

# Ripon Spa Surgery

## Quality Report

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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ripon Spa Surgery on 14 November 2016. The findings at that inspection led to an overall rating for the practice of requires improvement. We also issued three requirement notices for breaches in regulations relating to the Health and Social Care Act 2008. The full comprehensive report for that inspection can be found by selecting the 'all reports' link for Ripon Spa Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection on 30 August 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Systems and processes had been improved and were now embedded within the practice. These included comprehensive processes in place regarding infection prevention and control, medicines management, recruitment, training and appropriate supervision of staff.

- There was evidence of actions, shared learning and reviews of any changes undertaken in relation to reported incidents or near misses.
- We saw that a programme of clinical and non-clinical audit was in place. There was evidence to demonstrate quality improvement as a result of the audits that had been undertaken.
- There was an effective process in place for obtaining patient consent for specific procedures. Consent was clearly documented in a patient's record.
- There was a system in place and an identified person to support the summarising of patient records.
- There was a system in place to ensure all policies and procedures were in date, reviewed as appropriate and that staff knew where to access them.
- A range of clinical and non-clinical meetings took place within the practice. We saw formal minutes arising from those meetings.

# Summary of findings

- We saw evidence that staff were up to date with their appraisals and mandatory training; which included safeguarding, mental capacity of patients, infection prevention and control, fire safety and basic life support.
- There was evidence that governance arrangements within the practice were effective. Risks and issues were identified and dealt with accordingly.
- The practice delivered enhanced services and participated in programmes to meet the needs of their patient population.
- There was evidence of strong teamwork and a commitment to deliver a quality service to patients. Staff were clearly valued by the partners in the practice.
- Patients' comments we received were extremely positive and demonstrated they held the practice and staff that worked there in high regard.
- There was evidence of a caring practice, where staff had 'gone the extra mile' for patients. For example, providing food, transport and presents for patients who were in poverty or homeless. Dispensing staff had taken prescriptions to patients if they had difficulty getting to the practice due to ill health. The GPs provided their personal mobile numbers to patients with palliative care needs, and/or their families. This allowed for them to contact their own GP at the weekend, during bank holidays or out of normal practice hours. Opportunistic home visits were undertaken on patients who staff may have had some concerns about.

There was an area where the provider should make improvements:

- Ensure that the backlog of the summarising of patient records is completed in a timely way.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

We saw an area of outstanding 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 good for providing safe services.

Good



- Systems and processes had been improved and were now embedded within the practice. These included comprehensive processes in place regarding infection prevention and control, medicines management, recruitment, training and appropriate supervision of staff.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons learned were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information and a written apology. There was evidence of actions, shared learning and reviews of any changes undertaken in relation to reported incidents or near misses
- Infection prevention and control measures had been reviewed and improved processes implemented. There were identified leads and audits undertaken.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There were clearly defined and embedded, systems, processes and practices to keep patients and staff safe and safeguarded from abuse. There was a nominated lead for safeguarding and staff demonstrated they understood their responsibilities in relation to safeguarding.
- There were processes in place, including standard operating procedures in the dispensary, for the safe management of medicines.

### Are services effective?

The practice is rated good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed the practice performed consistently higher than local and national averages.
- The practice worked with other health and social care professionals to ensure that patients with complex needs, including those with life-limiting conditions or reaching end of life, were supported to receive co-ordinated care.

