

# Terrington Surgery

## Quality Report

North Back Lane  
Terrington  
North Yorkshire  
YO60 6PS  
Tel: 01653 648260  
Website: [www.terringtonsurgery.nhs.uk](http://www.terringtonsurgery.nhs.uk)

Date of inspection visit: 20 May 2016  
Date of publication: 22/08/2016

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

### Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Terrington Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Terrington Surgery, North Back Lane, Terrington YO60 6PS on 20 May 2016. The practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they were able to get same day appointments and pre bookable appointments were available.
- 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 and complied with the requirements of the Duty of Candour.

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

Importantly the provider should:

- Complete an up to date infection control audit.
- Embed detailed record keeping systems and processes in order to assess, monitor, and improve the safe management of medicines.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national survey showed that patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

- There was a carer's register and information was available in the waiting room for carers on support services available for them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments available the same day.
- Late evening appointments were available with the GPs. Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The practice had taken part in the GP Improving Practice scheme which looked at ways of how practices could work more efficiently and improve outcomes for 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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were reviewed regularly.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 0.3% above the local CCG average and 2.1% above the England average.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to the local CCG of 90% and England average of 88%.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Data from 2014/2015 showed immunisation rates were relatively high for standard childhood immunisations. For example, rates for all immunisations given to children aged 12 and 24 months were 100%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 86% compared to the local CCG average of 80% and the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A joint six week check-up was provided for new mums and their baby for them to see the GP and nurse and any required vaccinations were given.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Late evening appointments were available with the GPs.

**Good**



# Summary of findings

## 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



- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information on the website could be translated into different languages.

## 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).

Good



- Nationally reported data from 2014/2015 showed 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was compared to the local CCG average of 85% and England average of 84%.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 100%. This was compared to the local CCG average of 92% and the England average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The National GP patient survey results published in January 2016 showed 212 survey forms were distributed for Terrington Surgery and 113 forms were returned, a response rate of 53%. This represented 10% of the practice's patient list. The practice was performing above the local CCG and national averages in all of the questions. For example:

- 97% found it easy to get through to this surgery by phone compared with the local CCG average of 76% and national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 89% and national average of 85%.
- 98% described the overall experience of their GP surgery as good compared with the local CCG average of 89% and national average of 85%.
- 94% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 37 completed comment cards which were very positive about the standard of care received. Without exception patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed. One of the comments we received was 'you are not just a number but a very special person'.

We spoke with two members of the virtual patient participation group (PPG). They were also very positive about the care and treatment received and said they were able to get appointments when they needed them.

We looked at the results of the 'Family and Friends' (F&Fs) survey results and of 39 responses 35 patients said they would be extremely likely to recommend the practice.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

## Areas for improvement

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

- Complete an up to date infection control audit.
- Embed detailed record keeping systems and processes in order to assess, monitor, and improve the safe management of medicines.

# Terrington Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Inspector and included CQC Pharmacist Inspector, a GP Specialist Advisor and a Practice Manager Specialist Advisor.

## Background to Terrington Surgery

Terrington Surgery, North Back Lane, Terrington YO60 6PS is located in the village of Terrington and occupies a converted house with consulting and treatment rooms all on the ground floor. There is a large car park available at the rear of the practice.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 1097, covering patients of all ages. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and over age group is above the England average and the proportion below the age of 18 is below the England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has two GP partners and a salaried GP, all part time. There is one female and two male GPs. There is one

nurse practitioner and one practice nurse, both female and both work part time. There is a practice manager, an assistant practice manager and a team of secretaries and receptionists/dispensers.

Terrington Surgery is open between 8.30am to 7pm on Monday, 8.30am to 1pm on Tuesday, 8.30am to 4pm on Wednesday, 8.30am to 12pm on Thursday and 8.30am to 6pm on Friday. Appointments are available from 9am to 11am Monday to Thursday and 3.30pm to 6.45pm on Monday and from 1.30pm to 3.30pm on a Wednesday and Friday.

