planned to introduce a more effective multi-morbidity appointment system with a pre-appointment assessment that it hoped would lead to improved outcomes for patients. We also found that for a small number of clinical indicators the main surgery had lower than average exception rates.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The practice used an online training system to completed and record staff training. Most training was up to date for permanent staff who worked at the main surgery. However, the records for the permanent staff who worked at the branch surgery showed that for two staff no training had been recorded on this system for over a year. The only training recorded for the permanent GP who was based at the branch surgery was Mental Capacity Act training completed in 2016. The practice told us that they did not hold any other training records for this GP or the locum GPs they employed.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.

- There was a clear approach for supporting and managing staff when their performance was poor or variable. However, the two appraisals we looked did not include completed learning plans. All the staff we spoke to were happy with the appraisal process and said they were given the opportunity to raise any concerns and that the practice was supportive of learning and development.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. However, some improvement could be made.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. However, one of the GPs did not manage 'two week wait' referrals (when required to refer a patient for urgent tests for suspected cancer) in line with the practices standard procedure. The practice told us that would ensure this was addressed and that the GP was aware of the correct procedure at the practice.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced, one also commented negatively on the wait for an appointment. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Recent results showed 88% of patients would recommend the service to family and friends.

The data for the annual National GP Patient Survey was collected prior to the merger of Harraton and Springwell House surgeries.

Results from the July 2017 survey for Harraton Surgery showed that most patients felt they were treated with compassion, dignity and respect. 279 surveys were sent out and 109 were returned. This represented about 5% of the practice population at this time. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. Of the patients who responded to the survey:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 75% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.

- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Results from the July 2017 survey for Springwell House Surgery showed that patients felt they were treated with compassion, dignity and respect. 276 surveys were sent out and 110 were returned. This represented about 6% of the practice population at this time. For questions that related to satisfaction scores on consultations with GPs and nurses the results for Springwell House Surgery were the same or higher than the results for Harraton Surgery.

Involvement in decisions about care and treatment

Although the practice manager was not familiar with the Accessible Information Standard (AIS) evidence obtained during the inspection indicated the practice had systems and processes in place to meet the needs of patients who have a disability, impairment or sensory loss. The practice told us that they would review the requirements of the AIS following the inspection to ensure they were compliant. Two of the administrative staff had completed AIS training.

Staff told us that interpretation services were available for patients who did not have English as a first language. However, there were no notices in either reception area informing patients this service was available. Patients were told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, the practice told us they sent large print letters for patients with sight problems and used easy to read leaflets when appropriate.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Patients were asked if they were a carer when they registered at the practice and notices in the waiting areas asked patients to let staff know if they were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (3% of the practice list).

- A member of staff acted as a carers' and veterans' champions to help ensure that the various services supporting carers were coordinated and effective. Carers were offered a health check in the same month as their birthday. Since April 2017, 59% of registered carers had attended this health check.
- Staff told us that if families had experienced bereavement their needs were reviewed and support offered, for example, they were signposted to services such as the on-site counsellor.

The data for the annual National GP Patient Survey was collected prior to the merger of Harraton and Springwell House surgeries.

Results from the July 2017 survey for Harraton Surgery showed that some patients felt they were involved in planning and making decisions about their care and treatment. Results were below the local and national averages. Of the patients who responded to the survey:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Results from the July 2017 survey for Springwell House Surgery showed that patients felt they were treated with compassion, dignity and respect. 276 surveys were sent out and 110 were returned. This represented about 6% of the practice population at this time. For all of the questions that related to satisfaction scores on their involvement in planning and making decisions about their care and treatment the results for Springwell House Surgery were higher than the results for Harraton Surgery.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (These included extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.)
- The practice improved services where possible in response to unmet needs. For example, appointments were available with an onsite counsellor each week.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Extended hours appointments were available at the surgery and the branch surgery one morning each week.
- Telephone consultations were available for all patients.
- The practice provided a minor surgery service to patients.
- Online services enables patients to book appointments and order repeat prescriptions at a time at that suited them.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice.
- The practice offered immunisations for shingles, influenza and pneumonia to older people.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. When possible multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues, minutes we saw confirmed this.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Child immunisation clinics were held and arrangements were in place to follow up children who failed to attend for immunisations.
- Pre-natal clinics were held at the practice and the GPs provided the post-natal six-weekly checks.
- Family planning, including long acting contraception, and sexual health advice was available at the practice.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and GP telephone consultations were provide to make it easier for working patients to access clinical care and advice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability or other mental health needs.
- The practice offered health checks for patients with learning disabilities.
- Home visits were provided for patients who were known to be vulnerable.

