

# Scorton Medical Centre

## Quality Report

Staggs Lane  
Scorton  
Richmond  
North Yorkshire  
DL10 6HB  
Tel: 01748 811320  
Website:

Date of inspection visit: 17 May 2017  
Date of publication: 23/06/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	12
Background to Scorton Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Scorton Medical Centre on 17 May 2017. Overall the practice is rated as good.

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

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Action the practice **MUST** take to improve:

- The provider must improve the arrangements for the proper and safe management of medicines to ensure that care and treatment is provided in a safe way for patients.

# Summary of findings

**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 requires improvement for providing safe services.

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was a system 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 were informed as soon as practicable, 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.
- Although risks to patients were assessed, not all of the systems to address these risks were implemented well enough to ensure patients were kept safe.
- These concerns were with regard to medicines management and anticipating events. Procedures within the dispensary carried risks to patients and staff due to Standard Operating Procedures (SOPs) not being robust enough. Prescriptions were unsigned by GPs. Staff were manning both the reception and the dispensary at times which increased the risk of errors being made. There was no root cause analysis being carried out following significant events within the dispensary.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.

# Summary of findings

- End of life care was coordinated with other services involved.

## Are services caring?

Good



- The practice is rated as good for providing caring services.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. Its policy of offering daily open access appointments was one example of this.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer, and patients living with dementia.
- Patients we spoke to 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from one example we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.

# Summary of findings

- There were arrangements to monitor and improve quality and identify risk with the exception of the dispensary where standard operating procedures were limited in scope and there was no scheme of delegation
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Staff training was prioritised and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice is rated as good for the care of older people.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

Good



- The practice is rated as good for the care of people with long-term conditions.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 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 was 80% compared with the CCG average of 80% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80% compared with the CCG average of 80% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

# Summary of findings

- All patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

- The practice is rated as good for the care of families, children and young people.
- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



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

- The practice is rated as good for the care of working age people (including those recently retired and students).
- The needs of these populations 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 daily open access appointments.
- 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.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

- The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).
- The practice carried out advance care planning for patients living with dementia.
- Nationally reported data from 2015/2016 indicated that 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is slightly below the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 90%. This was comparable to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



## Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 in July 2016. The results showed the practice was performing in line with local and national averages. 221 survey forms were distributed and 115 were returned. This represented 3% of the practice's patient list and an above national average response rate of 52%.

- 99% of patients described the overall experience of this GP practice as good compared with the CCG average of 94% and the national average of 85%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 85% and the national average of 76%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 91% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. A common theme among the comments was that patients described the practice as “caring, helpful and first class”.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Friends and Family data collection indicated that in the preceding two months, 100% of the 33 patients surveyed were ‘extremely likely’ or ‘likely’ to recommend the practice to friends and family.

## Areas for improvement

### Action the service **MUST** take to improve

The provider must improve the arrangements for the proper and safe management of medicines to ensure that care and treatment is provided in a safe way for patients.

# Scorton Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a pharmacy inspector.

## Background to Scorton Medical Centre

Scorton Medical Centre, North Yorkshire, DL10 6HB is located in the rural village of Scorton in Richmond. The practice has 3,545 patients on its practice list. It is a dispensing practice which dispenses medications to approximately 95% of its patients.

The practice team comprises of three GPs (one female and two male), two practice nurses (female), a practice manager, reception/dispensing and administrative staff. The practice is open between 8.15am and 6.30pm Monday to Friday with extended appointments offered until 7.30pm on a Monday. Open appointments were offered every morning between 8.30am and 10.30am and a mixture of pre-booked and open appointments offered every afternoon from 4.30pm until 6pm.

Where patients required a GP outside of these working hours, they could access care through the GP Out of Hours service via NHS 111, provided by Harrogate District foundation Trust.

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

The population distribution of the practice area in the age range of 45 years to 85+ years is larger than the England average. The practice scored nine (indicative of relevant affluence) on the index of multiple deprivation (IMD). The lower the Indices of Multiple Deprivation, the more deprived an area is. People living in more deprived areas tend to have greater need for health services.

## 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 17 May 2017. During our visit we:

- Spoke with a range of staff, including GPs, nurses, administrative staff and dispensers and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

We also looked at how well services 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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system 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).

From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a review of the significant events although they did not use any root cause analysis which may have helped to identify trends, especially in the dispensary.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when two patients at the same practice were found to have the same name and surname, one of them had been incorrectly invited for a blood test. All staff were reminded of the importance of checking additional identifiers. The patients concerned received an apology. The correct patient was invited for the procedure and no patients were harmed.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety, with the exception of the dispensary.