# Summary of findings

- There was evidence of multidisciplinary meetings to support collaboration between health and social care professionals regarding patient care packages.
- There was a system in place to monitor staff training. We saw evidence that staff were up to date with their appraisals and mandatory training; which included safeguarding, mental capacity of patients, infection prevention and control, fire safety and basic life support.
- We saw a programme of clinical and non-clinical audit was in place. There was evidence to demonstrate quality improvement as a result of the audits.
- There was an effective process in place for obtaining patient consent for specific procedures. Consent was clearly documented in a patient's record.
- There was a system in place and an identified person to support the summarising of patient records.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion. Patients' comments aligned with these observations.
- The practice held a carers' register and provided health checks and influenza vaccinations for those patients.
- Data from the most recently published national GP patient survey showed patients rated the practice generally higher than local and national averages in response to questions relating to how well cared for they felt.
- We saw evidence of a caring and professional practice, where staff had 'gone the extra mile' for patients. For example, providing food, transport, presents and delivery of prescribed medication to patients in the community who were unable to attend the practice.
- The GPs provided their personal mobile numbers to patients with palliative care needs, and/or their families. This allowed for them to contact their own GP at the weekend or out of normal practice hours.
- Opportunistic home visits were undertaken on patients who staff may have had some concerns about.
- Staff undertook bereavement visits and supported those patients who were isolated.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice had a good understanding of their patient population and provided services to meet the needs of patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Extended hours until 7.30pm were available on Tuesdays and Thursdays.
- A triage system was in place to support increases in patient demand of appointments
- Results from the most recent national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally higher than local and national averages.
- The practice provided medical cover for a 12 bedded ward at Ripon Community Hospital. GPs did ward rounds three times per week, provided daytime on-call cover and also worked within the out-of-hours service.
- The practice had facilities suitable to the needs of their patients. One of the GP partners was conversant in a range of languages and was fluent in Polish. This was of particular benefit to patients from the Polish community who were registered with the practice.
- Information about how to complain was available and evidence from the ones we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for providing well-led services.

- There was evidence that governance arrangements within the practice were effective. Risks and issues were identified and dealt with accordingly.
- The practice encouraged a culture of openness and honesty. There were systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. They were aware of the requirements of the duty of candour.
- There was evidence of strong teamwork and a commitment to deliver a quality service to patients. Staff were clearly valued by the partners in the practice.
- There was a system in place for implementing and reviewing practice policies and procedures.
- There was evidence of regular clinical and non-clinical meetings, which were comprehensively minuted.

**Good**



# Summary of findings

- Patients' comments we received were extremely positive and demonstrated they held the practice and staff in high regard.
- The patient participation group was well established and had good channels of communication with the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Although the avoiding unplanned admissions enhanced service had ceased to be funded, the practice continued to treat frail patients as a priority. They carried out care planning and reviews as appropriate.
- The practice liaised with other health and social care professionals and, with the patient's consent, shared care records to support an appropriate package of care.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. Patients were involved in planning and making decisions about their care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly 'ward rounds' were undertaken at a local care home, where some patients resided. Regular reviews of patients' care and treatment were carried out.
- The practice had good links with the local Age UK group and signposted patients as appropriate.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long term disease management and received training to support them in delivering appropriate care and treatment to those patients.
- All these patients had a named GP and a structured annual review, at a minimum, to check their health and treatment needs were being met.
- Patients who were on high risk medicines were reviewed in line with medicines management guidance.
- Patients who were at risk of hospital admission were identified as a priority.
- Performance for long term condition related indicators was higher than the CCG and national averages.



# Summary of findings

- Monthly meetings were held to discuss the care and treatment of those patients who had diabetes.

## Families, children and young people

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

- There were systems in place to identify and follow-up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The uptake rate for childhood immunisations was higher than local and national averages.
- On the day of inspection, patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The uptake rate for cervical screening was higher than local and national averages

Good



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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and a triage system.
- The practice was proactive in offering online services, which included the ability to book an appointment online or request a prescription.
- The practice promoted a full range of health promotion and screening that reflected the needs for this age group.
- NHS health checks were offered to patients aged between 40 and 74 years, who had not seen a GP in the last three years.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- There was a system in place to identify patients who may be in need of extra support. For example, patients requiring end of life care, patients with a learning disability or carers.
- The practice offered longer appointments for patients who had a complex health need.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Where a patient had been assessed as needing Deprivation of Liberty Safeguards (DoLS), these were identified in the patient's clinical record. GPs had undergone specific DoLS training.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We were provided with many examples, where staff had provided homeless patients with food and small amounts of money to support them. We were also informed of an occasion where staff had taken it upon themselves to provide food, nappies and Christmas presents for the small children of a patient living in poverty.
- There was information about how to access various support groups and voluntary organisations.

