The Medical Centre - Driffield

Quality Report

The Medical Centre
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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 The Medical Centre – Driffield on 16 June 2016. We visited the main surgery in Driffield and the branch surgery at Wetwang during the inspection. 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 with the exception of those relating to the management of medicines.
- 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 must:

Summary of findings

- Ensure medicines are managed and dispensed safely and in accordance with the practice policy and procedures.

Importantly the provider should:

- Share lessons learned from incidents with all staff in the practice.
- Monitor that all staff are up to date with mandatory refresher training.
- Have a documented strategy and supporting business plan which outlines their vision and plans for the future.
- Review policies and procedures and make sure they have a date issued and review date recorded.

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?

Requires improvement

The practice is rated as requires improvement 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Practice policies and procedures were not always followed in relation to the management of medicines.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to or above 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.

Are services caring?

Good

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 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. We observed a patient-centred culture.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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 were available the same day.
- 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?

Good

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 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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 participated in local research projects.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- 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 every three months.
- The practice was delivering 'A Care Home Scheme'. Patients living in care homes had structured annual reviews (and three monthly interim reviews), which included a review of medication, clinical care and advanced care planning with the GPs, community nurses and care home managers.
- 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 1.9% above the local CCG average and 2.1% above the England average.

People with long term conditions

Good

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 94% compared to the local CCG 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.

Summary of findings

Families, children and young people

Good

- 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.
- Immunisation rates were comparable to or higher than the local CCG area for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 93% to 100% compared to 94% to 98% for the local CCG area.
- 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 81% compared to the local CCG average of 85% and the England average of 82%.
- The practice held regular 'Women's Health' clinics where patients could get advice and treatment, for example with regard to; hormone replacement therapy, contraception and pelvic pain.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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)

Good

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.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- 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 leaflets in different languages were provided when required.

People experiencing poor mental health (including people with dementia)

Good

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

- Nationally reported data from 2014/2015 showed 81% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local CCG 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 98%. This was above the local CCG average of 91% 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. Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP patient survey results published in January 2016 showed 240 survey forms were distributed for The Medical Centre - Driffield and 120 forms were returned, a response rate of 50%. This represented 1% of the practice's patient list. The practice was performing below the CCG or national average for two of the 23 questions and similar to or above the local CCG and national averages for the other 19 questions. For example:

- 63% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 86% and national average of 85%.
- 46% usually get to see or speak to their preferred GP compared with the local CCG average of 62% and national average of 59%.
- 87% described the overall experience of their GP surgery as good compared with the local CCG average of 87% and national average of 85%.
- 84% 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%.

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 35 completed comment cards which were very positive about the standard of care received. 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.

We spoke with three members of the patient participation group (PPG) and received questionnaires that were completed during the inspection from five patients who used the service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

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 MUST take to improve

- Ensure medicines are managed and dispensed safely and in accordance with the practice policy and procedures.

Action the service SHOULD take to improve

- Share lessons learned from incidents with all staff in the practice.
- Monitor that all staff are up to date with mandatory refresher training.
- Have a documented strategy and supporting business plan which outlines their vision and plans for the future.
- Review policies and procedures and make sure they have a date issued and review date recorded.

The Medical Centre - Driffield

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Medical Centre - Driffield

The Medical Centre – Driffield, Cranwell Road, Driffield YO25 6UH is located in the centre of the market town of Driffield and is close to local bus routes. There is a car park available next to the practice. The practice is in a purpose built building with disabled access and consulting and treatment rooms available on the ground and first floors; there is no lift access to the first floor. The administration staff are based in a separate building which is a five minute walk from the practice. There is one branch site, Wetwang Surgery, 48 Southfield Road, Wetwang YO25 9XX which is located in the village of Wetwang which is approximately six miles from Driffield. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was also visited during the inspection.

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 10290, covering patients of all ages. The practice covers a large rural area of approximately 400 square miles. 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 practice dispenses medicines for approximately half its patients.

The proportion of the practice population in the 65 years and over age group and the under 18 age group is similar to the England average. The practice scored seven 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 five GP partners and a salaried GP, all are part time. There are two female and four male GPs. There are two nurse practitioners, two practice nurses and three health care assistants. Two work full time and five work part time, all are female. There is a practice manager and a team of administrators, secretaries and receptionists. There are eight dispensers and a trainee dispenser.