- Arrangements for safeguarding 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. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three (the GP lead for safeguarding had undertaken level four training). Nurses were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place although the cleaning monitoring sheets were difficult to follow and didn't always reflect the actual cleaning regime.

The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We identified concerns about the arrangements for managing medicines at a previous inspection in September 2015. During this inspection we checked to see what improvements had been made. Medicines were dispensed at the Scorton Medical Practice for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered some aspects of the dispensing process (these are written instructions about how to safely dispense

## Are services safe?

medicines). However these were limited in both scope and detail and no system was in place to ensure relevant staff had read and understood the SOPs. There was no lone working policy in place for staff working in the dispensary.

There was no process in place to ensure that repeat prescriptions were signed before being dispensed. We saw evidence that all prescriptions awaiting collection by patients dating between 7 December 2016 and 17 May 2017, had not been signed by a GP. In addition, we saw evidence of 96 prescriptions which had been collected by patients and not signed by a GP. On our previous inspection we saw evidence of staff performing multi-disciplinary roles whilst dispensing prescriptions, for example answering the telephone and staffing reception, which may increase the risk of errors due to frequent interruptions. We found this was still the case at this inspection.

There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals. The practice had signed up to the Dispensary Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary. We saw evidence of audits relating to the dispensary.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.

Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff told us they routinely checked stock medicines were within expiry date and fit for use as recommended in current guidance, however, there was no documented evidence to support

this and no SOP to govern this activity. Dispensary staff told us about procedures for regular monitoring of prescriptions that had not been collected. However, we found uncollected prescriptions which were greater than four weeks old, including two from December 2016. There was no SOP in place to govern this activity. There was a system in place for the management of high risk drugs.

A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent recurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent recurrence. We saw records relating to recent medicine safety alerts, and the action taken in response to them.

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. Refrigerator temperatures were being recorded in line with national guidance. Vaccines were administered by nurses and healthcare assistants using directions which had been produced in line with legal requirements and national guidance. The surgery held adequate stocks of emergency medicines and processes were in place to ensure they were within expiry date.

Blank prescription pads were recorded upon receipt into the practice and stored securely. Following our previous inspection prescriptions for use in printers were now being tracked through the practice in accordance with national guidance.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

# Are services safe?

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Some of the staff that worked in the dispensary were also undertaking receptionist duties within the same shift. The practice had plans to address this by recruiting a receptionist with no dispensary responsibilities.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. An international cyber-attack had taken place just days prior to our inspection and although Scorton Medical Centre were affected by this, they were able to deploy their incident plan effectively.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 showed the practice had achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. Exception rates were within accepted ranges (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

Performance for diabetes related indicators was similar to the CCG and national averages, for example:

- 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 was 80% compared with the CCG average of 80% and the national average of 78%. (The exception rate was 7% which was the same as the local CCG exception rate and similar to the England average exception rate of 9%.)

Performance for mental health related indicators was similar to the CCG and national averages, for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the CCG average of 93% and the national average of 89%. (The practice had not excepted any patients from this indicator).

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of a minor surgery consent form and template which helped to ensure that histology results were not missed after minor surgery was performed at the practice.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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 recently appointed a dispensary manager who had operational responsibility for the dispensary.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff although a system for monitoring completed training needed to be improved to allow the practice to have oversight of what training (and to which levels) had been achieved. Some in-house training was offered by one of the GPs and this was easily accessible to staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Clinical supervision and facilitation and support for revalidating GPs and nurses was undertaken. All staff had received an appraisal within the last 12 months; this included the completion of a pre-appraisal self-questionnaire prior to an appraisal one-to-one meetings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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

- Staff understood basic consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, but lacked some awareness about best interest assessments in relation to patients with learning disabilities requiring cervical screening.
- 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.
- The practice had introduced a system of consistently obtaining written consent for minor surgical procedures as a result of our previous inspection.

### 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.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 83% and the national average of 81%. (The practice exception rate for this indicator was 3%, the local CCG average exception rate was 4% and the England average was 6%)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 96% and five year olds from 83% to 92%.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening

### Consent to care and treatment

## Are services effective?

(for example, treatment is effective)

programmes for bowel and breast cancer. There were failsafe systems 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.