When the practice is closed patients can call Helmsley Surgery until 6pm if they need to be seen or require advice. The practice, along with all other practices in the Vale of York CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

Information about the opening times is available on the website and in the patient information leaflet.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is a teaching practice for final year medical students from the Hull York Medical School.

The practice is a member of the City and Vale Alliance (CAVA) Federation. General practices continue to be independent organisations serving their registered patients. Under a Federation those practices that join agree to work together in defined areas. For example, develop new approaches to enhance access to practices, by using

# Detailed findings

technology/social media including 'e- consultations', creating networks of practices able to operate 7 days a week and examine opportunities to share back office functions to free up time for critical practice work.

Whilst preparing for the inspection we identified that the details for the regulated activities the provider was registered for were incorrect. All of the regulated activities undertaken at the practice were not registered with CQC as required by the CQC (Registration) Regulations 2009.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 20 May 2016. During our visit we:

- Spoke with a range of staff including two GPs, the nurse practitioner, two practice nurses, the practice manager, administration, secretarial and receptionist/dispensing staff.
- Spoke with two members of the virtual patient participation group (PPG) who used the service.
- Reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.

Following incidents lessons were shared to make sure action was taken to improve safety in the practice. For example, a blood test result was received from the laboratory and communicated to the patient, who based on the result was told they probably had diabetes. A second blood test was taken and the result was normal and it was identified that the first result was incorrect and may have occurred as the patient's NHS number was not on the sample bottle. The practice purchased a small label printer so all sample bottles could have a label with the NHS number on it. Also they amended their procedures so that repeat blood tests were carried out on all patients suspected of having diabetes before a diagnosis was made which was in line with NICE guidelines.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Medicines and safety alerts were disseminated to staff and action taken, however a record of actions taken were not always documented.

### Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs always provided reports where necessary for safeguarding meetings and for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.
- Information telling patients that they could ask for a chaperone if required was visible in the consulting rooms and in the waiting room. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year. Action was taken to address any improvements identified. An annual infection control audit had not been completed in the last 12 months but was scheduled for June 2016.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. Medicines fridge temperatures had been recorded daily and included maximum and minimum readings. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The local CCG

## Are services safe?

had commented that the practice's antibiotic prescribing trends were very positive and had asked the practice if there were any initiatives they had taken, so that they could be shared with other practices. Blank computer prescription forms were securely stored when received into the practice however there was no procedure that would identify if blank prescription forms were missing.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice was a dispensing practice and prescriptions were dispensed at the surgery for people who did not live near a pharmacy, and this was appropriately managed. Staff showed us standard operating procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines). Dispensing staff were aware prescriptions should be signed before being dispensed and a procedure was in place to ensure this occurred. All staff had received appropriate training for their role, and on-going assessments of their competency. A barcode scanning system was in place offering additional dispensing accuracy assurances.
- Staff kept a 'near-miss' record (a record of errors that had been identified before medicines had left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at practice meetings, and learning shared to prevent recurrence. Dispensary staff responded appropriately to national patient safety alerts although they did not always keep records of the action taken in response to these. There was a system in place for the management of repeat prescriptions, including high risk medicines.
- Expired and unwanted medicines were disposed of according to waste regulations. There was a procedure in place to ensure dispensary stock was within expiry dates, although this did not meet with the recommendations made in national guidance, and staff did not always record when checks were made. Staff told us about procedures for monitoring prescriptions that had not been collected.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) and these were been

managed safely. Balance checks of controlled drugs had been carried out at required intervals. There were arrangements in place for the destruction of controlled drugs.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had an up to date fire risk assessment. Fire drills had been carried out and staff were able to describe what they would do in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