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

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

Good



- Performance for mental health related indicators was higher than CCG and national averages. For example, 100% of patients who were currently being prescribed lithium (medication used to treat the manic episodes of bipolar disorder) had undergone appropriate blood tests in the preceding four months, compared to the CCG average of 95% and the national average of 90%.
- Those patients who were living with dementia or had a complex mental health disorder, had an annual review of their care.
- Patients at risk of dementia were identified and offered an assessment.

# Summary of findings

- Staff could demonstrate a good understanding of assessing mental capacity and had received appropriate training.
- The practice regularly worked with multidisciplinary teams, such as community mental health services, in the case management of patients experiencing poor mental health.
- There was information available both in the practice and on the website on how patients could access other avenues of support, such as local voluntary organisations or support groups.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published on 7 July 2017, and related to questionnaires sent out in January 2017. Of the 222 survey forms which were distributed, 124 were returned, which gave a response rate of 56%. This represented less than 2% of the practice's patient list. The results showed areas where the practice was performing either below or above local and national averages.

- 87% of patients said they found the receptionists at the practice helpful; compared to the CCG average of 91% and the national average of 87%.
- 91% of patients described the overall experience of this GP practice as good (CCG 92%, national 85%).
- 100% of patients said they had confidence and trust in the last GP they saw or spoke to (CCG 98%, national 95%).
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG 87%, national 77%).

The practice had not undertaken their own patient survey since the previous inspection. We were informed the patient participation group undertook it on a yearly basis in November. They were currently in the process of redesigning the survey questionnaire.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 45 comment cards, 43 of which were positive. One was negative about getting an appointment but stated they felt the receptionists "always do their best". The other negative comment related to not having a clear diagnosis. Patients' positive comments were consistent in stating that they received an "excellent" service and would recommend the practice to others. They said staff were kind, caring and respectful.

We spoke with two patients during the inspection. The responses of those patients also reflected those on the comment cards.

The results of the NHS Friends and Family Test (FFT) over the past 12 months showed that out of 68 respondents, 97% (66) said they would be extremely likely or likely to recommend the practice to friends and family.

The practice kept a record of all compliments received. We reviewed a sample of these (six) and saw that patients stated they were appreciative of the practice and that staff were caring and supportive.

## Areas for improvement

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

- Ensure that the backlog of the summarising of patient records is completed in a timely way.

## Outstanding practice

- There was evidence of a caring practice, where staff had 'gone the extra mile' for patients. For example, providing food, transport and presents for patients who were in poverty or homeless. Dispensing staff had taken prescriptions to patients if they had difficulty getting to the practice due to ill health. The GPs provided their personal mobile numbers to patients

with palliative care needs, and/or their families. This allowed for them to contact their own GP at the weekend, during bank holidays or out of normal practice hours. Opportunistic home visits were undertaken on patients who staff may have had some concerns about.

# Ripon Spa Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC inspector and included a GP specialist adviser and a second CQC inspector.

## Background to Ripon Spa Surgery

Ripon Spa Surgery is one of 17 practices within the Harrogate and Rural District Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with that CCG. They also offer a range of enhanced services, which include:

- extended hours access
- delivering childhood, meningitis, influenza and pneumococcal vaccinations
- facilitating timely diagnosis and support for people with dementia
- provision of annual health checks for those patients who have a learning disability

The practice is located at Park Street, Ripon, North Yorkshire HG24 2BE. Ripon is a small market town and cathedral city in the Borough of Harrogate. Information published by Public Health England shows the practice is ranked as being in the ninth least deprived decile (one being the most deprived and 10 being the least).

Ripon Spa Surgery is open at the following times:

Monday and Wednesday 8am to 6.30pm

Tuesday and Thursday 8am to 7.30pm

Friday 8am to 6pm

Appointments are available with a GP from 8.30am each weekday. Appointments are available with a nurse from 8am Monday to Friday, with the exception of Wednesday when they commence at 9am. There is access to extended hours appointments with a clinician on Tuesday and Thursday until 7.15pm.

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

There are currently 7,150 patients registered with the practice. The majority of whom have a white British origin. There is a small minority of patients with a Polish origin. The practice profile is similar to the national average, however, they do have a higher than average number of patients who are aged 65 years and over.

