

North House Surgery

Quality Report

North Street

Ripon

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to North House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North House Surgery on 10 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed. However, we found the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep people safe.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they 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.
- An understanding of the performance of the practice was maintained in most areas. However we identified oversight in some areas of medicines management. Despite the issues we identified we found effective arrangements in all other areas for identifying, recording and managing risks, issues and implementing mitigating actions.

Summary of findings

- 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 area where the provider must make improvement is:

- Take action to address identified concerns in respect of the management of medicines.

The area where the provider should make improvement is:

- Consider the arrangements for monitoring the whereabouts of emergency medicines used for home visits.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse in all areas except for some aspects of medicines management.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep people safe.
- Risks to patients were mostly assessed and well managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice was performing highly when compared to practices nationally. The most recent published results were 100% of the total number of points available compared to the England average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice had a programme of audit and re-audit in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice was proactive in identifying and supporting carers.

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. For example the practice had offered their services when approached by the CCG to register refugees' families and to support them with their transition in their new environment. The practice would be commencing this work imminently.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained in most areas. However we identified some oversight in terms of the management of medicines.

Summary of findings

Despite the issues we identified in terms of medicines management there were robust arrangements in all other areas for identifying, and managing risks, issues and implementing mitigating actions.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active although not as active and engaged with the practice as it had been in previous years.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

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

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the five diabetes related indicators was higher than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the national average of 88%. 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. For example a consultant and diabetic specialist nurse visited the practice every three to four months and worked together with the practice's Chronic Disease Nurse to consult with those patients that needed additional assistance to control their blood sugar levels.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and lower for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% compared to the England average of 73% to 95% and five year olds from 78% to 97% compared to the England average of 81% to 95%. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and higher than the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a dedicated patient annual health review clinic at the practice for a local residential home for younger visually impaired adults.
- As part of the local nursing home enhanced scheme a GP from the practice carried out a scheduled visit to each of three nursing homes they supported every two to four weeks.
- The practice had offered their services when approached by the CCG to register refugees' families and to support them with their transition in their new environment. The practice would be commencing this work imminently.

People experiencing poor mental health (including people with dementia)

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

Performance for the three mental health related indicators was slightly higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 87% compared to the national average of 84%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example the practice met with a Consultant Psychiatrist every six months to discuss the care and treatment of certain patients with mental ill health.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counsellor worked out of the practice once a week which GPs could refer patients to.

Good



Summary of findings

- A local Drug and Alcohol Dependency Scheme offered a weekly clinic at the practice.
- 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. 218 survey forms were distributed and 121 were returned. This represented 1.4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the local CCG average of 87% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 89% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local CCG average of 91% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 86% and the national average of 78%.

As part of our inspection we also asked for patient feedback prior to and on the day of our inspection. We received feedback from 37 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient commented on the dirty carpet in the reception area and four commented that appointments did not always run to time.

Areas for improvement

Action the service **MUST** take to improve

- Take action to address identified concerns in respect of the management of medicines.

Action the service **SHOULD** take to improve

- Consider the arrangements for monitoring the whereabouts of emergency medicines used for home visits.

North House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to North House Surgery

North House Surgery, North Street, Ripon, HG4 1HL is a semi-rural practice situated in Ripon serving this and surrounding villages. The registered list size is approximately 8,900 and predominantly of white British background. The practice is ranked in the ninth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile differs from the England average, having a higher number of patients in the 60 – 79 age range and a lower number in the 20 – 39 age range. The practice is a dispensing practice and dispenses to approximately 29% of their patients.

The practice is run by four partners, one full time and three part time (one male and three female) and four salaried GP's. The practice is a teaching practice. The practice currently has a GP registrar. This means the GP registrar is currently on a three year GP registration course. The practice also currently has a Foundation Doctor (FY2). This is a two-year, general postgraduate medical training programme.

The practice employs a nursing team manager, two practices nurses, a health care assistant and a phlebotomist. An advanced nurse practitioner has recently joined the practice. The practice receives pharmacy support from the CCG medicines management team.

The clinical team is supported by a practice manager, a dispensing team leader and three dispensers. There is a clinical information team leader supported by two staff members and an administration/reception team leader who is supported by eight staff members.

The practice is open from 8am to 6.30pm Monday to Friday with extended opening hours available on a Tuesday until 8pm.