### Arrangements to deal with 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 basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks. However, the oxygen had expired in June 2014. Staff took immediate action to rectify this during our visit.
- There was a first aid kit and accident book available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked emergency medicines were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 for 2014/2015 showed the practice achieved 99.5% of the total number of points available, with 10% exception reporting. (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). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to the local CCG of 90% and England average of 88%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 91%. This was compared to the local CCG average of 75% and the England average of 75%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review,

undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 94%. This was compared to the local CCG average of 91% and the national average of 90%.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 100%. This was compared to the local CCG average of 85% and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last year, three of these were a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, following a complaint an audit was done to check if patients that were being prescribed hormone replacement therapy (HRT) were being reviewed at required intervals. A search found that all the patients taking HRT had had an initial discussion and were informed about the risk and benefits of the medicine however regular reviews had not been undertaken. A protocol was developed and all the patients taking HRT were contacted. On the re-audit six months later it was found that all patients identified had either benefitted from a face to face medication review or had an annual review arranged. Where appropriate, agreed medication changes had been made. All patients were on an annual recall for a HRT medication review.

### Effective staffing

Staff had the skills, knowledge and experience 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 could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, asthma and respiratory disease.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. One nurse told us they had asked for further training in gynaecology and this had been provided. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, one-to-one meetings, appraisals, supervision and support for the revalidation of the GPs and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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 test results. Information such as NHS patient information leaflets was also available.
- Since taking over the practice four years ago the provider had undertaken a project to ensure all the patient records were coded correctly and information was accurate and up to date.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. For example patients discharged from hospital after an

exacerbation of respiratory disease or asthma were routinely reviewed by one of the nurses. We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training. 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, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 86% compared to the local CCG average of 80% and the England average of 82%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical

## Are services effective?

(for example, treatment is effective)

screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed immunisation rates were relatively high for standard childhood immunisations. For example, rates for all immunisations given to children aged 12 and 24 months were 100% or above.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Nationally reported data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 95% compared with the local CCG average of 90% and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated with dignity and respect.

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

Feedback on the 37 patient CQC comment cards we received was very 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 two members of the virtual patient participation group (PPG) who used the service. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded very compassionately when they needed help and provided support when required.

We observed reception staff assisting a patient who was trying to use the self-check in screen in the waiting area.

Results from the national GP patient survey published in January 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the local CCG and national average for all of the questions about how they were treated by the GPs, nurses and receptionists. For example:

- 97% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- 98% said the last GP they saw was good at listening to them compared to the local CCG average of 91% and national average of 89%.

- 99% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 100% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 99% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 93% and national average of 92%.
- 98% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 91% and national average of 91%.
- 98% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 91% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 99% said they found the receptionists at the practice helpful compared to the local CCG average of 89% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP or nurse was poor or very poor at giving them enough time and for explaining treatment or test results was less than 1%, this was below the local CCG and national average.

### 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 very positive and aligned with these views.

Results from the national GP patient survey showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. Results were more than 10% above the local CCG and national average for questions for GPs and were above the local CCG and national average for nurses. For example:

## Are services caring?

- 98% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 100% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 86% and national average of 82%.
- 99% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 90% and national average of 90%.
- 98% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was no notice in the reception area informing patients this service was available. The self-check in screen also had a translation facility. Information on the website could be translated into different languages.

### **Patient and carer support to cope emotionally with care and treatment**

There was a carers section on the practice website with information about various support available. There was information available in the waiting room to direct carers to the various avenues of support available to them.

The practice had identified 23 patients as carers; this was 2% of the practice list. The practice's computer system alerted staff if a patient was also a carer. Staff sign posted carers to local services for support and advice. The practice made a referral to the carer's resource team and an appointment would be arranged to see the patient at their home, in the surgery or at the resource centre.

