Dr Walters and Partners

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Walters and Partners (Mayford House Surgery) on 10 May 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to demonstrate improvement.
- The practice had some processes and practices in place to keep patients safe and safeguarded from abuse. We identified areas of risk from lack of processes or adherence to processes. For example, not all the nursing team had a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Not all staff (clinical and non-clinical) had completed training or could demonstrate they had completed training in safeguarding adults and children.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example reports from external advisors relating to fire safety and legionella had not been fully actioned.
- The arrangements for managing medicines in the practice did not always ensure patients were safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand. Whilst complaints were responded to and the patient offered an apology, the

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documentation lacked detail as to how complaints had been investigated. Lessons learnt and action taken was not sufficiently detailed to assure actions had been implemented and lessons had been learnt.
- Patients said they found it easy to make an appointment. Routine and urgent appointments were available the same day but not always with a GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had some governance arrangements but they did not always operate effectively. Risks and issues were not always identified and dealt with appropriately or in a timely way. There was a lack of oversight and monitoring in some key areas.
- The approach to service delivery and improvement was reactive in most instances and focused on short term issues. Improvements were not always identified or actioned. Where changes were made the impact was not always monitored.

The areas where the provider must make improve are;

- The provider must ensure that incidents that may affect the health, safety and welfare of people using services are always reported. They must be able to demonstrate that such incidents, whether a significant event or a complaint are recorded, reviewed and thoroughly investigated to prevent further occurrences.
- Where risks are identified, ensure measures are put in place to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.
- The provider must ensure the proper and safe management of medicines.
- The provider must ensure a system of clinical audit is in place to allow the practice to demonstrate sustainability of improvement in patient care over a period of time.
- The practice must ensure that the systems in place to recall patients with a learning disability is appropriate to meet the needs of these people to ensure an improved uptake of patient annual reviews.
- Staff must receive appropriate, training as is necessary to enable them to carry out the duties they are employed to perform.

The areas where the provider should make improve are;

- The practice should ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.
- The practice should ensure that staff who act as a chaperone have had a DBS check.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example reports from external advisors relating to fire safety and legionella had not been acted on.
- The practice had some processes and practices in place to keep patients safe and safeguarded from abuse. However, we identified areas of risk from lack of processes or adherence to processes. For example, not all the nursing team had a DBS check and not all staff had completed training in safeguarding adults and children.
- The arrangements for managing medicines in the practice did not always ensure patients were safe. For example, the practice could not demonstrate appropriate investigation and actions taken in response to high vaccine fridge temperature readings and national patient safety alerts received by the practice. The practice did not have systems in place to monitor the use of blank prescription forms in line with national guidance.
- The practice did not always ensure recruitment arrangements for staff were in line with Schedule 3 of the Health and Social Care Act 2008.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to other practices and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice did not have an on-going programme of audit in place. The two clinical audits we viewed demonstrated quality

Summary of findings

improvement. Most of the other clinical audits demonstrated initial quality improvement mainly through single cycle audits but the process of re-audit meant sustainability of improvement was not always being measured.
- The practice had a system of recalling patients to the practice for review which appeared to work for some but not all patients.
- The practice could not demonstrate how they ensured role-specific training and update training for relevant staff. They could not easily provide a detailed record and supporting documentation to confirm what training staff had completed. The practice could not demonstrate that all staff had completed training in areas such as safeguarding adults and children, fire safety, health and safety, emergency resuscitation, infection control and information governance. There was evidence of appraisals, clinical supervision and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey were mixed, most above but some below the national average 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.
- All but one of the 23 patient Care Quality Commission feedback we received was positive about the service experienced. Patients said they felt the practice offered a good or excellent service and staff were helpful, caring and treated them with dignity and respect. Feedback highlighted that staff responded compassionately when they needed help and provided support when required.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example the practice had secured the services of a full time pharmacist who was currently working at the practice. They were also working jointly with a neighbouring practice to improve the nursing services for patients in the community.

