

# Whitby Group Practice


## 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?                         | Requires improvement |      |  |
| Are services effective?                    | Good                 |      |  |
| Are services caring?                       | Good                 |      |  |
| Are services responsive to people's needs? | Good                 |      |  |
| Are services well-led?                     | Good                 |      |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection Whitby Group Practice on 6 October 2016. We visited the main surgery in Whitby and the branch surgery at Robin Hoods Bay during the inspection. 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 with systems 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 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.

# 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.

Governance systems were in place. An understanding of the performance of the practice was maintained in most areas. However we identified oversight in some areas of medicines management.

We saw areas of outstanding practice:

The practice employed an outreach nurse who provided support to patients living in care homes and patients who were housebound.

The practice had a nominated carers champion. 5% of the practice population had been identified as carers and were being provided with options of health care treatment and support.

One of the GP's has supported the Royal Lifeboat Institute for 25 years. They have been awarded an Honorary Medical Advisor for the Whitby Lifeboat RNLi for their long service. They have been doing the medicals for the lifeboat men and providing life support to them training for around 25 years.

The area where the provider must make improvement is:

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

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

#### REQUIRES IMPROVEMENT

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were mostly assessed and well managed. However, we found the arrangements for managing medicines in the practice did not always keep people safe.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



# Summary of findings

## 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 worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, 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 clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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



- 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.
- The practice employed an outreach nurse to support patients who lived in nursing or residential care homes. Support included assessment of acute and chronic problems, liaising with their named GP and continuing care planning. They also provided education/training programmes which included care home staff, district nursing staff and practice staff.
- A prescription delivery service was provided to housebound or vulnerable patients who were unable to collect their prescriptions.

### 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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurse could initiate insulin (start the use of insulin and monitor to ensure correct dosage). This provided patients with treatment closer to home.
- The practice provided an in-house anticoagulant service (monitoring and management of medication that prevent blood clots). They also provided three leg ulcer clinics. This again provided patients with treatment closer to home.
- 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.
- Longer appointments and home visits were available when patients needed them.
- Staff regularly undertook training to keep them up to date with current best practice for the management of long-term conditions.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Monthly child safeguarding meetings took place with all relevant professionals.
- Childhood immunisation rates for the vaccinations given were slightly higher when compared to the CCG average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% compared to the CCG average of 91% to 96% and England average of 73% to 95%. For five year olds from 93% to 96% compared to the CCG average of 91% to 96% and England average of 81% to 95%.
- The practice's uptake for the cervical screening programme was 80%, which was slightly below the CCG average of 84% and the national average of 82%.
- The practice provided a full range of contraceptive services.
- 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).

Good



- 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 telephone consultations and online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- Extended hours were available each Thursday for both GP and Nurse appointments.

# Summary of findings

- Information and testing kits for sexually transmitted diseases were available in the practice.
- The practice had facilities(centrifuge) so bloods could be taken at all times through the day.
- 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.

## 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



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Homeless people were registered at the practice address.
- 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.
- Drug and alcohol services were provided on-site in conjunction with local support group in a shared care capacity.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Palliative care patients had an alert on their records and the practice had a policy that these patients would be seen by their named GP.
- The practice had a member of staff who was a carer's champion. The practice had identified that 5% of their practice population were carers. They provided them with health care and support.
- The practice employed an out-reach nurse who provided care and treatment to patients living in care homes and housebound patients.

## 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





# Summary of findings

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- Performance for mental health related indicators were above the CCG and National Averages. 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 97% compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a 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. 216 survey forms were distributed and 132 were returned. This represented 2.4% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards and 17 patient

questionnaires that had been given to patients to complete on the day of the inspection. All were positive about the standard of care received. Comments included excellence in terms of treatment and care, the attitude and friendliness of all staff and that an efficient and punctual service.

We spoke with seven member of the patient participation group (PPG) during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. They felt valued as a PPG and told us they were definitely listened to by the practice.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results between June to August 2016. Of the 16 respondents, all said it was extremely likely that they would recommend Whitby Group Practice to their friends and family. They were very positive about the services delivered. Feedback from the comment cards and completed questionnaires reflected the practices survey result as well as the results of the national survey.

## Areas for improvement

### Action the service MUST take to improve

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

## Outstanding practice

The practice employed an outreach nurse who provided support to patients living in care homes and patients who were housebound.

The practice had a nominated carers champion. 5% of the practice population had been identified as carers and were being provided with options of health care treatment and support.

One of the GP's has supported the Royal Lifeboat Institute for 25 years. They have been awarded an Honorary Medical Advisor for the Whitby Lifeboat RNLI for their long service. They have been doing the medicals for the lifeboat men and providing life support to them training for around 25 years.