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

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

Why we carried out this inspection

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

Detailed findings

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 10 October 2016. During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting significant events although we saw some evidence that whilst action had been taken to address identified issues this was not always recorded.

- Staff were aware of their responsibility to report incidents and knew how to do this. 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.
- Significant events were reviewed every week. The practice carried out a thorough analysis of the significant events with review meetings being held every four months.

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, following an incident a search had been carried out on patients taking hormone replacement therapy (HRT) to ensure they were all appropriately prescribed the medication.

Overview of safety systems and processes

The practice had clearly defined and embedded 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to Level 2 with one nurse being trained to Level 3.

- A notice in the waiting room advised patients that chaperones were available if required. 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. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all but one member of staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had a planned programme of refurbishment in place to address issues such as stained carpets and stained fabric seating mainly in the reception area.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep people safe. Prescriptions were dispensed at North House surgery for patients who did not live near a pharmacy. The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) which covered some aspects of the dispensing process these were readily accessible. However there was no version control for these processes.
- Staff told us dispensary stock expiry dates were checked on a monthly basis using the dispensary computer system and we saw evidence of how this was recorded. All medicines we checked during the inspection were within their expiry date.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and

Are services safe?

had in place procedures that set out how they were managed. These were being followed by practice staff and balance checks were carried out and recorded on a regular basis.

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to their dispensing patients. There were two GP's responsible for the dispensary and medicines management. The practice had not embedded a process in which they kept a near miss log (a record of dispensing errors that have been identified before medicines have left the dispensary). Staff told us they had informal dispensary meetings on an ad-hoc basis however no minutes of these meetings were recorded.
- We found all prescriptions which were awaiting collection by the patient were not signed by a GP and staff told us that medicines were routinely handed out to patients before prescriptions were signed. Failure to sign prescriptions prior to dispensing and supply is a contravention of relevant legislation and is an unsafe practice. We informed the practice on the day of inspection that all prescriptions awaiting collection must be signed before the inspection team left for the day.
- Staff told us how they managed review dates of repeat prescriptions. However we found six prescriptions were overdue a review, with one dating back to July 2013.
- Dispensary staff told us reception staff took responsibility for managing prescriptions which had not been collected and we saw evidence that this was appropriately managed.
- There were not appropriate systems in place for the monitoring of prescribing of all high risk medicines.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. Refrigerator temperatures were not recorded daily in line with national guidance. We saw on some occasions the temperature was out of range. However there was evidence that action had been taken to address this.
- Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance. We noted two Patient Group Directives (PGD's) which had no signatory sheet. The practice nurse was informed of this on the day inspection and we were told this would be rectified immediately.

- There was a procedure in place to manage medicines safety alerts which was led by the practice manager.
- Blank prescription forms were stored securely however the procedure for tracking and recording prescriptions forms after they had been received in to the practice was not in line with national guidance.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and mostly well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety with the exception of some elements of medicines management. The practice had up to date fire risk assessments and carried out regular fire tests and drills. Half of the staff had completed annual fire safety training. Further training was planned. The timing of the training was discussed with the practice who agreed to review this. 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).
- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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 also had a supply of emergency medicines that staff could take on home visits. However, the arrangements for managing the whereabouts of this facility were not clear.
- 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 review at clinical meetings, 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 100% of the total number of points available compared to the England average of 95%.

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

- Performance for the five diabetes related indicators was higher than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the national average of 88%.
- Performance for the three mental health related indicators was slightly higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12

months (01/04/2014 to 31/03/2015) was 87% compared to the national average of 84%. The number of emergency admissions to secondary care was comparable to other practices.

There was evidence of quality improvement including clinical audit.

- The practice had a programme of audit and re-audit in place. There had been 12 clinical audits carried out since January 2015. Three of these were completed clinical audits and nine were in the various stages of the audit cycle. These audits demonstrated improvements were made, implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a 'hypertension' audit. The audit looked at how newly diagnosed patients with hypertension were being managed. The second cycle audit showed improvement had been made but that there was further room for improvement. We saw evidence to show a further two audits were planned for the next six months to ensure further improvement had been made in how these patients were being managed.