- Patients said they found it easy to make an appointment. Routine and urgent appointments were available the same day but not always with a GP of choice.
- 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. Whilst complaints were responded to the documentation lacked detail as to how complaints had been investigated. Lessons learnt and action taken was not sufficiently detailed to assure lessons had been learnt. Complaints were not monitored over time to enable the practice to look for trends and areas of risk that may be addressed.

Are services well-led?

Requires improvement

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

- The practice had a clear vision to deliver good quality care and good outcomes for patients. The practice however did not have a mission statement. They had aims and objectives within their statement of purpose and staff understood and described the values of the practice.
- The practice had a five year business plan in place which covered a wide range of areas. Alongside the business plan was a set of goals and objectives through to 2020. These were regularly monitored and updated.
- 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 some governance arrangements but they did not always operate effectively and risks and issues were not always identified, dealt with appropriately or in a timely way.
- There was a lack of oversight and monitoring in some key areas. For example we identified not all nursing staff had a DBS check and there were gaps in the completion of training.
- The approach to service delivery and improvement was reactive rather than proactive in most instances and focused on short term issues.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example older patients had a named GP and patients over 80 years of age who had not had any contact with a health care professional for over 12 months were contacted for a review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from QOF showed the management of patients with diabetes was comparable to other practices and for all but one higher than the national average.
- 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- 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.
- 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 82%, which was lower than the CCG average of 84% and equal to the national average of 82%.
- Childhood immunisation uptake was high. The practice performed higher than the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a small children's area in the reception waiting room.
- We saw positive examples of joint working across a wide range of disciplines such as health visitors and school nurses.
- The practice had well established links with the local children's unit at the Friarage Hospital, allowing access to a rapid specialist opinion.
- The practice offered emergency contraception, family planning and sexual health advice including administration of all long-acting reversible contraceptives (LARCs). They participated in the condom scheme and the York Chlamydia Campaign for opportunistic screening of patients aged 18 to 25 year olds.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

People whose circumstances may make them vulnerable

Requires improvement

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

rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- The practice held registers of vulnerable patients including carers and patients with a learning disability.
- The practice offered longer appointments for patients assessed as needing them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However not all staff had completed safeguarding training.
- All the patients who received a service from the practice in the local nursing homes had a named GP who visited the home weekly.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was comparable to other practices and higher than the national average. 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their care record, in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to other practices and noted as higher than the national average, 93% compared to 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 in January 2016. The results were mixed showing the practice performing both above and below national averages. 242 survey forms were distributed and 137 were returned. This represented 1.4% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern compared to the national average of 85%.
- 96% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared to the national average of 91%.
- 85% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.
- 30% of patients stated they always or almost always see or speak to the GP they prefer compared to the national average of 36%.
- 70% of patients stated that they felt they didn't normally have to wait too long to be seen compared to the national average of 58%
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% 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 and on the day of our inspection. We received feedback from 23 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 but one was extremely positive about the standard of care received. Five out of the six patients who we asked about chaperoning were not aware of the chaperone arrangement. One patient said appointments did not run to time.

Fifty three people had completed the Friends and Family test in the months of January, February and March 2016. Of these, 42 would recommend the practice and seven would not.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that incidents that may affect the health, safety and welfare of people using services are always reported. They must be able to demonstrate that such incidents, whether a significant event or a complaint are recorded, reviewed and thoroughly investigated to prevent further occurrences.
- Where risks are identified, ensure measures are put in place to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service.
- The provider must ensure the proper and safe management of medicines.
- The provider must ensure a system of clinical audit is in place to allow the practice to demonstrate sustainability of improvement in patient care over a period of time.
- The practice must ensure that the systems in place to recall patients with a learning disability is appropriate to meet the needs of these people to ensure an improved uptake of patient annual reviews.

Summary of findings

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

Action the service SHOULD take to improve

- The practice should ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff.
- The practice should ensure that staff who act as a chaperone have had a DBS check.

Dr Walters and Partners

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 practice nurse specialist adviser and a Pharmacist specialist advisor.

