

Church Lane Surgery

Quality Report

Church Lane
Boroughbridge
York
YO51 9BD

Tel: 01423 322309

Website: www.churchlanesurgery.com

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

Ratings

Overall rating for this service

Good



Are services safe?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Lane Surgery on 3 November 2016. Overall the practice is rated as good.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we found some incidents in the dispensary that had not been reported and or acted on in a timely way.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example we found that medicines were not always safely managed and the recruitment policy not always followed.
- There was a high level of external engagement with the local safeguarding team. Staff were trained in safeguarding adults and children at a level appropriate to their role.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide patients with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care and treatment was consistently positive. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Staff were motivated and inspired to offer kind and compassionate care.
- Views of external stakeholders were extremely positive and aligned with our findings.
- 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.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

We saw several areas of outstanding practice including:

- The practice hosted Harrogate Borough Council Health and Wellbeing team at the practice where they ran 'Fit 4 Function' classes. This was a fun class aimed at helping patients to improve their posture, strength, agility, coordination, balance and general health. GPs or other health professionals could refer patients to these classes or the patient could arrange attendance themselves. Feedback from external stakeholders was extremely positive about how the model the practice had implemented had helped to deliver the success of the Active Health Referral Scheme. Feedback we saw showed the Health and Wellbeing team was promoting the model adopted by the practice with other GP surgeries as best practice and within a wider arena.
- We were provided with a considerable amount of positive feedback in respect of the care provided to patients receiving end of life care and the care and support received by bereaved families. GPs that lived

locally provided families with their personal telephone numbers so that they could be contacted out of hours. Feedback from external stakeholders was extremely positive.

- The practice had a system in place whereby one GP was available as a 'floating' GP each day which allowed for home visits to be made at any time assessed as needed. For example following up a patient of concern that had been seen the day before with an early morning visit.

There was an area of practice where the provider must make improvement:

- Ensure sufficient arrangements are in place to ensure medicines are always safely managed.

There were areas of practice where the provider should make improvements:

- Review the arrangements currently in place for revisiting changes introduced by the practice over time to ensure they are effective and embedded within the practice.
- Review the governance arrangements currently in place for monitoring training to ensure the system is effective and affords the management oversight of what training is due to be completed and updated.
- Review the effectiveness of the governance arrangements in place for the recruitment of staff to ensure staff are recruited in a safe and timely way.
- Review the arrangements for supervising dispensing staff to ensure dispensing staff are supervised by a member of staff with detailed knowledge of their role

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we found some incidents in the dispensary that had not been reported and or acted on in a timely way.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example we found that medicines were not always safely managed and the recruitment policy not always followed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There was a high level of external engagement with the local safeguarding team. Staff were trained in safeguarding adults and children at a level appropriate to their role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed that the practice was performing highly when compared to practices nationally. The most recent (2015/2016) published Quality Outcome Framework (QOF) results were 98% of the total points available, above the England average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice).
- 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff consistently supported people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care. The practice was proactive in seeking feedback from patients to ensure they were satisfied with the care and treatment they received.
- We saw a considerable amount of positive feedback in respect of the care provided to patients receiving end of life care and the care and support received by bereaved families. GPs that lived locally provided families with their personal telephone numbers so that they could be contacted out of hours. Views of external stakeholders were extremely positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- A comprehensive understanding of the performance of the practice was maintained in most areas. However we identified some oversight in terms of the management of medicines and some elements of staff recruitment. Despite the issues we identified there were robust arrangements in all other areas for identifying, and managing risks, issues and implementing mitigating actions.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active although not as active and engaged with the practice as it had been in previous years.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Performance for the ten diabetes related indicators was higher than the national average in all areas. For example 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 (01/04/2015 to 31/03/2016) was 83% compared to the national average of 76%.
- All these patients had a named GP and 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% compared to the England average

Good



Summary of findings

of 73% to 95% and five year olds from 88% to 95% compared to the England average of 81% to 95%. 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.

- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and higher than the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.

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.

- The practice held a register of patients living in vulnerable circumstances including those receiving end of life care and those with a learning disability.
- The practice offered longer appointments for patients assessed as needing them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. They were proactive in referring patients to these services. They hosted a range of external support services at the practice on a weekly basis. For example housing and benefit support, healthy living and support for carers.

