

# Harewood Medical Practice

## Quality Report

42 Richmond Road,  
Catterick Garrison,  
North Yorkshire,  
DL9 3JD

Tel: 01748 833904

Website: [www.harewoodmedicalpractice.co.uk](http://www.harewoodmedicalpractice.co.uk)

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harewood Medical Practice on 5 October 2016. Overall the practice is rated as requires improvement.

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

- The practice was under the governance of a new team and the governance of the practice was not yet embedded, the new team were on a trajectory of improvement.
- The practice was in the process of implementing new policies and procedures and a new structure. As a result of this the practice was unable to demonstrate/evidence some areas of staff training and monitoring.
- There was an effective system in place for reporting and recording significant events.
- Risks to patients were mainly assessed and managed.
- We identified areas of risk from lack of processes or adherence to processes. For example, not all staff had a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Not all staff (clinical and non-clinical) had completed training or could demonstrate they had completed training in safeguarding adults and children.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice provided support to veterans and families of armed forces personnel at the garrison.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 was undergoing a refurbishment but 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.

The areas where the provider must make improvement are:

Staff must receive appropriate training and updates as is necessary to enable them to carry out the duties they are employed to perform.

All staff acting as chaperones must be suitably trained and have had a risk assessment as to the need for a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice must monitor that all recruitment arrangements and checks are in line with Schedule 3 of the Health and Social Care Act 2008.

Infection control audit must be implemented.

The areas where the provider should make improve are;

Information about services and how to complain should be available to patients.

Increase the identification and support to carers on the practice list.

**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 inadequate for providing safe services.

Inadequate



- 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were mainly assessed and managed, however we found that staff had received mandatory training but were not up to date/ or the practice were unable to demonstrate that they were up to date with refresher training, including basic life support and safeguarding adults and children.
- The practice had no evidence of an infection control audit or up to date infection control training for all staff.
- We found that recruitment checks were not sufficiently carried out, including obtaining photographic evidence of identity.
- Staff who chaperoned were not all trained for the role and had not had/ the practice could not evidence a risk assessment or DBS check (disclosure and barring service).
- There was no record of fire alarm testing or evacuation procedures, however staff told us they were aware of the procedure as they had cause to evacuate the premises recently.
- The building was undergoing refurbishment and in a poor state of repair on the day of the inspection.
- The risks associated with anticipated events and emergency situations were not fully recognised, assessed or managed. For example no risk assessment in terms of risks to staff and patient safety whilst undergoing refurbishment work had been carried out by the practice or NHS Property services who the building was leased from

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However we found that updates for immunisations and vaccinations and information governance had not been undertaken in the last year.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice with mixed reviews 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. The practice had a good understanding of its patient population and had recently instigated a pilot in conjunction with mental health services. A Consultant Psychologist was resident in the practice to meet the needs of the patients as they had a higher than average proportion of patients with mental health needs. This was in infancy but would be evaluated after six months and then a year.
- 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 not readily available to patients. However, evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had recently been taken over by a local practice and therefore was undergoing a period of adjustment and change. The new team were on a journey of improvement but this was not yet embedded.
- 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.
- 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.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

## Requires improvement



# 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 requires improvement for the care of older people.

- The practice is rated as requires improvement overall and this impacted on each population group due to the issues found.
- 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.

**Requires improvement**



### People with long term conditions

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

- The practice is rated as requires improvement overall and this impacted on each population group due to the issues found.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 (01/04/2014 to 31/03/2015) was 81% which was in line with local figures of 83% and national figures of 81%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 86% which was above local figures of 80% and national figures of 78%.
- Longer appointments and home visits were available when needed.
- 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.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# Summary of findings

- The practice is rated as requires improvement overall and this impacted on each population group due to the issues found.
- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80% which was in line with local figures of 84% and national figures of 82%.
- 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.
- The practice had a high proportion of patients of families from the Armed Forces and the practice had acknowledged this. Examples of this were the acknowledgements that home visits may be required as families had transport issues and the provision of a late night clinic.