Background to Dr Walters and Partners

Mayford House Surgery, Boroughbridge Road, Northallerton, North Yorkshire, DL7 8AW is situated in Northallerton serving patients in Northallerton and the outlying smaller villages. The registered list size is 9,845 and predominantly of white British background. The practice is ranked in the eighth least deprived decile, below the national average. The practice age profile is comparable to the England average, the highest percentage being 65 years plus and lowest being 85 years plus. The practice is a dispensing practice and dispenses to approximately a 3,400 patients of the patients. The practice is managed by six partners (three male and three female) four of whom are full time and two who are part time. The practice is a teaching practice for qualified doctors who are progressing to their chosen speciality both in primary and secondary care. The practice occasionally has medical students attached to the practice. The practice is part of the 'Heartbeat Alliance' a federation of other practices in the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG).

The practice employs a full time practice nurse manager and three part time practice nurses, two part time health care assistants, a full time clinical pharmacist funded by the federation, a dispensary manager and two dispensers. The team is supported by a full time practice manager, two secretaries, two IT staff and a reception team.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours are offered one evening a week with two GPs until 8.30pm. General appointment times for GPs are from 8.40am to 10.50am, 2pm until 3.40pm and 4pm to 6pm. Urgent on the day patients are seen from 11am, 3.30pm and 6pm in-between the daily appointment schedule. There is a sit and wait clinic at 11am daily. Standard appointments are 10 minutes for face to face and five minutes for telephone calls.

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

The practice holds a General Medical Services (GMS) 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 May 2016. During our visit we:

- Spoke with a range of staff including four GPs including a GP trainee, the practice manager, six non-clinical staff, three members of the nursing team, two dispensers and a pharmacist who was working in the practice for six months provided through the federation. CCG. We also gathered feedback from patients and spoke with one member of the Patient Participation Group (PPG).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and reviewing significant events. However this was not effective. There was limited evidence to demonstrate how such events were investigated. The outcomes described were very brief and did not provide sufficient information on the learning or actions taken. There was no system in place for analysing significant events over a period of time.

- Staff told us they would report incidents and there was a recording form available on the practice's computer system. However we noted there had been an issue with fridge temperatures where vaccines were stored shortly before the inspection that had not been recorded as a significant event and actioned appropriatley. We also noted in a recent report by a pharmacist working in the dispensary that they had noted that not all issues were being recorded as incidents. 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).
- Significant events were discussed at weekly partner meetings, and twice monthly, staff in lead roles were invited to these meetings. If a significant event was discussed on a day when the lead roles were not in attendance then they were made aware of these by reviewing the minutes of the partner meetings. The leads were then responsible for disseminating any information to their staff. Records showed the discussion around the significant event was minimal and there was limited evidence of an investigation, actions taken and learning.
- When things went wrong with care and treatment patients were not always informed. We saw some evidence that the practice had met with patients where there had been a significant event but we were also told that patients were not routinely informed of such events unless it was classified as a complaint by the practice. We looked at a sample of the significant event records and there was limited evidence to show 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 did not carry out any analysis of the significant events. There was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.

Overview of safety systems and processes

The practice had some processes and practices in place to keep patients safe and safeguarded from abuse. However, we identified areas of risk from lack of processes or adherence to processes, 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. Staff demonstrated they understood their responsibilities in relation to safeguarding children and vulnerable adults. There was a lead member of staff for safeguarding. They had recently been trained to child protection level three and trained in safeguarding adults. The lead GP attended safeguarding meetings when possible and if not available always provided reports where necessary for other agencies. We were told that all GPs were trained to Level 3. We received evidence to confirm this for all but one GP. This training had taken place in 2013 and there was no evidence of any further updates since this time. We were told that nursing staff had attended the same course in 2013 but certificates were not issued to them. The training matrix provided to us showed that one nurse and the two health care assistants had not completed the safeguarding adults training dated October 2013 and none of the nursing staff or HCA's had attended the safeguarding training dated March 2012. The matrix also showed that four of the non-clinical staff had not completed the safeguarding training dated March 2012 and and six had not completed safeguarding adults training dated October 2013.
- Notices were displayed advising patients that chaperones were available if required. However, five out of the six patients we asked were not aware of the chaperone service. Not all staff who acted as chaperones had received a DBS check. The practice told us these staff would cease to offer this service immediately until they had a DBS check.