There are four GP partners (three male and one female). The practice manager is also a partner in the practice. They employ a salaried GP, a long-term locum GP, two practice nurses and a healthcare assistant; all of whom are female. The practice is supported by an experienced team of administration and reception staff, which includes a finance manager and a medical notes summariser.

The practice also has a small dispensary which dispenses to approximately 25% of their patients. There is a team of specifically trained dispensary staff. A CCG Medicines Optimisation Technician also attends the practice one half day every fortnight.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Ripon Spa Surgery on 14 November 2016, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well-led services. At that time, we also issued requirement notices to the provider, in respect of Regulations 12 (safe care and treatment), 17 (good governance) and 18 (staffing). The practice returned an action plan to us, identifying what actions they would take to meet the regulations.

We undertook a further announced comprehensive inspection on 30 August 2017. This inspection was carried out to ensure the required improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Harrogate and Rural District Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed the latest published 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (published July 2017). We also reviewed policies, procedures and other relevant information, including unverified and unpublished 2016/17 QOF data, which the practice provided on the day of inspection.

We carried out an announced comprehensive inspection on 30 August 2017. During our visit we:

- Visited the location at Ripon Spa Surgery, Park Street, Ripon, North Yorkshire HG4 2BE

- Spoke with a range of staff, which included GP partners, the practice manager, a practice nurse, a healthcare assistant, a CCG Medicines Optimisation Technician and reception staff.
- Spoke with two patients who used the service.
- Reviewed 45 CQC comment cards where patients shared their views.
- Observed how patients/carers/family members were treated when attending or telephoning the practice.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

- older people
- people with long term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people 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

At our previous inspection on 14 November 2016, we had rated the practice as requires improvement for providing safe services, as systems and processes were not always reliable or appropriate.

These arrangements had improved when we undertook a follow-up inspection on 30 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- As a result of the previous inspection, the practice manager had reviewed the form for recording incidents within the practice. This now included a clear record of the incident, actions, learning and outcomes. There were category boxes to indicate what kind of incident it related to, such as medicines management, referrals, safeguarding. Staff were aware of the revised incident reporting form and knew where to access it.
- The dispensary also had a book where they recorded any 'near misses'.
- We saw that there was analysis of any themes or trends and that these were discussed in practice meetings.
- From the sample of incidents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was evidence of actions, shared learning and reviews of any changes undertaken in relation to reported incidents or near misses. For example, a patient had contacted the practice to say they had not received all their medicines. It was found that a packet of tablets was part-full, which had been issued to the patient in error. The agreed action taken was to mark all part-full boxes with a large 'X' and all dispensers to check the boxes had the correct amount of tablets in them before dispensing. The patient had received an apology and notified of the outcome. No harm had come to the patient. We also saw that a review of the changes had been undertaken three months later which showed no further incidents of this kind had occurred.

### Overview of safety systems and processes

Systems and processes had been improved and were now embedded within the practice. These included comprehensive processes in place regarding infection prevention and control, medicines management, recruitment, training and appropriate supervision of staff.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. All staff had received vulnerable adult and child safeguarding training at an appropriate level for their role. The identified GP safeguarding lead was trained to level three.
- Safeguarding concerns were discussed in clinical meetings and monthly meetings were held with the named health visitor for the practice.
- We saw evidence of an effective system in place for dealing with patient safety alerts. The practice manager co-ordinated the alerts, recorded what actions were taken and who was responsible.
- Notices were displayed in all the consulting and treatment rooms, advising patients that chaperones were available if required. (A chaperone is someone who serves as a witness for both a patient and a medical professional and acts as a safeguard for both parties during an intimate medical examination or procedure).
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- There was both a GP and nurse lead for infection prevention and control (IPC). Both had received appropriate training.
- As a result of the previous inspection, the practice had procured the services of a local infection prevention and control (IPC) nurse. A visit was undertaken to 'inspect' the practice from an IPC perspective. As a result, a comprehensive audit was completed which identified



## Are services safe?

several key areas requiring action. We saw an action plan which identified the concerns, action required, responsible person and completion date. It was noted that all actions had been completed, which included weekly room audits to be undertaken by the nurse IPC lead. A re-audit was planned for 19 September 2017.