Staff told us that if families had suffered bereavement they were sent a letter and a visit was arranged if requested. A note was added to a patient's record if they had suffered bereavement. For example one nurse told us that a note had been placed on a patient's record that their son had died so the nurse was aware of this when the patient came for an appointment. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. Information on bereavement services was available in the waiting rooms and on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Late evening appointments were available with the GPs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews when necessary.
- Urgent access appointments were available for children and those with serious medical conditions.
- Consulting and treatment rooms were accessible and there was a disabled toilet.
- There was no hearing loop. Staff told us they would take patients to a private room if they had difficulty communicating.
- There was a facility on the practice website to translate the information into different languages.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was very positive; results were more than 10% above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 98% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.

- 94% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

### Access to the service

Terrington Surgery was open between 8.30am to 7pm on Monday, 8.30am to 1pm on Tuesday, 8.30am to 4pm on Wednesday, 8.30am to 12pm on Thursday and 8.30am to 6pm on Friday. Appointments were available from 9am to 11am Monday to Thursday and 3.30pm to 6.45pm on Monday and from 1.30pm to 3.30pm on a Wednesday and Friday. When the practice was closed patients could call Helmsley Surgery until 6pm if they needed to be seen or required advice.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day.

Information about the opening times was available on the website and in the patient information leaflet.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was very positive. Results were more than 10% above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 75%.
- 97% found it easy to get through to this surgery by phone compared to the local CCG average of 76% and national average of 73%.
- 97% of patients described their experience of making an appointment as good compared to the local CCG average of 77% and national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 89% and national average of 85%.

We looked at the results of the 'Family and Friends' (F&Fs) survey results and of 39 responses 35 patients said they would be extremely likely and four said they would be likely to recommend the practice.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

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

- Information was available to help patients understand the complaints system in the complaints and patient information leaflets which were available in the waiting room. There was also a complaints poster in the waiting room and information on the practice website.

We looked at one complaint that had been received in the last 12 months and found this was satisfactorily handled and dealt with in a timely way. A patient complained after one of their medicines was stopped. The practice spoke with the patient and a full explanation was given as to the reasons why the medicine was stopped. The patient was satisfied with the outcome.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice wanted patients to experience the best of both worlds; a first class primary health care service which is forward thinking and has modern standards of healthcare, whilst retaining the values of a rural practice.

- The practice values were outlined in their strategic plan and staff knew and understood the values. However they were not displayed on the practice website or in the waiting area.
- The practice had a strategy for the following two to three years regarding how they would continue to deliver their vision and had a documented supporting business plan for 2015/2016. The practice was in the process of reviewing progress with this and would then update and document their business plan for 2016/2017.
- The practice was a member of the City and Vale Alliance (CAVA) Federation. General practices continue to be independent organisations serving their registered patients. Under a Federation those practices that join agree to work together in defined areas. For example, develop new approaches to enhance access to practices, by using technology/social media including 'e- consultations', creating networks of practices able to operate 7 days a week and examine opportunities to share back office functions to free up time for critical practice work.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.

- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.



# Are services well-led?

Good 

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

- Nursing staff were given protected time each week to complete administration tasks.
- Comments from the medical students from the Hull, York Medical School were very positive regarding the support and learning opportunities they had received. They also commented on how the practice team was friendly and that they felt they were a valued member of the team whilst on their placements.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual Patient Participation Group (PPG), surveys, suggestions and complaints received. Following feedback there is access to more than one GP and a nurse practitioner now at the surgery.
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, nursing staff had been given protected time each week to carry out administrative tasks.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example, in association with the local CCG and City and Vale Alliance (CAVA) Federation, Terrington Surgery completed a 12 week GP Improving Practice programme from April 2015 to July 2015 using external facilitators to review the following areas:

- how and when they performed their reception tasks
- how they organised the nurses' consultation rooms
- how they managed frequent attenders
- how they triaged patients

The aim was to identify any inefficiencies and inconsistencies so that they could streamline their processes and, therefore, generate additional time to cope with increasing workloads. The twelve week plan involved rigorous facilitated sessions and resulting action plans. The techniques taught would also be used for future project planning.