Inadequate

Are services safe?

- We reviewed four personnel files. Some of the staff had been recruited some time ago and some more recently. The staff records were poorly organised. Some recruitment checks such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were in place for some but not all staff. The practice could not demonstrate that they had oversight as to which staff had a DBS check in place. We identified from our own checks that at least two of the nursing team did not have a DBS check. The practice manager told us one of these did have a criminal records check but from another employer. Following the inspection we were then told the check was from the practice when it was known by another name. Following the inspection we were provided with evidence to confirm all clinical staff now had a DBS check in place.
- The practice mostly maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We identified some areas that needed addressing. The practice nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had not yet completed specific IPC training to support them in this role. This was planned for July 2016. There was an infection control protocol in place and staff had received up to date training. There were gaps in the process for checking the immunity and immunisation of staff for all relevant diseases. Immunisations had only been undertaken for Hepatitis B and influenza but no others such a tetanus. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, as above we identified some areas that had not been picked up by the audits.
- We checked the arrangements for managing medicines. Processes were in place to check medicines were within their expiry date and suitable for use. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed.
- Staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines) and we saw evidence that these were regularly reviewed to reflect current practice. We observed medicines being dispensed and saw arrangements were in place to minimise dispensing errors. Medicine errors and near misses were recorded and reviewed to reduce the risk of errors being repeated.
- Prescriptions were signed before being dispensed and there was an effective process in place to ensure that this occurred. There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training. There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe.
- 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 the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- Records showed vaccines were not always stored in the vaccine fridge at the correct temperature and that action had not been taken to address this.
- Dispensary staff described how they responded to national patient safety alerts. However there were no records of the action taken to demonstrate this.
- Blank prescription forms were securely stored however the systems in place to monitor their use were not in line with national guidance.
- The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme.
- The practice routinely accessed their prescribing data and took part in medicines optimisation initiatives in partnership with their local CCG.

Monitoring risks to patients

Risks to patients were not always assessed and well managed. External opinion was not always acted on.

- The practice did not have well managed systems in place to manage health and safety. Where risks were identified, the practice did not always introduce measures to reduce or remove the risks within a timescale that reflected the level of risk and impact on people using the service. For example in respect of fire safety risk assessment completed in 2009 and legionella

risk assessment completed in 2014 which were both completed by external professionals and identified areas of high and medium risk. These had not been fully actioned. For example the inspection and testing of the electrical circuit, relocation of the photocopier, training of staff and carrying out of fire drills had not been actioned.

- Risk assessments relating to the health, safety and welfare of people using services were not completed or poorly completed. We found no health and safety risk assessments for the environment apart from one basic COSHH record.
- We were provided with a legionella report that had been completed in January 2014 by an external company which identified the practice as high risk. We were told the practice had not acted on the recommendations as they did not need to. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 staff groups to ensure sufficient staff were on duty. There was evidence that the practice had looked at the gender mix of GPs, demands for appointments with female GPs and had acted to try and address this need.

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 and under the desks in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had completed health and safety training in 2013 and some staff had completed CPR training. Following an incident where the practice felt staff had not responded appropriately to an emergency situation a GP had carried out a training session in how to respond to an emergency situation.
- The practice had a defibrillator available on the premises. They had 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 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.

Requires improvement

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 demonstrated they carried out some monitoring to ensure these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example an audit of children's records and wound care.

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 showed the practice had achieved 95% of the total number of points available. Clinical exception reporting was lower than the national average for all but four of the clinical domains at 7%, 3% lower than the national average. In one area, the exception reporting percentage for patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 20% compared to the CCG average of 11.13% and England average of 8.3%. We discussed this with the practice and was shown data to demonstrate the practice had reduced their exception reporting to 5% which was now below the England average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 QOF showed:

- Performance for diabetes related indicators was mostly 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 95% compared to the national average of 88%.
- Performance for mental health related indicators was comparable to other practices and higher than the national average. 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to other practices and noted as higher than the national average, 93% compared to 88%.