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

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

- The practice is rated as requires improvement overall and this impacted on each population group due to the issues found.
- 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 reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice is rated as requires improvement overall and this impacted on each population group due to the issues found.

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.

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

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

- The practice is rated as requires improvement overall and this impacted on each population group due to the issues found.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was comparable to the local average of 93% and above the national average of 88%.
- 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.
- The practice had a large population of patients from Armed forces families and who were veterans.
- The practice provided care to a nearby supported living service. This service offered supported housing to single veterans who were homeless or at risk of homelessness and who had support needs. The service included patients who suffered from Post-Traumatic Stress Disorder and substance or alcohol misuse.
- The practice was piloting a service that involved a GP Consultant Psychologist who provided care to patients with

Requires improvement



# Summary of findings

mental health needs. Patients were able to self-refer and appointments were available within 48 hours. This provided a means to share best practice and improve the referral criteria to mental health services to GPs. It also meant that patients who did need to be referred to mental health services were seen at a higher and more appropriate level, therefore reducing unnecessary assessments and providing care closer to home.

- 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.

# 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. 302 survey forms were distributed and 114 were returned. This represented 1.5% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% 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 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 86% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 1 comment card which was positive about the standard of care received from both clinical and reception staff. We also spoke with one patient who was happy with the standard of care in the practice.

We received CQC questionnaires from six patients which were given out on the day. Five of the questionnaires were positive and one was negative. This related to the complaints procedure. Patients mainly said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

Staff must receive appropriate training and updates as is necessary to enable them to carry out the duties they are employed to perform.

All staff acting as chaperones must be suitably trained and have had a risk assessment as to the need for a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice must monitor that all recruitment arrangements and checks are in line with Schedule 3 of the Health and Social Care Act 2008.

Infection control audit must be implemented.

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

Information about services and how to complain should be available to patients.

Increase the identification and support to carers on the practice list.

# Harewood Medical Practice

## 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.

## Background to Harewood Medical Practice

Harewood Medical practice is a purpose built GP premises based in Catterick Garrison. The practice also provides a minor injury unit which is open to registered and non-registered patients. It has a Personal Medical Services (PMS) contract. The practice is situated in a building leased from NHS properties and consequently shares the premises with various community services provided by the NHS Trust, including the Out of Hours service. The building is currently undergoing an extensive refurbishment programme which is due to be completed in March 2017.

The area covered by the practice is Catterick Garrison and the surrounding villages. Catterick is the largest garrison town in Europe and has a growing practice list size, with an anticipated growth of 50% in the next five to ten years. The practice list size is currently 7208, 10% of the practice population are from the Nepali community. There is a higher number of women aged under 50 and people under 18 registered with the practice compared with local and national averages. There are a lower number of people over the age of 55 registered with the practice. The practice has unusual demographics due to its situation in the garrison and offers various enhanced services because of this such as the military community's enhanced service, the alcohol and substance misuse enhanced service and the violent patients enhanced service. The practice provides

services to a large proportion of armed forces families and veterans and has a supported living home for homeless veterans in the near vicinity. The practice catchment area is classed as 8 out of 10 in the Indices of Multiple Deprivation (The lower the Indices of Multiple Deprivation (IMD) decile the more deprived an area is).

The practice has had a change of governance in April 2016 and is now operated by the GPs and management of a practice which is situated approximately eight miles away. The practice is undergoing a period of change and adjustment and they have successfully recruited GPs, they are now in the process of recruiting administration and reception staff. The aim of the practice is to facilitate cross site working, and they have already implemented shared policies and procedures with staff access to both sites information technology.

Car parking facilities are available but transport links are poor for the surrounding villages.