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. When appropriate, patients were referred to mental health services.
- The practice provided patients with mental health needs information and support.
- Patients diagnosed with dementia had care plans in place.
- Appointments were available with an onsite counsellor each week.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

The data for the annual National GP Patient Survey was collected prior to the merger of Harraton and Springwell House surgeries.

Results from the July 2017 survey for Harraton Surgery showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Of the patients who responded to the survey:

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 98% of patients who responded said they could get through easily to the practice by phone; CCG – 75%; national average - 71%.

- 93% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 83%; national average - 84%.
- 80% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 90% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 52% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.

Results from the July 2017 survey for Springwell House Surgery showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For all of the questions that related to access to care and treatment the results for Springwell House Surgery were higher than the results for Harraton Surgery.

The practice had surveyed patients at Springwell House Surgery in early 2017; results confirmed that patients were satisfied with the access to clinical services at the Springwell House Surgery.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were recorded in the last year at main surgery at Harraton and we found that they were satisfactorily handled in a timely way. We requested details of complaints that had been recorded at Springwell House Surgery in the last year but this was not received.
- The practice learned lessons from individual concerns and complaints.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- The workload of the lead GP limited their capacity to lead and deliver sustainable improvement at the practice.
- The governance system at the practice had not identified and addressed inconsistent working practices in the clinical team.
- The leadership at the practice did not always recognise risks and take action to address these.

Leadership capacity and capability

When we inspected the practice in May 2016, we found that wider responsibilities of the lead GP would impact on the support available to the practice required to sustain the improvement that we had seen since a previous inspection in September 2015.

When we inspected the practice in January 2018, we found that while the practice prioritised high-quality, sustainable care the capacity of the leadership to deliver high quality sustainable care was limited.

- The lead GP was also the lead GP for another practice and had wider clinical responsibilities. This workload limited the capacity of the leadership at the practice to manage sustainable improvement at this practice. The lead GP was the duty doctor for the main and branch surgery for four days each week as well as providing clinical consultations over five days (including two sessions at the other practice they led). This limited the time available for the lead GP to lead and develop the practice and undertake personal development.
- A registered manager had been appointed in October 2017 to oversee this practice, and a second practice managed by the lead GP. This provided additional managerial support.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

- The practice told us that they had merged with Springwell House Surgery in order to ensure the practice was sustainable and effective. However, the practice was not able to demonstrate that they had a plan in place to manage the changes required within the practice apart from the merger of the clinical systems, which the local clinical commissioning group (CCG) had planned and led.

Vision and strategy

When we inspected the practice in May 2016, we found that staff were unclear about the documented mission statement and that it was not clear if the wider responsibilities of the lead GP would impact on the support available to the practice required to sustain the improvement that we had seen since a previous inspection in September 2015.

When we inspected the practice in January 2018, we found that some improvement had been made but that the wider responsibilities of the lead GP were still considerable.

- There was a mission statement 'to provide appropriate and rewarding experience for our patients whenever they need our support'. Staff we spoke to were not aware of the practice's mission statement. However, they did understand the practice's priority to deliver high quality care and were supportive of this.
- The practice had a business plan for 2015 to 2020 and we saw that this had been updated since the practice merger. Some of the information in the plan was not accurate, for example, the plan referred to a non-clinical female partner. The practice is registered with the CQC as an individual (Dr IJ Singh). The plan included a summary of goals and objectives. Although six objectives were listed, with tasks to be undertaken and lead allocated, no details of action taken or dates for completion of these tasks were recorded.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture that supported high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Are services well-led?