The Medical Centre – Driffield is open between 8am to 6pm Monday to Friday. Appointments are available from 8am to 5.30pm Monday to Friday.

The Wetwang surgery is open between 8.15am and 12pm Monday to Friday and 3.30pm and 6pm Monday, Tuesday and Friday. Appointments are available from 8.15am to 11.30am Monday to Friday and from 3.30pm and 5.30pm Monday, Tuesday and Friday.

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

The practice, along with all other practices in the East Riding of Yorkshire 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.

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.

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 16 June 2016 and visited the Medical Centre – Driffield surgery and the branch surgery at Wetwang. During our visit we:

- Spoke with a range of staff including two GPs, the nurse manager/nurse practitioner, one practice nurse, a health care assistant and a dispenser/receptionist. We also spoke with the practice manager, administration, secretarial and receptionist staff.
- Spoke with three members of the patient participation group (PPG) and received completed questionnaires from five patients who used the service.
- Reviewed 35 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.

Requires improvement

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. However the lessons were not always shared with staff if they were not involved in the incident.

Following incidents action was taken to improve safety in the practice. For example, a patient was prescribed the wrong dose of antibiotic medicines. The practice implemented a procedure so that any unusual prescribing was highlighted to the pharmacist for them to provide a second check and the practice would ensure a copy of the BNF (a book containing information on medicines that could be prescribed for patients) was available in all clinical rooms.

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

Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe.

- 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 attended safeguarding meetings when possible and always provided reports where necessary 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 waiting room and on the practice website. All staff who acted as chaperones were trained for the role. Nursing staff had received a Disclosure and Barring Service check (DBS check) and a risk assessment had been undertaken for non clinical staff who would chaperone on rare occasions when clinical staff were not available. Non clinical staff were never left on their own with a patient when they were chaperoning.

(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. An infection control audit had been completed in October 2015 and the practice scored 85%, this was repeated in January 2016 and the score had improved to 93%. Action was taken to address any improvements identified. The IPC lead nurse was given four hours per week protected time to undertake the duties relating to this role.
- We checked the arrangements for managing medicines at the practice including emergency drugs and vaccinations, and found they did not always keep people safe (including obtaining, prescribing, recording, handling, storing and security). Medicines were dispensed for people who did not live near a pharmacy and this was not always appropriately managed. Dispensary staff showed us standard operating

procedures (SOPs) which covered aspects of the dispensing process. (SOPs are written instructions about how to safely dispense medicines). These procedures were not version controlled or dated. There was a policy in place to ensure repeat prescriptions were signed by a GP before being handed to patients; however we found examples where the procedure had not been followed. The failure to sign prescriptions prior to dispensing and supply does not meet relevant legislation.

- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a lead GP responsible for the dispensary. Near miss dispensing errors (a record of dispensing errors that have been identified before medicines have left the dispensary) and errors which reached patients, were recorded and evaluated on a quarterly basis. These were discussed at the team meetings, however no themes were identified so that actions could be place to reduce the risk of recurrence. The practice used a barcode scanning system to provide additional dispensing accuracy assurances. However the incident reporting showed that this was not effectively managed and further training was required. The lead GP for the dispensary was currently not involved in the review of incidents.
- There was a system in place to ensure the expiry dates of dispensary stock were checked. Expired and unwanted medicines, including controlled drugs, were disposed of according to waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures. Controlled drugs were stored in a controlled drugs cupboards and access to them was restricted. A robust procedure was not in place for the transfer and recording of controlled drugs between the two sites.
- The practice had a policy for medication reviews. We spoke to staff regarding the process for initiating medication reviews and found that responsibility for this was not understood. As a result we found examples of prescriptions which were significantly outside their review by date. Not completing timely medicines reviews increased the risk of patients receiving medicines which were no longer appropriate. Staff told us about procedures for monitoring prescriptions that had not been collected and this was appropriately managed.
- We checked medicines and equipment stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were not always stored securely.
- Blank prescription forms were handled in accordance with national guidance; the practice kept them securely and a procedure was in place to track prescription forms through the practice.
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer certain medicines; for example vaccines and flu immunisations. PGDs and PSDs are written instructions that have been produced in line with legal requirements and national guidance and contain specific criteria that nurses and HCAs must follow when administering certain medicines. This process was appropriately managed and authorised.
- 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 mainly 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 completed a fire risk assessment review in the last 12 months and carried out fire drills. Staff were aware of what action to take in the event of a fire and there were trained fire wardens.
- 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 told us they provided cover for sickness and holidays and locums were engaged when required. A number of staff told us that there had been staffing issues over the past few months particularly in the dispensary, however new staff had been employed and this was improving.