The practice consists of five GP partners (three female and two male) and six salaried GPs (who are part time; there is also a regular GP locum (all of which are female). Some of the GPs also work at the other practice. There are two nurse practitioners, three practice nurses and one health care assistant, all of which are female. They have two managing partners and a range of reception and administration staff. The practice currently employs a GP Psychologist in a joint funded role with Tees, Esk and Wear Valley NHS Trust; this is a pilot scheme for one year.

The practice is open Monday to Friday from 8am to 6pm and offers extended hours on Thursdays from 6.30pm to 7.30pm. Between 6pm and 6.30pm and from 6.30pm to 8am the service is covered by the out of hours service. The out of hours is accessed through the 111 service and is provided by Harrogate District Hospital Foundation Trust.

# Detailed findings

Appointments are available from 8am and are available on the day and can be booked up to eight weeks in advance. The minor injuries unit is open from 8am to 6pm Monday to Friday and until 7.30pm on Thursdays.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, nurse practitioners, reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for..

- 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 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).
- 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 carried out analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example further staff training was implemented and prescribing guidelines were amended following a prescribing error of opiates.

### Overview of safety systems and processes

The practice shared the building with other community health services. It was leased from NHS property services and was undergoing an extensive refurbishment.

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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 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 had received safeguarding training but not all could evidence that they had received updates on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and practice nurses to child safeguarding level 2.

- Risks to patients were mainly assessed and well managed, however we found that staff had received essential training but some were not up to date/ or the practice were unable to demonstrate that they were up to date with refresher training, including basic life support. We found that updates for immunisations and vaccinations and information governance updates had not been undertaken in the last year.
- Notices on consultant room doors advised patients that chaperones were available if required. However we found that some staff who acted as chaperones were not trained for the role and had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an infection control protocol. 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. However the practice were not able to demonstrate some staff's attendance at updates due to evidence not being available. Annual infection control audits had not been undertaken. Some staff expressed concern with regard to infection control as it was difficult to maintain cleanliness due to the ongoing work. The practice was undergoing a programme of refurbishment. We were told that appropriate standards of cleanliness and hygiene were difficult to maintain. The cleaning of the building was carried out by the landlord and we did not see evidence of cleaning schedules. We observed the premises to be tidy but dusty and saw that in some consulting rooms work was underway resulting in exposed gaps in the ceilings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found that some appropriate recruitment checks had not been undertaken or could not be evidenced prior to employment. This was for both clinical and non-clinical staff and included proof of identification and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The building was undergoing refurbishment and in a poor state of repair on the day of the inspection. The risks associated with anticipated events and emergency situations were not fully recognised, assessed or managed. For example no risk assessment in terms of risks to staff and patient safety whilst undergoing refurbishment work had been carried out by the practice or NHS Property services. We were informed that this would be implemented following the inspection.

- The practice had fire risk assessments but they were dated 2013. We were told that the practice had plans to update this on completion of the refurbishment. There was a fire marshal but there was no record of fire alarm testing or evacuation procedures, however staff told us they were aware of the procedure as they had cause to evacuate the premises recently.
- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found that recruitment checks were not sufficiently carried out, including obtaining photographic evidence of identity. The practice informed us this would be rectified following the inspection.
- Staff who chaperoned were not all trained for the role and had not had/ the practice could not evidence a DBS check (disclosure and barring service). The practice told us this would be rectified following the inspection.
- 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 had successfully recruited salaried GPs and acknowledged that they were short-staffed in the administrative and reception staff areas to which they were currently recruiting.

### Arrangements to deal with emergencies and major incidents

The practice had some 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 basic life support training. However the practice could not demonstrate attendance at updates by all staff due to evidence not being available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- 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 99.9% of the total number of points available with an exception reporting rate of 7.7% which was comparable with local (7.9%) and national (9.2%) averages. (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. However, the practice had a significantly lower number of patients in the older age range; for example, the number of patients aged 65+ years was 7.2% compared to the local average of 24.3% and the national average of 17.1%, and the percentage of patients aged 75+ years was 2.4% compared to the local average of 10.8% and the national average of 7.8%. This meant that demand for services traditionally needed by older patients may have been less than other practices. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar/above the national average.