# Whitby Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and two CQC pharmacy inspectors.

## Background to Whitby Group Practice

Whitby Group Practice, Spring Vale, Whitby, North Yorkshire, YO21 1SD. There is a large car park available at the practice. The practice is in a purpose built building with disabled access and consulting and treatments rooms available on the ground floor. There is one branch practice, Robins Hoods Bay, Station Road, Robin Hoods Bay, North Yorkshire, YO22 4RA. This site was also visited during the inspection.

The practice has a Primary Medical Services contract with NHS England, North Yorkshire, Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG). The total practice patient population is 14,273 covering patients of all ages. The practice and branch practice are a 'dispensing practice' and is able to dispense medication to patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and over age group is representative of the England average. The practice scored five on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises 14 GPs (six female and eight male). This equated to nine and half GP partners and a GP consultant. There are nine registered nurses of varying grades, one outreach nurse, two research nurses and seven health care assistants. The practice is managed and supported by one practice manager, one deputy practice manager, one finance manager, three heads of department, four receptionists, three records clerks, two secretarial support, seven dispensers and six cleaners.

The practice is a training practice for medical students from the Hull York Medical School. It takes up to four GP specialist trainees and year four and five medical students, second year foundation doctors and nursing students.

The practice is also a research practice and had a GP who leads in research along with two research nurses.

The practice also provides GP and minor injuries cover to the local community hospital and provide support to the local hospice.

The practice reception is open Monday to Friday 8am until 6.30pm (excluding bank holidays), with appointments being available between 8.30am and 11.30am, 3.00pm and 5.30pm with extended hours on a Thursday between 6.30pm and 8.00pm. The branch practice at Robin Hoods Bay was open between 8.30am and 12.30pm and 2pm and 5.30pm Monday to Friday with the exception of Wednesday when it was open 8.30pm – 12.30pm. Appointments were available at the same time as the opening hours.

The practice operates a telephone triage system for urgent appointments, through the use of a duty doctor. Face to face appointments are available daily for patients that ring the same day. The practice telephones switch to the out-of-hours provider at 6.30pm each evening and at weekends and bank holidays. The practice is a teaching practice and teaches third and fifth year medical students.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2015. During our visit we:

- Spoke with a range of staff including GP's, registered nurses, health care assistant, dispensing staff, practice manager and administration staff. We also spoke with seven patients who were also members of the PPG who used the service.
- Observed how patients were being responded to.
- Reviewed comment cards and questionnaires where patients shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a referral for a physiotherapy appointment for a patient was not sent. The practice had reviewed this and the procedure changed to ensure that GP complete referrals immediately and also give patients a timeframe to call back in the event that they have not heard about their appointment.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard 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. Registered nurses were also trained to level 3, health care assistants to level 2 and reception, administration and dispensing staff to level 1.

- 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 lead 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 staff had received up to date training. We saw that some infection control audits had been undertaken. However these were not full audits and there was the need to develop the system further. We noted that a number of areas had wallpaper and carpets in a number of consulting rooms. The practice had an action plan in place to address these issues. We saw that some of this work had commenced, for example, replacement of chairs in the waiting areas to washable material.
- We reviewed four 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. The practice had recently undertaken a full review of all of the recruitment records for staff. Action was underway for any shortfalls identified such as amendments to contracts.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not keep patients safe. Prescriptions were dispensed at Whitby Group and Robin Hood's Bay for patients who did not live near a pharmacy.

## Are services safe?

The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible however they did not cover all aspects of core dispensing processes.

Staff told us dispensary stock was expiry checked on an ad-hoc basis at the Robin Hood's Bay practice and by using an in-house spreadsheet at Whitby Group. However this process was not formally recorded. We were told of the process to remove short dated items from stock. However on inspection we found both practices' were not following their own procedure.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff however balance checks of controlled drugs were carried out but not on a frequent basis. We were informed by staff on the day of the inspection that this would be changed to monthly checks immediately.

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. There was a named lead GP for medicines management. Both dispensaries did not keep 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 monthly dispensary meetings at Whitby Group Practice however the staff at the Robin Hood's Bay practice were not involved in this. No minutes of these meetings were recorded.

Staff at both sites told us how on some occasions repeat prescriptions would be given to the patient without being signed by the GP. The failure to sign prescriptions prior to dispensing and supply is a contravention of relevant legislation and is an unsafe practice. We found two prescriptions at Whitby Group Practice which were awaiting collection which had not been signed by a GP. Staff told us how they managed review dates of repeat prescriptions however we found eight prescriptions across both sites where patients were overdue a review, with one dating back to March 2014.