- The practice had also purchased an ultraviolet light box to monitor staff hand-washing techniques. An IPC handwashing workbook was to be completed by staff on a yearly basis.
- There had been a decluttering of the practice and we observed the premises to be clean and tidy. It was noted that flooring had been replaced in some areas. There was a plan in place to address the maintenance of the premises and replacement decoration as the need arose.

There were arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- In response to an issue regarding the signing of prescriptions, which had been raised at the previous inspection in August 2016, the practice had undertaken an audit. They had checked all repeat prescriptions that had been issued between March and July 2017. During that period they found that only one prescription had not been signed by a GP. Action taken at that time evidenced that the prescription had been identified and was signed before being given to the patient. There was now a clear process in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients.
- With regard to any prescriptions that had not been collected within a month, staff would contact that patient to check why it had not been collected. At the time of inspection, it was noted that there were two prescriptions uncollected from the end of July 2017.
- A CCG Medicines Optimisation Technician attended the practice one day per week, to provide additional support.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- Healthcare assistants were trained to administer vaccines or medicines against a patient specific direction (PSD). (PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

The practice had a small dispensary, where medicines were dispensed for patients who did not live near to a pharmacy.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles. They undertook continuing learning and development.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- 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. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. A 'near miss' recording book had been introduced. We saw that incidents were logged and reviewed in a timely manner. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Since the previous inspection, there had been no recruitment of staff. All staff had been employed at the



# Are services safe?

practice for many years and were a stable workforce. However, we were informed that all staff had received recent DBS checks and the recruitment policy had been updated. We saw evidence of this.

## Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- Since the previous inspection, the practice had 'decluttered' and removed some out of date equipment which had not been calibrated. All the electrical and clinical equipment we checked was calibrated to ensure it was safe to use and in good working order..
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a bacterium which can contaminate water systems in buildings.)
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure

enough staff were on duty to meet the needs of patients. Staff worked flexibly to cover any changes in demand, such as annual leave, sickness or seasonal pressures.

## Arrangements to deal with emergencies and major incidents

The practice had 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.
- Staff had received annual basic life support and fire safety training.
- The practice had a defibrillator and oxygen, with both adult and children's masks available.
- Emergency medicines and equipment were easily accessible to staff in a secure area of the practice. All medicines and equipment we checked were in date and stored securely.
- A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 14 November 2016, we had rated the practice as requires improvement for providing effective services as the systems in place for monitoring staff training were minimal; there were no recorded minutes from meetings and there was a backlog of patients' records being summarised.

These arrangements had significantly improved when we undertook a follow-up inspection on 30 August 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- New or updated guidance was discussed at clinical meetings and we saw evidence of this documented in minutes from those meetings.

### 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 from 2015/16 showed the practice had achieved 100% of the total number of points available; compared with the clinical commissioning group (CCG) average of 99% and national average of 95%. The practice was not an outlier for any QOF or other national clinical targets. Data from 2015/16 QOF showed:

- Performance for diabetes related indicators was higher than CCG and national averages. For example, the

percentage of patients on the diabetes register, whose blood pressure reading in the preceding 12 months measured 140/80 mmHg or less, was 82% compared to the CCG and national averages of 77%.

- Performance for mental health related indicators was higher than CCG and national averages. For example, 100% of patients who were on medication (lithium) had undergone appropriate blood tests in the preceding four months, compared to the CCG average of 95% and the national average of 90%.
- Performance for chronic obstructive pulmonary disease indicators was higher than CCG and national averages. For example, 97% of patients had undergone a review of their care in the preceding 12 months, compared to the CCG and national averages of 89%.

QOF data for the period 2016/17 had not yet been verified or published. However, we saw evidence that the practice had achieved 100% of the total number of points available. They were consistently above the CCG and national performance averages for achieving health related targets.