Good



Summary of findings

- The practice placed a strong emphasis on palliative care. We were provided with a considerable amount of positive feedback in respect of the care provided to patients receiving end of life care and bereaved families.
- 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.
- The practice provided care to patients in three care homes with weekly visits at set times by named GPs.

People experiencing poor mental health (including people with dementia)

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

- Performance for the six mental health related indicators was higher than the England average for five out of the six indicators. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% compared 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 with dementia.
- The practice carried out advance 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.
- A counsellor worked out of the practice once a week which GPs could refer patients to.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 126 were returned. This represented 1.2% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for patient feedback prior to and on the day of our inspection. We received feedback from 49 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. All of the feedback was consistently positive about the care and treatment patients received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure sufficient arrangements are in place to ensure medicines are always safely managed.

Action the service **SHOULD** take to improve

- Review the arrangements currently in place for revisiting changes introduced by the practice over time to ensure they are effective and embedded within the practice.

- Review the governance arrangements currently in place for monitoring training to ensure the system is effective and affords the management oversight of what training is due to be completed and updated.
- Review the effectiveness of the governance arrangements in place for the recruitment of staff to ensure staff are recruited in a safe and timely way.
- Review the arrangements for supervising dispensing staff to ensure dispensing staff are supervised by a member of staff with detailed knowledge of their role

Outstanding practice

- The practice hosted Harrogate Borough Council Health and Wellbeing team at the practice where they ran 'Fit 4 Function' classes. This was a fun class aimed at helping patients to improve their posture, strength, agility, coordination, balance and general health. GPs or other health professionals could refer patients to these classes or the patient could arrange attendance themselves. Feedback from external stakeholders was extremely positive about how the model the practice had implemented had helped to deliver the success of the Active Health Referral

Scheme. Feedback we saw showed the Health and Wellbeing team was promoting the model adopted by the practice with other GP surgeries as best practice and within a wider arena.

- We were provided with a considerable amount of positive feedback in respect of the care provided to patients receiving end of life care and the care and support received by bereaved families. GPs that lived

Summary of findings

locally provided families with their personal telephone numbers so that they could be contacted out of hours. Feedback from external stakeholders was extremely positive.

- The practice had a system in place whereby one GP was available as a 'floating' GP each day which

allowed for home visits to be made at any time assessed as needed. For example following up a patient of concern that had been seen the day before with an early morning visit.

Church Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a medicines inspector.

Background to Church Lane Surgery

Church Lane Surgery, Church Lane, Boroughbridge, York, YO51 9BD is a rural practice serving Boroughbridge and surrounding villages. There is a branch practice at Main Street

Helperby, York, YO61 2NS. The practice is a dispensing practice and dispenses to approximately 56% of their patients. The registered list size is approximately 10,225 and predominantly white British background. The practice is ranked in the tenth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile differs from the England average, having a higher number of patients in the 45 – 79 age range and a lower number in the zero to four and 15 – 39 age range.

The practice is run by seven GP partners (three male and four female) and four salaried GPs. The practice is a teaching practice. The practice currently has a GP registrar. This means the GP registrar is currently on a three year GP registration course.

The practice employs one senior practice nurse, five practice nurses and two HCA's. As part of the new care models pilot the practice is funded to receive pharmacist input at the practice every afternoon five days a week.

The clinical team is supported by a practice manager, accounts manager, clinical information manager assisted by two members of staff, a reception team leader assisted by five receptionists and a filing clerk. There are two medical secretaries. There is a dispensary manager (based at the branch practice) and dispensary supervisor based at the main practice. They are assisted by six dispensers. There is a clinical information team leader supported by two staff members and an administration/reception team leader who is supported by eight staff members.

Church Lane Surgery is open Monday to Friday from 8am to 6pm with morning appointments available between 8.30am to 12.30pm and afternoon appointments from 2pm to 5.30pm. Extended hours are offered on alternative Friday and Saturday mornings. Appointments on alternative Fridays are from 7am to 10.50am and alternative Saturday mornings from 8am to 9.20am. The dispensary is open Monday to Friday from 8.30am to 6pm. The branch practice at Helperby is open Monday to Friday from 8.30am to 12.30pm with appointments available between 8.40am and 10.50am. The dispensary is open 8.30am to 12.30pm Monday to Friday.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 3 November 2016.