Staff at Whitby Group Practice told us how they managed prescriptions that had not been collected using a colour coded sticker system however on inspection not all bags were stickered. This procedure was not followed at the Robin Hood's Bay practice.

The practice had systems in place to monitor the use of 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. There was a clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.

Blank prescription forms at both sites were not stored in accordance with national guidance and the system in place for tracking prescription forms after they had been received into the practice was not rigorous. Action was taken the day after the inspection with additional lockable storage purchased, consulting rooms doors at the Robin Hood's Bay practice had keypad locks fitted and a system for tracking prescriptions had been implemented.

Following the inspection CQC was provided with a range of information detailing the action they had taken in respect of the medication and dispensing findings. This included the electronic recording of the batch numbers and expiry dates of all the stock at both sites. Also, a new system for recording all drugs coming into both sites. Standard operating procedures (SOPs) had also been reviewed and updated to reflect the changes.

### Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out a recent fire drills. All electrical equipment was checked which ensured 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

## Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- An action plan had been developed which identified a number of environmental improvements needed both at the main practice and the branch practice. This included the planned replacement of fabric chairs in clinical and waiting areas.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was undergoing a detailed review of staffing, skill mix and looking at what would be the 'best fit' for them. Some reorganisation had already taken place in line with work that had been conducted through the 'Productive General Practice' (PGP). The PGP programme is designed to help general practice continue to deliver high quality care whilst meeting increasing levels of demand and diverse expectations.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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 were available.
- The practice had arrangements in place to respond to emergencies and major incidents. GP bags were managed by dispensary staff, The records we were shown detailing this were not up to date, however all medication was in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available which was below the national average of 95%. There was an 8.6% exception rate to this figure. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was comparable to the CCG and National Averages.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to than the national average. The percentage of patients with diabetes, on the register, who had the flu vaccine in the preceding 12 months, 96% which was 1% below the national average and 3% above the CCG average.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 73% which was 7% below the national average and 4% above the CCG average.

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

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 93% which was the same as the CCG average and higher than 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 was 75% which was lower than the national average of 87% and 84%.

There was discussion during the inspection regarding some of the codes inputted to collate the QOF data. The practice are reviewing this and also making changes to who inputs the data.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits and reviews undertaken in the last year where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit into blood thinning medication. This was undertaken to confirm whether adequate standard was being reached based on the NICE and British National Formulary (BNF) guidelines and to identify any shortcomings and propose solutions to improve the standard of care. At initial audit 75% of patients were on the correct dosage of medication. At re-audit this had improved to 87%. The practice was continuing to improve this further.
- There were good links between the practice, the CCG, the local medical committee and the local federation which helped the practice to benchmark its quality improvement.

### 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.



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, yellow fever updates, implant training, dementia training and safeguarding.
- 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. We identified gaps in staff receiving their appraisal. The practice was aware of this and had taken action to address this issue. For example staff were being trained to undertake the role of appraiser.
- 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 and registered nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- It was noted that GP's who had been trainees at the practice had come back to the practice and joined as partners.
- There was a nominated GP partner for all defined clinical areas.

### 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Examples of meeting included, Gold Standard Framework (GSF – end of life) meetings and child safeguarding meetings.

The practice were also active members of the Heartbeat Alliance, a local federation who worked in partnership to provide more integrated care. The Heartbeat Alliance are an alliance of 21 GP practices in Hambleton, Richmondshire and Whitby, a largely rural part of North Yorkshire, stretching from Sedburgh in the west to Whitby on the east coast.

The practice employed an out-reach nurse who provided support to patients in nursing and residential homes. The role involved the assessment of patients with acute and chronic problems and liaising with the patients named GP and individual patient care planning. The out-reach nurse had been in post for two years. Very positive comments were detailed in an evaluation paper of this job role. Comments about the impact of this role included continuity of care, speed by which problems were dealt with and accessibility of the nurse. Comments were also made about the support to staff which included sharing of knowledge and education. Was there any data about impact?

### 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. Staff had completed MCA training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services effective?

## (for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice is available at the practice from practice nurses and health care assistants who are all trained and qualified to do this.
- A detailed patient information book was available in the waiting area. It contained copious amounts of information in relation to a range of support services available to patients within their locality. This included information about epilepsy, adoption, citizens advice and befriending groups.
- A folder was also available within the waiting areas providing information about social events. This included information about a local walkers group and information about a youth centre for 13 -19 year olds.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and the national average of 82%. 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 vaccination given were slightly higher when compared to the CCG average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% compared to the CCG average of 91% to 96% and five year olds from 92% to 97% compared to the CCG average of 89% 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.