Clinical audits, including medicine audits, and reviews were undertaken, to ensure patients were received appropriate treatment in line with clinical guidance. We saw evidence where quality improvement was discussed at clinical and practice meetings. There was a programme of clinical and non-clinical audit, which included regular medicines audits. We reviewed three audits in detail and found they identified any actions, changes made and shared learning. These audits had all been repeated to monitor whether the changes had been sustained; which they had.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw evidence of the system that had been developed to monitor when staff were due training and what type of training they required. It was noted that all staff were up to date with mandatory training which included safeguarding, fire safety awareness, basic life support and information governance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

# Are services effective?

## (for example, treatment is effective)

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

- We saw evidence that all staff had received an appraisal in the last 12 months. These were used to identify any learning and development needs of staff.
- Although the nursing staff did not have formal clinical supervision sessions, we were informed they had access to a GP on a daily basis. Staff told us they felt they were well supported and would not hesitate to discuss any clinical concerns or management with any of the GPs.
- Locum GPs were supported in the practice and there was a comprehensive locum induction pack available. All new regular locums were given a half day induction to give them time to familiarise themselves within the practice, before undertaking patient consultations.

### 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.

It had been noted at the previous inspection that there had been a nine month backlog of patients' notes being summarised. We were informed that the previous record summariser had left the practice. There had been a period where the new summariser was undergoing appropriate training. At the time of our inspection on 30 August, we noted that although there was still a number of records to be summarised, the backlog had been reduced. The practice was also in the process of recruiting an additional summariser.

Although the avoiding unplanned admissions enhanced service, originally aimed at 2% of a practice population, had ceased to be funded, the practice had continued with the service. They had identified benefits to patients and, consequently, extended it to all patients who were at a high risk of an unplanned hospital admission, particularly those frail elderly patients. Care plans and reviews were undertaken for all identified patients.

Staff worked collaboratively with other health and social care professionals, to meet the range and complexity of patients' needs and plan ongoing care and treatment. With the patient's consent, the practice used shared care records.

We saw evidence of regular meetings both in-house and with other health care professionals, such as health visitors and palliative care nurses, to support co-ordination of patient care; including end of life care. Staff had access to the GPs to discuss any concerns regarding patients outside of these meetings.

The practice had some patients who resided at two local care homes. Clinicians undertook weekly 'ward rounds' to review care and treatment plans. They also liaised with care home staff to support them in delivery of person-centred care to those patients.

GP cover was also provided for one ward (a total of 16 beds) at Ripon Community Hospital. There were effective arrangements in place with ward staff to ensure appropriate care and support was provided for those patients. The GPs had received training on the Deprivation of Liberty Safeguards (DoLS) and used these to support patients appropriately. (DoLS are in place to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom).

### Consent to care and treatment

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

- Staff had participated in a recent training event regarding the Mental Capacity Act 2005. They had a good understanding of consent in relation to mental capacity.
- 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.
- When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency and Fraser guidelines. These are used to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

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

- were in the last 12 months of their lives
- acted in the capacity of a carer
- required healthy lifestyle advice such as weight management, smoking cessation and alcohol consumption

Patients had access to health assessments and checks, such as those for new patients and the NHS health checks for patients aged 40 to 74 years.

The practice participated in national cancer screening programmes; they encouraged and supported patients to attend. There were processes in place to follow-up patients who did not attend their appointments. There was a system in place to ensure results were received for all cervical screening samples. The practice followed-up any abnormal results and ensured the women were referred appropriately. All the below uptake rates refer to 2015/16 data:

- In the preceding five years, the uptake rate for cervical screening by female patients aged between 25 and 64 years was 86%, compared to the CCG average of 83% and national average of 81%.
- In the preceding 36 months, the uptake rate for breast screening by female patients aged between 50 and 70 years was 79% (CCG 77%, national 73%).
- In the preceding 30 months, the uptake rate for bowel screening by patients aged between 60 and 69 years was 59% (CCG 61%, national 56%).

Childhood immunisations were carried out in line with the Public Health vaccination programme. Uptake rates were all consistently higher than the national standard. For example:

- The uptake rate for children up to the age of 24 months who had received a full course of vaccines was 95% (national 90%).
- The uptake rate for children up to the age of five years, who had completed a course of measles mumps and rubella (MMR) was 96% (national 91%).

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that:

- The practice had a strong patient-centred culture.
- Members of staff were courteous and treated patients with kindness, dignity, respect and compassion.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients had access to male or female clinicians.
- Chaperones were available for those patients who requested one.