During our visit we:

- Spoke with a range of staff.
- Received feedback from the PPG
- Reviewed feedback from external stakeholders.
- Visited the main practice and the branch practice.
- Observed how staff interacted with patients. Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, we found this was not always followed.

- 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). However, we found some instances in respect of fridge temperatures in the dispensary that had not been reported and acted on in a timely way.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice reported 'soft intelligence' in respect of other local healthcare services to the CCG.
- The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However, there here was limited evidence to assure the practice of improvement over a period of time as a process of review was not in place.
- We reviewed safety records, incident reports and patient safety alerts. We saw that action was taken in most instances with the exception of the fridge temperature issue in the dispensary at Church Lane.

Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe and safeguarded from abuse. However, in respect of medicines management we found these processes were not always up to date and had not always been followed. We found:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead and deputy lead for safeguarding. They met with health visitors and the Healthy Child Team monthly and quarterly with the local CCG safeguarding team. The practice demonstrated they had responded swiftly to a recent increase in child safeguarding issues. We saw positive feedback from North Yorkshire County Council and City of York Safeguarding in respect of the lead GP being instrumental in safeguarding developments in the area. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. All GPs had completed the required child protection Level 3 training and safeguarding adults training. All nursing staff had completed at a minimum the required Level 2 child protection training and safeguarding adults training. All non-clinical staff had received safeguarding level 1 child protection training and safeguarding adults training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as a chaperone was trained for the role and all but one member of staff had received a Disclosure and Barring Service (DBS) check. This was requested from the DBS service on the day of the inspection and received completed following the inspection. (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All clinical staff had received up to date training. Non clinical staff had not completed any training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep patients safe. Prescriptions were dispensed at Church Lane and Helperby for patients who did not live near a pharmacy.
 - The practice had robust standard operating procedures (SOPs) (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process. However it was not possible to determine which version the dispensing staff had signed to say they understood. Some SOPs did not reflect current practice as they had not been adapted personally to the practice.
 - The expiry dates of medicines were checked on a monthly basis using the dispensary computer system. This was appropriately recorded. Expired and unwanted medicines were disposed of in accordance with waste regulations. All medicines we checked on the day of the inspection were in date.
 - The practice held stocks of controlled drugs (CD) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. However, these were not always followed by practice staff. For example the practice SOP stated checks were to be carried out monthly; despite this we found that at the Helperby branch and Church Lane this was not the case. In addition, at Helperby we found a calculation discrepancy in the CD register; this was rectified on the day of inspection.
 - There was a system in place for the monitoring of high risk medicines and we saw how this kept patients safe.
 - The practice had signed up to the Dispensing Services Quality Scheme. This scheme rewarded practices for providing high quality services to patients of their dispensary. The practice had not embedded the recording of near misses (a record of dispensing errors that have been identified before medicines have left the dispensary) at either dispensing site. We were shown some records of dispensing errors that had not been appropriately investigated to prevent reoccurrence.
 - National patient safety alerts and medicines recalls were appropriately managed.
 - All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We were told how staff managed medicines which had not been collected and we saw evidence of this on the day of the inspection.
 - We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. The practice had two thermometers running concurrently which were internal and external to the fridge. The temperature ranges differed greatly. Despite there being a clear policy in place for ensuring medicines was stored at the required temperatures no action was recorded as being taken to address the temperature issues. We found thirty occasions where the fridge temperature in the dispensary had exceeded the maximum temperature. Information from the data logger used by the practice had not been printed until almost month later to alert the practice to this and therefore no interim action had been taken to address the issue. We were told that some staff had only recently been made aware of how to use the data logger.
 - Prescription pads were stored securely. However, at Helperby there was no system in place to track prescriptions through the practice and at Church Lane it was not always recorded where the prescriptions were located.
 - The dispensary offered a remote delivery service to a local village shop and this was managed appropriately by dispensary staff.
 - We reviewed three personnel files. We found the practice was not always following their recruitment policy. For example DBS checks were not always carried out for clinical staff before they commenced work. We checked the DBS records for all the clinical staff. We identified one nurse without a completed DBS check which the provider was not aware of. This was requested and returned completed from the DBS shortly after the inspection. Other appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.
- ### Monitoring risks to patients
- Risks to patients were mostly assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment and carried out regular fire drills. They had established links with the local fire support service who attended the practice to support staff in fire safety. All but three members of staff had up to date fire safety training. All electrical equipment was checked to ensure the equipment was