Requires improvement 

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

- The practice focused on the needs of patients, patient feedback was consistently positive.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The staff we spoke to told us they had received regular annual appraisals, had been appraised in the last year and that they found the process open and supportive. However, we looked at two completed appraisals and neither of these contained completed learning plans. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, however, the roles and systems of accountability to support good governance and management were not effective.

- Structures, processes and systems to support good governance and management were ineffective and unclear.
- The governance arrangements at the practice were not effective. For example, we saw that clinical staff would not take consistent action to address suspected sepsis and when required to refer a patient for urgent tests for suspected cancer (known as a 'two week wait' referral).

We also saw medicines management arrangements were not the same at the main and branch surgery. The governance system at the practice had not recognised and addressed these issues.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety. The practice had started the process to produce policies that covered both practice but this had not yet been completed, most of the policies we saw were due for review in March 2018. The practice's significant event policy required review to ensure that it was consistent with the actions that staff told us they would take.

Managing risks, issues and performance

When we inspected the practice in May 2015, we found that the practice risk management processes were not clear.

In January 2018, we found that while improvements had been made the practice did not always identify risks.

- The practice had not identified and taken action to mitigate some risks to patients. They were not able to demonstrate that they had a plan in place to manage the changes required within the practice. There was therefore a lack of understanding of the potential for this development to impact negatively on the quality of care.
- We did not see evidence that the practice had effective processes to manage current and future performance. For example by an audit of consultations, prescribing and referral decisions for employed clinical staff.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints. The system for tracking who had been made aware of MHRA/equipment alerts and the appropriate actions taken was not effective.
- The practice programme of clinical audits was limited and not focused on the needs of the practice population.
- The practice had plans in place and had trained staff for major incidents. However, on the day of the inspection the business continuity plan did not accurately reflect the merged practice.

Are services well-led?

Requires improvement 

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings, where all staff had sufficient access to information. However, from the minutes we reviewed the lead GP was the only GP that attended these meetings.
- The practice used performance information which was reported and monitored and management and staff were held to account. For example, we saw that the practice's QOF performance was regularly discussed.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

When we inspected the practice in May 2016 we found that the practice needed to further develop their approach to staff engagement and consider how they could more effectively use the patient participation group (PPG) to gather the views of patients and generate ideas as to how they could improve.

When we inspected the practice in January 2018, we found that some improvements had been made but that practice engagement with the patient participation group had reduced.

- Staff told us that they felt engaged by the practice and were informed of planned changes, they felt communication at the practice was good and they were able to attend the team meetings that were held each month.
- The practice had a small PPG but it was not active. The practice told us they had not contacted the PPG in the last year and that no meetings had been held. We were told this was due to the pressure of work because of the merger.
- The service was transparent, collaborative and open with stakeholders such as the clinical commissioning group (CCG) about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice told us that they had merged with Springwell House Surgery in order to ensure the practice was sustainable and effective.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had developed a multi-morbidity clinic where patients with a two or more relevant conditions would be first attend an information gathering appointment in advance of their review appointment, this would enable results to be reviewed prior the review appointment and support patient involvement in care planning. This system was already in use at another practice the lead GP managed and was soon to be implemented at the practice.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The arrangements for the storage of electronic prescription forms at the branch surgery was not line with recognized guidance.• The risk assessment completed in relation to the medicines carried in the bags GP's carried on home visits was not complete.• A risk assessment had not been completed in relation to the decision not to provide emergency medicines for the treatment of hypoglycaemia and severe pain at the branch surgery.• There was no paediatric pulse oximeter available at the surgery or the branch surgery and no risk assessment had been carried out to support this decision.• The system for tracking who had been made aware of MHRA/ equipment alerts and the appropriate actions taken was not effective. <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The programme of clinical audit was not effective at monitoring quality and supporting the practice to make improvements.
- On the day of the inspection, the practice could not demonstrate that they had considered how they would plan and implement a recent merger in order to reduce the risk to patients.
- The practices governance systems and processes did not ensure that clinical staff all worked in line with agreed policies and procedures.
- The current system of clinical meetings did not ensure effective communication between the whole clinical team.
- The process used by the practice to ensure staff completed regular training was not effective.
- The practice had taken no action re-establish a patient participation group.

This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.