We saw evidence of a caring and professional practice, where staff had 'gone the extra mile' for patients. Examples included staff doing shopping and taking it to a patient's home; providing transport for patients who have had difficulty in getting back home; providing homeless patients with food and small amounts of money to support them. Dispensing staff would take prescriptions to patients if they had difficulty getting to the practice due to ill health. We were also informed of an occasion where staff had taken it upon themselves to provide food, nappies and Christmas presents for the small children of a patient living in poverty. One GP who works on out-of-hours care would also call in on patients opportunistically on their way home to see how they are, especially if they had been concerned about them during the week.

Results from the most recent national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally rated higher than local and national percentages regarding satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the last GP they saw or spoke to was good at listening to them; compared to the CCG average of 94% and national average of 89%.
- 96% of patients said the last GP they saw or spoke to was good at giving them enough time (CCG 92%, national 86%).

- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 91%, national 86%).
- 100% of patients said they had confidence and trust in the last GP they saw or spoke to (CCG 98%, national 95%).
- 96% of patients said the last nurse they saw or spoke to was good at listening to them (CCG 94%, national 91%).
- 95% of patients said the last nurse they saw or spoke to was good at giving them enough time (CCG 95%, national 92%).
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG 93%, national 91%).
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to (CCG 99%, national 97%).

On the day of inspection patients told us they received good care and service and found the reception staff to be friendly and helpful. They said staff treated them with dignity and respect.

The practice kept a record of all compliments received. We reviewed a sample of these (six) and saw that patients stated they were appreciative of the practice and service, and that staff were caring and supportive.

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

Results from the national GP patient survey showed patients responses were comparable to local and national percentages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 93% 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 (CCG 88%, national 82%).
- 92% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG 93%, national 90%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 88%, national 85%).

## Are services caring?

It was noted that some of the satisfaction rates had dropped since the previous national GP patient survey in July 2016. We were informed of the loss of some clinicians in the past 12 months, which had impacted on the time demands of the existing clinicians. The practice was planning to undertake their own patient survey in November 2017, to look at current patient satisfaction.

On the day of inspections, 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.

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

- Translation services were available for patients who did not have English as a first language.
- The NHS e-Referral service (previously known as choose and book) was used with patients as appropriate.

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

There were leaflets and notices available in the patient waiting area which informed patients how to access a

number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice held a carers' register and had identified 109 patients as carers, which equated to just less than 2% of the practice list. Health checks and influenza vaccinations were offered to those patients. Written information was available to direct carers to the various avenues of support available to them. The practice had links with local carers' groups. Members of the carers' group and Age UK attended the practice during the Saturday morning flu vaccination clinic, where they could engage with patients.

Staff told us that if families had experienced bereavement, a member of the clinical team would visit them to offer support. We were given several examples where staff visited isolated, bereaved patients in their own time and supported them to participate in social outings, such as dog walking. The GPs provided their personal mobile numbers to patients with palliative care needs, and/or their families. This allowed for them to contact their own GP at the weekend or out of normal practice hours.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Extended hours were available on Tuesdays and Thursdays.
- A triage system was in place to support increases in patient demand for appointments.
- There were longer appointments available for patients with a learning disability or a complex health need.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- As part of a local CCG arrangement, GP practices were identified as leads for care homes in the region. The practice was currently the identified lead for two local residential care settings. They provided weekly visits for one, where there were high numbers of patients with dementia and complex needs. Although weekly visits were not provided for the other setting, there was a good working relationship with the staff there. Visits were provided when needed.
- As part of an enhanced service the practice provided medical cover for a 12 bedded ward at Ripon Community Hospital. GPs did ward rounds three times per week, provided daytime on-call cover and also worked within the out-of-hours service.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice had facilities suitable to the needs of their patients. One of the GP partners was conversant in a range of languages and was fluent in Polish. This was of particular benefit to patients from the Polish community who were registered with the practice. We were informed that the GP also supported translation for other local practices or members of the community as appropriate.

### Access to the service

The practice was open from 8am to 6.30pm Mondays and Wednesdays, 8am to 7.30pm Tuesdays and Thursdays and 8am to 6pm on Fridays.