Are services safe?

safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. The practice had recently commissioned a review of their legionella arrangements. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- **Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice manager had overall responsibility for managing staffing levels. The practice used the services of a salaried GP at the practice to act as a locum if needed.**

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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.
- The practice had a defibrillator available on both premises. Oxygen was available. However at Helperby there was only one oxygen cylinder and the breathing mask expired in November 2015.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total points available (2015/2016) above the England average of 95%.

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

- Performance for the ten diabetes related indicators was higher than the national average in all areas. For example 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 (01/04/2015 to 31/03/2016) was 83% compared to the national average of 76%.
- Performance for the six mental health related indicators was higher than the England average for five out of the six indicators. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% compared to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- We looked at five completed audits in detail. These were completed audits where the improvements made were implemented and monitored over time.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice was part of a National Cancer Audit.
- Findings were used by the practice to improve services. For example, recent effective action taken as a result of high antibiotic prescribing levels.

Information about patients' outcomes was used to make improvements such as actions taken in respect of identifying and subsequently managing patients with pre-diabetes. In the last two years the practice had identified 264 patients with pre-diabetes.

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 some of the staff had attended a recent lecture on COPD Management.
- 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff were mostly supervised by an appropriate staff member with a robust understanding of their area

Are services effective?

(for example, treatment is effective)

of work. Most staff had received an appraisal within the last 12 months. The practice was aware of this and working to ensure all staff were appraised in the next few months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. 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 an accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, and investigation and test results. The practice was reviewing the arrangements for ensuring patients records were summarised in a more timely way due to an increasing backlog.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice provided 4% of patients at risk of unplanned admissions to hospital with an individualised care plan. This was part of the unplanned admissions Enhanced Service (ES) that the practice had signed up to. The ES had been introduced as part of a move to reduce unnecessary emergency admissions to secondary care. The main work of the ES was the proactive case management of at-risk patients which required coverage of 2% of the practice population over 18 years of age.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- Staff consistently supported people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.
- The practice hosted Harrogate Borough Council Health and Wellbeing team at the practice where they ran 'Fit 4 Function' classes. We saw feedback from this team about the model the practice had implemented to help deliver the success of the Active Health Referral Scheme. The model was one the Health and Wellbeing team were promoting with other GP surgeries as good practice. The practice demonstrated their commitment to this scheme and actively referred and promoted it at every opportunity. Data showed that since 2015 the practice had made 223 referrals for the Fit 4 Life tier 2 weight management services, 77 referrals for the gym and swim and 50 for Fit 4 Function. The impact on patients had been reduction in blood pressure and reduction/changes in medication.
- The practice reviewed all deaths on a monthly basis to monitor treatment and trends in cause of death. The practice demonstrated they acted on their findings. For example following a rise in bowel cancer in 2014 the practice had placed an alert on patients' records to alert patients at consultations that they had not completed bowel screening.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and higher than the national average of 74%. There was a policy to offer telephone reminders for patients who

Are services effective?

(for example, treatment is effective)

did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to

under two year olds ranged from 96% to 99% compared to the England average of 73% to 95% and five year olds from 88% to 95% compared to the England average of 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Feedback from people who used the service, families of bereaved relatives and stakeholders was continually positive about the way staff cared and treated people. There was a high level of praise in particular for the nursing team.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 91% 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 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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 was positive and aligned with these views. We saw evidence that the practice obtained feedback from patients about how they were supported and informed during specific visits to the practice and reflected on the findings to make improvement. One example was that a questionnaire had been put in place by the nursing team to ask diabetic patients how they were supported and informed during their diabetic review. Another example was that a GP had attended a local High School to gather the opinions of local young people regarding the service the practice provided.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 230 patients as carers (2.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice promoted raising the awareness of carers and support for carers within the practice. The practice hosted the Carers Resource Service who attended the practice to provide support and advice to patients.