One of the GP's had provided free medicals to the volunteers of the Whitby Royal National Lifeboat Institution (RNLI). In recognition for this ongoing support the GP had received a RNLI Gold Medal. They have been awarded an Honorary Medical Advisor for the Whitby Lifeboat RNLI for their long service. They have been doing the medicals and training for around 25 years. So far this year they have done seven medicals.

# 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.

All of the 38 patient Care Quality Commission comment cards and patient questionnaires we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

During the inspection we observed a relative of a patient visiting the practice. They brought a 'Thank You' gift and card for the staff for the care that had been provided to their relative the previous day.

### 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 above national averages. For example:

- 90% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

## Are services caring?

- The practice had a hearing loop in place for patients who were hard of hearing.
- There was a large TV screen which detailed ongoing health information, such as flu vaccinations and was also used to direct patients for their consultations.

### **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 670 patients as carers (5% of the practice list). They invited carers for a free annual flu vaccine and also an annual healthcheck. Written information was available to direct carers to the various avenues of support available to them. The practice also had a nominated carers champion. This person

coordinated various groups, such as, Carers resources, Caring Together, Alzheimer's and Dementia society to arrange staff training. During the flu campaign they arranged for the various services to have a presence in the surgery to promote their specialist areas.

They were in the process of reviewing the registered carers to ensure they were properly coded and contacting them to offer them a referral to Adult Care Services for a carer assessment. The self-referral forms for this were also available in the main waiting room in 'Are you a carer?' folder, which was available for patients.

They were also looking at their young carers and were working with the school nurses to see if there was any extra support needed for the young carers.

We saw where that patients who had been identified as near the end of life had individual care plans, which were shared with relevant services. Staff told us that if families had suffered bereavement, their usual GP contacted them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had daily walk in appointments between 8am and 11am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Two health care assistants were available to take blood for patients who needed same day blood tests. This prevented patients having to come back to the practice on a second visit.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice was also yellow fever centre.
- The practice provided a range of services which enabled patients to receive care closer to home and prevent use of secondary care services. For example in-house anticoagulant service (monitoring and management of medication that prevent blood clots), leg ulcer clinic, a full range of joint injections and carpal tunnel injections.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice reception was open Monday to Friday 8am until 6.30pm (excluding bank holidays), with appointments being available between 8.30am and 11.30am, 3.00pm and 5.30pm with extended hours on a Thursday between 6.30pm and 8.00pm. The branch practice at Robin Hoods Bay was open between 8.30am and 12.30pm and 2pm and 5.30pm Monday to Friday with the exception of Wednesday when it was open 8.30pm – 12.30pm. Appointments were available at the same time as the opening hours.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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. In waiting areas there was patient information folders and copies of the practice leaflet and separate complaints leaflets.

We looked at 10 complaints received in the last 12 months and found these were with in a timely, open and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice detailed their vision as one that enhanced the quality of life of individuals in the local community through the efficient use of all health care resources available. They aimed to deliver this in an approachable and efficient manner for the wellbeing of their patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. These were regularly monitored.

### 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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 was used to monitor quality and to make improvements.

Over the past few months the practice had undertaken a review of a number of processes within the practice. This included a review of both premises and identified areas for improvement for which they had an action plan in place. For example, a review of the fire arrangements and the need for key pads to be fitted to some consulting room doors.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

However, there appeared to be a lesser involvement/ oversight in respect of the functioning of the dispensary. The practice 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met



# Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the marking out of the car park making more spaces available.

- There was a PPG folder in the main waiting area. It contained information about the PPG, the patients surveys and copies of meeting minutes.
- The practice had gathered feedback from staff. They told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice were active members of the local GP Federation (Heartbeat Alliance).

Evidence showed there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. An

example of this was the practice had adopted The Productive General Practice (PGP). The PGP programme is designed to help general practice continue to deliver high quality care whilst meeting increasing levels of demand and diverse expectations. It helps practices to put the patient, clinician and practice team at the centre of improvement to create a timely, appropriate and dependable response to patient needs. Implementing the programme engaged all staff in the practice in improving their work processes, making it possible to release time to invest in improving patient outcomes and staff wellbeing. As part of this the practice was currently looking at the restructuring of the staff team.

The practice used the telehealth system commissioned by the local CCG. This promotes and supports staff and patients in nursing and care homes. (The telehealth service provided a secure video conferencing link to the Immedicare Digital Nursing Hub for the provision of remote clinical support & decision making capabilities).

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity  | Regulation  |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.</b></p> <p><b>How the regulation was not being met:</b></p> <p><b>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 a prescription was 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.</b></p> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> |