Appointments were available with the nurse from 8am Monday to Friday, with the exception of Wednesday when they commence at 9am. Appointments were available with a GP from 8.30am each weekday. There was access to extended hours appointments with a clinician on Tuesday and Thursday until 7.15pm.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

The practice had a system to assess:

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

There was a GP led triage system in place. A GP would speak with those patients who requested a same day appointment, to support them being seen on the basis of clinical need, rather than a 'first come, first served' basis.

Results from the most recent national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally higher than local and national averages. For example:

- 91% of patients said they could get through easily to the practice by telephone (CCG 86%, national 71%).
- 94% of patients said they were able to get an appointment to see or speak to someone the last time tried (CCG 90%, national 84%).
- 91% of patients said the last appointment they got was convenient (CCG 85%, national 81%).
- 88% of patients described their experience of making an appointment as good (CCG 82%, national 73%).
- 71% of patients were very or fairly satisfied with the practice opening hours; compared to the CCG average of 79% and the national average of 76%.

On the day of inspection patients told us they were happy with access to the practice and the appointment system. They said they were seen on the same day as requested if the need was urgent. All the patients were aware of the practice opening hours.

### Listening and learning from concerns and complaints

The practice had a comprehensive system for handling complaints and concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at the complaints received in the last 12 months, which included verbal concerns. We saw that a

record was kept using a template, and a colour coded system, which identified whether it was a complaint or a concern. We reviewed a complaint and a concern and saw that they had been dealt with in a timely way, with openness and transparency. Where applicable, lessons had been learned and shared with staff. We saw evidence of this from meeting minutes. There was evidence of analysis of any themes or trends in the complaints.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 14 November 2016, we had rated the practice as requires improvement for providing well-led services as the arrangements for governance did not always operate effectively.

These arrangements had improved when we undertook a follow-up inspection on 30 August 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

We were informed of the history of the practice, how it had sustained through family generations of doctors. The family values were promoted by the practice and were reflected in the service they provided. The ethos of the practice was to provide a caring environment for both patients and staff. This was apparent on the day of inspection and through talking with staff and patients.

The practice had a clear vision to deliver "the best possible care" and promote positive outcomes for patients. There was a strategy and business plan in place which reflected the practice vision and values.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There were reviews and analysis of patient feedback, performance outcomes and significant events. Risks and issues were identified and dealt with accordingly.
- 'Near misses' in the dispensary were recorded and reviewed.
- A programme of clinical and non-clinical audit was used to monitor quality and to make improvements.
- There was a system in place for implementing and reviewing practice policies and procedures. All policies were in date and appropriate to the practice.
- There was evidence of regular clinical and non-clinical meetings, which were comprehensively minuted.

### Leadership and culture

On the day of inspection the GPs and practice manager could demonstrate they had the experience, capacity and ability to run the practice and ensure high quality care was delivered to patients. Staff were aware of their individual roles and responsibilities.

- The practice held a range of multidisciplinary meetings to support the delivery of patient care. The lead GP for safeguarding met with the named health visitor to monitor vulnerable families and discuss safeguarding concerns. We saw formal minutes from these meetings.
- We saw evidence of regular team meetings being held.
- Staff said they felt respected, valued and supported and were encouraged to identify opportunities to improve the service delivered by the practice.
- The practice encouraged a culture of openness and honesty. There were systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. They were aware of the requirements of the duty of candour.
- There was evidence of strong teamwork and a commitment to deliver a quality service to patients. We were informed of how staff were valued by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff.

- The practice undertook patient surveys and used the friends and family test, to evaluate how well they were doing regarding patient satisfaction.
- They monitored complaints and compliments and identified any themes.
- The patient participation group was well established and had good channels of communication with the practice
- Patients' comments we received were extremely positive and demonstrated they held the practice and staff in high regard.
- Feedback from staff was obtained through general discussion, meetings and appraisals. Staff told us they would not hesitate to raise any concerns or issues with the GP partners or practice manager. They said they felt they were listened to.

### Continuous improvement

## Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked with the CCG and other practices in the local area to improve the health of the local population.

We were informed of the discussions regarding having a more collaborative approach with other practices in Ripon, regarding patient participation groups. Also of the potential of having a joint surgery within the Community Hospital site.