The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% with a local average of 97% and national average of 94%.

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 95% which was above the local average of 81% and the national average of 78%.

- Performance for mental health related indicators was above the national average.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, some of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved documentation of alerts in clostridium difficile cases.

Information about patients' outcomes was used to make improvements such as: the practice had introduced SMS texting to reduce historically high patient 'did not attend' rates.

### Effective staffing

The practice could not easily provide a detailed record and supporting documentation to confirm what training staff had completed. Staff received some training but we identified staff that had not completed training or evidence was not available to demonstrate training in a range of areas that included: safeguarding, fire safety awareness, basic life support and information governance.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and

# Are services effective?

## (for example, treatment is effective)

confidentiality. However staff who administered vaccines could not demonstrate how they stayed up to date with changes to the immunisation programmes, as updates had not been documented.

- 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.
- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

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. All staff had received an appraisal within the last 12 months.

Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Non registered patients using the minor injuries service had their record of care printed out and sent to their own GP once the episode was complete. If the patient was staying long enough in the area the practice would deal with any follow up, if not they were advised to see their own GP when they got home and this was reflected in the notes sent to their GP.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were seen in the practice or signposted to the relevant service.
- The GP Consultant Clinical Psychologist provided early intervention for patients with mental health needs and could avert significant deterioration.

The practice had a significant number of patients who were under 18. The number of patients in the 0-4 age group was 12.2% as opposed to the local average of 4.6% and the national average of 5.9%, the number of patients in the 5 – 14 age group was 17.3% as opposed to the local average of 10.1% and the national average of 11.4% and the number of patients in the under 18 age group overall was 34.1% as opposed to the local average of 18% and the national average of 20.7%. The practice also had a significantly higher percentage of patients who were female as there were a large proportion of Armed Forces families registered with the practice of whom male partners were registered with the military GP services.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 79% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 mainly significantly lower than both local and

national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 91% (compared with local figures of 92% to 96% and national figures of 73% to 95%) and five year olds from 71% to 87% (compared with local figures of 89% to 95% and national figures of 81% to 95%). We were told that the patient population group was transient due to the fact that the majority of patients were families of Armed Forces personnel.

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.

- Consulting rooms had examination rooms adjacent to them 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.

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

We received CQC questionnaires from two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Questionnaires highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mixed results for satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

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

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

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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.
- The practice had a Nepali community population of 10%. They had employed a Nepali interpreter to meet

## Are services caring?

the needs of this community. They had also secured a grant from the District Council with assistance from the PPG in order to extend the role of the interpreter to include receptionist duties.

- Information leaflets were available in easy read format.

### **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 63 patients as carers (0.87% of the practice list). This may have been due to the unusual young patient demographic of the practice. Written information was available to direct carers to the various avenues of support available to them and we were told the Carers Association had given a talk to the practice staff and PPG.

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.

# 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.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Weekly visits were made by the GPs to the nursing home in the practice catchment area.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A triage system has been recently implemented to meet the high demand for on the day appointments.
- Telephone appointments were available for patients if they were appropriate.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had employed a Nepali interpreter/receptionist as 10% of its population were from this group.
- The practice was undergoing an extensive refurbishment to include new rooms, furnishings and equipment. This was due for completion by March 2017.
- The practice was taking part in a clinical pharmacist pilot which was funded by the CCG and provided support with prescribing for two days each week.
- The practice was piloting a scheme whereby they had part funded a GP Consultant Clinical Psychologist to work in the practice. This was in conjunction with Tees, Esk and Wear Valleys NHS Foundation Trust. The GP psychologist role was developed by the practice and a Consultant clinical psychologist at Tees, Esk and Wear Valleys NHS Foundation Trust. Patients of all age ranges had direct access to a mental health professional at the