The practice also hosted Stonham Home Group once a week. This was a service that provided housing and benefits advice for patients.

The practice placed a strong emphasis on palliative care; remaining acutely aware of the number of patients who died in their place of their choosing. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We were provided with a considerable amount of positive feedback in respect of the care provided to patients receiving end of life care and the care and support received by bereaved families. We also saw feedback from the Community Specialist Palliative Care team who commented on how proactive and patient centred the practice was when working with palliative care patients. We were told that GPs who lived locally provided families with their personal telephone numbers so that they could be contacted out of hours. They also worked with community staff to ensure patients had the correct anticipatory medicines available at home.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One example was the practice was one of a few practices in the CCG to pilot the 'What Matters to Us' programme which was a new programme for providing care, led by NHS Harrogate and Rural District CCG along with other partners such as the local hospital, Council, County Council, Yorkshire Health Network and Ripon Centres for Voluntary Service. The programme will lead in the development of integration of health and social care services to which Church Lane had committed to be involved in.

- The practice offered a 'Commuter's Clinic' on alternate Friday and Saturday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients clinically assessed as needing them. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered a host of services which was of particular importance due to the semi-rural location of the practice. For example the practice hosted services from midwives, public health nursing team, anticoagulation services, chiropody and counselling. Services offered by the practice included areas such as joint injections, minor injury, phlebotomy, electrocardiogram (ECG) recording, wart removal and deep vein thrombosis (DVT) screening. There were disabled facilities and translation services available. The practice did not have a hearing loop.

Access to the service

Church Lane Surgery was open Monday to Friday from 8am to 6pm with morning appointments available between 8.30am to 12.30pm and afternoon appointments from 2pm to 5.30pm. Extended hours were offered on alternative Friday and Saturday mornings. Appointments on alternative Fridays were from 7am to 10.50am and alternative Saturday mornings from 8am to 9.20am. The

dispensary was open Monday to Friday from 8.30am to 6pm. The branch practice at Helperby was open Monday to Friday from 8.30am to 12.30pm with appointments available between 8.40am and 10.50am. The dispensary was open 8.30am to 12.30pm Monday to Friday.

The alternative early Friday and Saturday morning appointments were primarily for patients with difficulty accessing the GP during normal working hours.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. One was comparable to the national average and one was significantly higher at 100%.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We looked at the appointment system and found we could obtain a routine appointment with a GP or nurse two working days from the day of the inspection.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had a system in place whereby one GP was available as a 'floating' GP each day which allowed for home visits to be made at any time assessed as needed. For example following up a patient of concern that had been seen the day before with an early morning visit.

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 an effective system in place for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example in the practice leaflet and posters displayed within the reception area.

We looked at a random sample of the 15 complaints received by the practice in the last 12 months and found these were dealt with in a timely, open and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was promoted throughout the practice. Staff knew and understood the values.
- The practice had recently put in place a business plan.
- The practice was acutely aware of local changes and future challenges and adopted their strategy accordingly. For example GP staffing levels were not reduced following a particular service contract coming to an end. Instead the practice maintained staffing levels as the practice was aware that the number of families of military personnel arriving from overseas would be increasing in the near future.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, some did not have version controls, were not dated and in not always followed.
- An understanding of the performance of the practice was maintained in almost all areas. However, we identified oversight in some areas of medicines management and the recruitment of staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for reviewing reported significant events.

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. All staff told us they prioritised safe, high quality and compassionate care. Staff told us the practice management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners and managers at the practice. Where appropriate staff were involved or consulted on issues affecting the practice. The management team 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

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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had adopted the PPG's recommendation for reviewing the flu clinic arrangements to make them more accessible for patients and manageable for the practice.
- The practice had gathered feedback from staff through away days and generally through staff meetings,

Are services well-led?

Good 

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

appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice was active in obtaining feedback from external stakeholders.

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 one of a few practices in the local CCG to pilot the 'What Matters to Us' programme which was a new programme for providing care, led by NHS Harrogate and Rural District CCG along with other partners such as the local hospital, Council, County Council, Yorkshire Health Network and Ripon Centres for Voluntary Service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff. Specifically they had failed to ensure sufficient arrangements were in place to ensure medicines were always safely managed.</p> <p>This was in breach of regulation 12(1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>