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.
- There was a first aid kit and accident book available.
- There were adequate stocks of emergency medicines and there was a procedure in place to ensure these were fit for use. However we found one medicine that should have been stored in a fridge had not been and so could not be assured as fit for use and the emergency oxygen cylinder had expired at the Wetwang surgery. The practice discarded the medicine during the inspection and placed a new supply in the fridge. They sent evidence that a new oxygen cylinder was ordered and delivered two days after the inspection.
- 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. The practice had involved all staff in a review of the business continuity plan at a protected learning session.

Good

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 100% of the total number of points available compared to the local CCG average of 96% and national average of 95%. The practice had 10% exception reporting compared to the local CCG average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 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 94% compared to the local CCG 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 71%. This was compared to the local CCG average of 77% 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 89% 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 81%. This was compared to the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last two years, two of these were a completed audit cycle where the improvements made were implemented and monitored. The practice was aware it needed to implement a planned clinical audit programme to ensure audit cycles were completed and to improve the inclusion of all members of the multidisciplinary team in audits.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, an audit was done following the issue of a 'Drug Safety Update' to check if patients that were being prescribed a medicine for nausea and vomiting did not have any of the identified risk factors. This would mean they should stop taking the medicine or be prescribed an alternative. A search found 48 patients were being prescribed the medicine, all were reviewed and 18 patients had the medicine stopped. A re-audit six months later showed none of the patients had re-started the medicine and 30 patients were continuing to take it in line with current guidance.

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.

Good

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. 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, appraisals, peer supervision and support for the revalidation of the GPs and nurses. One of the Health Care Assistants identified a need to do advanced venepuncture training in their appraisal and they completed this in March 2016.
- 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. Staff had completed mandatory training, for example; infection control, safeguarding and fire, however not all staff were up to date with their refresher training. The practice was aware of this and was now using an e learning web tool that identified when refresher training was due.

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. The provision of leaflets was not consistent across both surgeries.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- The practice operated a 'personal assistant' (PA) system whereby each GP had a named member of the administrative team supporting them. The PAs help to ensure that care was effective by dealing with referrals, discharges and coding. They also acted for patients so queries and requirements were responded to rapidly and appropriately.

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. 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. Clinical 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.

Good

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 81% compared to the local CCG average of 85% 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 screening test. The practice ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were comparable to or higher than the local CCG area. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 93% to 100% compared to 94% to 98% for the local CCG area.

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 91%, this was comparable to the local CCG and England average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 that 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. There was no notice informing patients this room was available.
- We observed staff coming downstairs to see patients who were unable to access the first floor clinic rooms.

Feedback from the 35 patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG) and received questionnaires that were completed during the inspection from five patients who used the service. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

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

- 89% said the last GP they saw was good at giving them enough time compared to the local CCG average of 91% and national average of 87%.
- 91% 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%.
- 90% 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%.
- 97% 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%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 94% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 91% 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 92% and national average of 91%.
- 98% 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%.
- 87% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 3.9% or less; this was similar to the local CCG and national average. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 1.3% or less; 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.

Good

Are services caring?

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 or similar to the local CCG and national average for questions about GPs and nurses. For example:

- 93% 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%.
- 91% 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 85% and national average of 82%.
- 93% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 83% 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 87% 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 areas informing patients this service was available. The self-check in screen had a translation facility.

Patient and carer support to cope emotionally with care and treatment

There were links on the practice website to information about various support available for carers. There was also information available in the waiting room to direct carers to the various avenues of support available to them.

The practice had identified 233 patients as carers; this was 2% of the practice list. Staff sign posted carers to local services for support and advice. The practice's computer system alerted staff if a patient was also a carer.

Staff told us that if families had suffered bereavement the practice contacted them and would arrange a visit if requested. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement services available at the Wetwang surgery but not at Driffield. However there were links to bereavement support organisations on the practice website.