Information about patients' outcomes was used to make improvements. The practice reviewed the information received from the CCG in respect of prescribing data and emergency admissions and referrals. For example the practice attended an annual meeting with the CCG prescribing lead to agree an action plan for the year ahead. The practice had also introduced a 'One Stop Review' which meant the practice planned to review identified patients' medical conditions and medications annually resulting in fewer appointments for patients. For example patients with a long term condition.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. Staff had protected learning time and regular learning updates at the practice. The practice met regularly with the other Ripon practices as part of education and information sharing. Nurses were also invited to this meeting.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in 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.

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. Two examples of this were a consultant and diabetic specialist nurse visited the practice every three to four months and worked together with the practice's Chronic Disease Nurse to consult with those patients that needed additional assistance to control their

blood sugar levels. Another example was the practice met with a Consultant Psychiatrist every six months to discuss the care and treatment of patients with poor mental ill health.

The practice worked closely with other services when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. No staff had completed specific Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, 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.
- The practice offered a nurse led smoking cessation clinic.
- Patients were signposted to the relevant health service.

Are services effective?

(for example, treatment is effective)

- The practice offered Lifestyle and Diabetic Diet Education Courses. Working alongside Harrogate Hospital the practice ran the HARRIET course, which was a course of three sessions over six weeks for newly diagnosed diabetics. The course aimed to deliver lifestyle, diet and medication advice. This was offered three to four times a year.

The practice's uptake for the cervical screening programme was 80%, 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 high when compared to the England average for under two year olds and lower for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% compared to the England average of 73% to 95% and five year olds from 78% to 97% compared to the England average of 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received feedback from 37 patients. All of the feedback we received was positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the local CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 90% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 93% and the national average of 91%.

- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 90% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 87% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

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 222 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support

Are services caring?

available to them. The practice hosted a representative from Carers Resource who attended the practice once a week to meet and share information in respect of voluntary groups available to patients. Arrangements were in place to support families that had suffered bereavement. The family

was contacted and this 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. For example the practice had offered their services when approached by the CCG to register refugees' families and to support them with their transition to their new environment. The practice would be commencing this work imminently.

- The practice offered a 'Commuter's Clinic' on a Tuesday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were reminded of booked appointments by text message.
- Flu clinics were held on a Saturday which was beneficial to patients who could not attend during normal opening hours.
- A phlebotomy service was offered at the practice.
- The practice hosted a range of other professionals to provide a service from the practice. For example a counsellor worked at the practice once a week, the local Drug and Alcohol Dependency Scheme with New Horizons offered a weekly clinic at the practice and the community midwife held a weekly clinic.
- The practice held a dedicated annual review clinic for a local residential home for younger visually impaired adults.
- As part of the local nursing home enhanced scheme a GP from the practice carried out a scheduled visit to each of three nursing homes they supported every two to four weeks.
- There were disabled facilities available at the practice.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday with extended opening hours available on a Tuesday until 8pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the local CCG average of 78% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the local CCG average of 87% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We looked at the appointment system which showed a routine appointment with a GP was available four days from the date of the inspection and with a nurse on the same day as the inspection.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

We looked at all eight complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely, open and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to

improve the quality of care. For example, new telephone software had enabled recorded calls to be listened to by the management if the need arose so they could monitor the way calls were handled.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement. Staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, these did not have version controls on them to show when they next needed reviewing.
- An understanding of the performance of the practice was maintained in most areas. However we identified oversight in some areas of medicines management.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for identifying and managing significant events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. However, there appeared to be a lesser involvement/oversight in respect of the functioning of the dispensary.

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

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held regular team meetings. The practice had held a whole team meeting shortly before the inspection although this was not a regular occurrence. Staff fed back that they found this meeting beneficial.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and managers at the practice. Where appropriate staff were involved or consulted on issues affecting the practice. The management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active although not as active and engaged with the practice as they had been in previous years. The practice was planning on setting up a virtual PPG to run alongside the group with an aim to increase membership and obtain a wider span of feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Most staff told us that on occasion 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. For example the practice took six medical students (spread throughout the year) from two universities to work at the practice three days a week for six weeks at a time.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure appropriate systems and processes were in place to assess, monitor, and improve the quality of services in relation to the dispensing of medicines. Specifically the dispensing of medicines (including high risk medicines) to patients before they were signed by a GP, the monitoring of prescribing of all high risk medicines, the tracking and recording of prescriptions forms after they had been received in to the practice and ensuring all PGD's were authorised for use.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>