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. Patients could access monthly health visitor drop-in clinics run from the premises, and weekly midwife led antenatal clinics.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.
- There was a chaperone policy and patients were made aware of this through posters displayed throughout the practice.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients on the day of inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff listened attentively when they needed help and provided support when required. Patients commented that they liked the ease with which they could access appointments in a timely manner.

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

- 99% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 92%
- 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%.
- 100% of patients said the nurse was good at listening to them compared with the CCG average of 95% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 96% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 100% 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%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 92% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Staff told us that children and young people were treated in an age-appropriate way and recognised as individuals.

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 above local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 86%.

## Are services caring?

- 94% 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%.
- 100% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 94% and the national average of 90%.
- 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:

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- Staff told us that where patients found the Choose and Book system difficult, they were given support and assistance with this, from practice staff.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (3% of the practice list). During the relevant months, carers were offered a flu vaccination. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of a Primary Care nursing workforce programme which enabled them to share resources with two other local practices. This enabled patients with chronic conditions to be visited in their own homes. The three practices shared the resource of a health care assistant to enable this. They also shared a pharmacist adviser in the same way. The practice was part of a federation of other practices in the area known as the Heartbeat Alliance. They met on a regular basis to identify how best they could improve outcomes for patients.

- The practice offered extended hours on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The GPs dedicated a whole session per week to responding to patients in the nearby care homes.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for all patients who required them, every day. Pre-bookable appointments were also available one week in advance.
- Patients were able to receive travel vaccines available on the NHS and referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop.
- The practice had a lift installed.

- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services, for example, staff told us that they had transported a patient to hospital on a Saturday when they were unable to get transport to a secondary care appointment.

### Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday with extended appointments offered until 7.30pm on a Monday. There was a system of open appointments from 8.30am until 10.30am each morning. Afternoons consisted of open and pre-booked appointments between 4.30pm and 6pm. Pre-bookable appointments could be booked up to a week in advance.

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

- 91% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% and the national average of 73%.
- 95% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 76%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 97% and the national average of 92%.
- 93% of patients described their experience of making an appointment as good compared with the CCG average of 89% and the national average of 73%.
- 71% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 70% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

- whether a home visit was clinically necessary; and
  - the urgency of the need for medical attention.
- There was a designated responsible person who handled all complaints in the practice.
  - We saw that information was available to help patients understand the complaints system, for example there was a poster in the waiting area.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

- The practice had a system for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

We looked at the only complaint received in the last 12 months and found that this was satisfactorily handled and dealt with in a timely way. For example, when a patient was unhappy with their diagnosis, they left a written complaint on an in-house feedback form. The patient's medical records were reviewed by one of the GPs. The patient was contacted by the practice as soon as possible and invited to discuss the complaint but there was no response. A further invitation was offered by telephone but the patient declined to discuss it further.



# 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 vision to deliver high quality care and promote good outcomes for patients.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, safeguarding and infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly but implementing some version control on these policies may have been beneficial to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions - with the exception of the dispensary where standard operating procedures were limited in scope and there was no scheme of delegation.
- We saw evidence from minutes of meetings that there was a standing agenda for lessons to be learned and shared, following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. From the sample of documented examples we reviewed we found that the practice had systems 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 leadership structure and staff felt supported by management.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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



# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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, with the support of the GPs, the PPG formulated a survey and was physically present to hand out self-questionnaires over a period of three weeks in June 2016. The PPG then scored the questionnaires and gave comprehensive feedback to the practice regarding the patient experience of Scorton Medical Centre. We were told that changes were made at the practice as a direct result of the survey for example, staff now wore name badges and a separate waiting area is now available for patients who are acutely unwell or have compromised immunity.
- The NHS Friends and Family test, complaints and compliments received.

- Staff, through appraisals and discussion. Staff told us they could discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## 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, the practice was involved in a Nursing Workforce Project which was funded by the local CCG. It developed the skills and knowledge of the nurses to identify and manage frailty using a comprehensive geriatric assessment tool thereby helping to transform care in the local community.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.</p> <p>Specifically:</p> <p>Repeat prescriptions were not being signed by an appropriate prescriber within a reasonable time frame</p> <p>The standard operating procedures for the dispensary were not being regularly reviewed to ensure they covered all aspects of the dispensing process. There was no system in place to ensure that staff had read and understood them.</p> <p>There was no lone working policy for the dispensary.</p> <p>The procedure for following up uncollected prescriptions was not effective.</p> <p>The system for recording dispensary stock checks was not effective.</p> <p><b>This was a breach of Regulation 12(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</b></p>