Good

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. Staff worked with older patients to arrange appointments around bus timetables or carers work schedules.
- A text messaging service was available to remind patients about their appointments.
- 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.
- 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 and monitor patients on anti-coagulation (blood thinning) medication.
- 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 for patients who had hearing problems. Staff told us they would take patients to a private room if they had difficulty communicating. The practice had arranged for one patient to receive correspondence by e mail as they could not hear well on the phone.
- There was a facility on the new patient page on the practice website to enable all information on the website to be translated into different languages.
- Patients were able to receive travel vaccinations available on the NHS and private travel vaccinations.
- The practice was delivering the 'Care Home Scheme'. Patients living in care homes had structured annual reviews (and three monthly interim reviews), which included a review of medication, clinical care and advanced care planning with the GPs, community nurses and care home managers. There was a named GP for each care home and they did reviews every 2-3 months in conjunction with the care home staff and the community nurses. We saw an e mail from a care home manager confirming that they received an excellent service from the practice. They said regular reviews and a prompt service from a named designated GP was provided.
- The practice had experienced difficulty with the lack of support for patients with mental health problems and had undertaken initiatives to improve this. They were participating in a research project at the University of York (REACT study) to enable their patients' better access to Cognitive Behaviour Therapy (CBT). The practice had recruited the most patients into this study across Yorkshire. Patients could also access private CBT and telephone CBT in the practice.
- Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- The practice held regular 'Women's Health' clinics where patients could get advice and treatment, for example with regard to; hormone replacement therapy, contraception and pelvic pain.

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

- 87% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 84% 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

Good

Are services responsive to people's needs?

(for example, to feedback?)

The Medical Centre – Driffield was open between 8am to 6pm Monday to Friday. Appointments were available from 8am to 5.30pm Monday to Friday.

The Wetwang surgery was open between 8.15am and 12pm Monday to Friday and 3.30pm and 6pm Monday, Tuesday and Friday. Appointments were available from 8.15am to 11.30am Monday to Friday and from 3.30pm and 5.30pm Monday, Tuesday and Friday.

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. Nurse appointments could be booked up to two months in advance.

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

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 fairly positive. Results were slightly below or similar to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73% and national average of 75%.
- 63% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to the local CCG average of 73% and national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and national average of 85%.

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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 rooms and information on the practice website.

We looked at 14 complaints that had been received since April 2015 and found they were satisfactorily handled and dealt with in a timely way. For example, a patient complained after they were questioned about why they were ordering a repeat prescription item more frequently than monthly. The prescription was reviewed and the amount increased so they only needed to order once a month. The practice wrote to the patient apologising for any upset caused.

Staff told us that at a recent protected learning session they had undertaken a learning exercise to review a complaint that had been received. They were asked to look at the issues, discuss them in a group and identify what actions the practice could take to improve the service and minimise the risk of something similar recurring.

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 values were outlined on the practice website and staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

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. Policies did not have issued or review dates on them.
- 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 systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. However not all risks had been identified and action plans did not always contain details of who was responsible, a date for completion and progress.
- Practice policies and procedures were not always followed in relation to the management of medicines.

  The practice had engaged an external management consultant who was working with them to review their systems, processes and governance arrangements.

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 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). 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:

- 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 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 and clinical meetings had not been held recently due to the management changes. Staff said that informal meetings were held regularly to discuss any concerns raised.
- 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 the 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.

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 Reference Group (PRG), surveys, suggestions and complaints received. Following

Are services well-led?

Good

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

feedback from patients the practice had improved communication with patients. A regular newsletter was produced which gave patients information, for example, on any staff changes and times when the practice might be closing for bank holidays or training. Copies of the newsletters were available in the waiting areas, on the practice website and were stapled to repeat prescriptions.

- There was a new initiative encouraging patients to join a virtual PRG to give more patients the opportunity to express their opinion on future developments at the practice.
- The practice had also gathered feedback from staff through a staff survey and 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, childhood vaccination clinics had tended to run late due to the complexity of baby vaccinations. This was identified as a potential risk and following a suggestion from nursing staff the appointment time slots for childhood vaccinations had been increased from five to ten minutes.

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, the practice was working with neighbouring practices on issues of local concern such as lung cancer death rates, mental health services and planning for a rise in patients with type 2 diabetes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable in managing medicines safely; checks done on medicines did not ensure they were in date and fit for use; the practice policy for the issuing of repeat prescriptions was not being followed; repeat prescriptions were not always signed before medicines were issued to patients; the process for the transport of controlled drugs did not meet legislative requirements. This was in breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.