surgery and the GPs benefitted from shared learning to enhance their skills of mental health and to better support their patients. The aim of the pilot was to enhance the quality of care and provide care closer to home as the practice had recognised that they had a larger proportion of patients with mental health needs. Appointments were available within 48 hours and offered patients direct access to a mental health professional who could offer assessment, psycho-education, brief intervention, signposting and referral where necessary. This provided the potential for savings in mental health services due to higher level referrals. The pilot was running for twelve months and due to be evaluated after six and then twelve months.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered between 6.30pm to 7.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent and telephone 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 comparable to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 88% 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.

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.

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

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

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

- 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 looked at several complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and openness and transparency with dealing with the complaint. 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. For example, customer service training was implemented.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice was under the governance of a new team and the governance of the practice was not yet embedded, the new team were on a trajectory of improvement.

The practice was in the process of implementing new policies and procedures and a new structure. As a result of this the practice was unable to demonstrate/evidence some areas of staff training and monitoring.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice demonstrated they were on a trajectory of improvement and were aware that there were improvements to make. We saw evidence that they had identified challenges, some of which they had already addressed: Examples included:

The rapidly growing population and the demand for services such as mental health services.

The extremely high demand for on the day appointments and the need to establish sufficient medical staff to meet daily demand.

The particular needs of the armed forces families and veterans.

They also told us that they were aware of challenges that they needed to address such as;

Communicating with staff, including regularising team meetings,

Administrative and regulatory record keeping and assessments,

Increased involvement of patients and the PPG in sharing information,

Ensuring the well-being of staff in the balance of meeting patient demand

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and was developing supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy. 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. The practice were in the process of recruiting new staff as they had recognised this was an issue in the practice and had successfully recruited six salaried GPs. However on the day of the inspection we saw that recruitment checks had not been sufficiently carried out.
- Policies were implemented and were available to all staff. These had been developed in conjunction with Leyburn Medical Practice and there was an ongoing period of development with regard to sharing best practice between the two practices.
- The practice had successfully used technology to implement cross site sharing of information with a nearby practice and effective analysis of capacity and demand was demonstrated. Salaried GPs had been recruited and patient survey results in this area were positive.
- The telephone system had also been changed and was now joined with the other practice to enable cross site working, for example: triage at busy times and the checking of results.
- The managers and GP partners intended to introduce an incentivised bonus scheme for staff in line with the other practice. This would recognise good patient care and outcomes, for example through monitoring and evaluating QOF and the patient survey results.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However risk assessment regarding the environment during refurbishment, infection control audit and updates for staff undertaking immunisations had not been actioned.

### Leadership and culture

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



# Are services well-led?

Requires improvement 

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

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.

- Staff told us the practice held regular team meetings and the management told us that they were in the process of improving these.
- 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 in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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 developed better signage following advice from the PPG.
- The practice had gathered feedback from staff 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.

## 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. The practice had identified that they were high referrer's in dermatology by audit and had plans to explore this further.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 Health and Social Care Act 2008</b> (Regulated Activities) Regulations 2014 – Safe Care and Treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not always ensure that staff providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>The practice did not assess the risks to the health and safety of service users of receiving the care or treatment or do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (2)</p> <p>This was in breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Regulation 18 Health and Social Care Act 2008</b> (Regulated Activities) Regulations 2014 – Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not always ensure that staff received such appropriate training as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>The practice could not demonstrate how they ensured role-specific training and updated training for relevant staff.</p>

This section is primarily information for the provider

## Requirement notices

The practice could not demonstrate that all staff who required it had completed training in areas such as safeguarding adults and children, fire safety, health and safety, emergency resuscitation, infection control and information governance.

Regulation 18(2)

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:**

Fit and proper persons employed

**How the regulation was not being met:**

Recruitment arrangements did not include all necessary employment checks for all staff.

This was in breach of regulation 19(3)(a) schedule 3