Data from The NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) showed the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2014 to 30/06/2015) was significantly higher than the national average at 10% compared to the national average of 5%.The practice told us they had undertaken a significant amount of work to reduce this figure and recent data from the clinical commissioning group (CCG) showed the practice was now in line with other practices in the area. The practice had put in place a strict policy for antibiotic prescribing and we saw evidence of this being followed.

There was some evidence of quality improvement including clinical audit.

- We looked at two clinical audits that were provided to us. These were completed audits where the improvements made were implemented and monitored. For example the use of a certain medicine in patients with type 2 diabetes. Other audits were carried out but these were not completed audits and therefore the practice was unable to determine whether quality improvement had been made in these areas.
- The practice participated in GP peer review.

Effective staffing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. The practice could not easily provide a detailed record and supporting documentation to confirm what training staff had completed. Staff received some training but we identified staff that had not completed training in a range of areas 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.
- 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.
- Staff received annual appraisals and clinical supervision.

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 such as health visitors and school nurses.

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. Not all clinical staff had received training in this area.
- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. The practice supported some but not all patients to live healthier lives. For example:

- The practice participated in a condom distribution scheme and the York chlamydia campaign for 18 – 25 year olds.
- The practice did not use specific care plans for patients with long term conditions. Patients were not issued with a care plan but provided with literature and their notes updated.

The practice did not have a system in place to remind patients of booked appointments. They had a system in place to recall particular patients (such as those with long term conditions and learning disabilities) to the practice. Staff told us that patients were told at their last appointment when they next needed to attend relying on patients to remember. The practice ran a report each month which highlighted patients who did not attend for their appointment two months previous. We asked specifically about patients with a learning disability and were told that these patients were not routinely recalled to remind them to attend. Records showed only seven out of the 36 patients on the learning disability register had received an annual review.

The practice's uptake for the cervical screening programme was 82%, which was lower than the CCG average of 84% and equal to the national average of 82%. The practice did not have a policy to offer telephone reminders for patients who did not attend for their cervical screening test. This was managed opportunistically. 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% compared to the CCG average of 91% to 96% and five year olds from 92% to 100% compared to the CCG average of 91% to 96%.

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.

Good

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.
- Reception staff knew when patients wanted to discuss sensitive issues, appeared distressed or needed to be away from other patients then they could offer them a private room to discuss their needs. We observed this happen in a person centred way on the day of the inspection.
- Some of the team had received training particularly in respect of communicating effectively with patients with a learning disability.

All but one of the 23 patient Care Quality Commission feedback we received was positive about the service experienced. Patients said they felt the practice offered a good or excellent service and staff were helpful, caring and treated them with dignity and respect. Feedback highlighted that staff responded compassionately when they needed help and provided support when required. All but one of the patients said they could access appointments in a timely way. Five of the six patients we asked were not aware of the chaperone policy.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the way they were treated by staff at the practice

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:

- 96% 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%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 99% 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%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% and 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 CCG average of 96% national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback was also positive and aligned with these views. There was limited use of personalised care plans particularly in respect of patients with long term conditions.

Results from the national GP patient survey showed a mixed response from patients about their involvement in planning and making decisions about their care and treatment. Two out of the three results were below the national average and all below the CCG average. For example:

- 89% 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%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 88% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% 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. There was no information displayed advising patients of this.

Good

Are services caring?

- Information leaflets were not available in easy read format but would be made available if requested. We were told the practice was preparing posters and leaflets for patients with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Patient information was available in the waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers (1.2% of the practice list). These patients were offered a flu injection but were not offered any other services such as an annual health check. There was a small amount of literature in the waiting area and no information on the practice website.

The practice had a process in place for managing bereavement. This ensured that any service a patient was involved with was informed as well as ensuring staff at the practice were aware. We were told that the practice may call or visit bereaved family members/carers following the bereavement.

Good

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 was part of a federation of other practices in the CCG. The practice had benefited from the services through the federation (funded through the Kings Fund) of a pharmacist who was working at the practice on a full time basis. The practice was also working jointly with another local practice in respect of nursing services with an aim to improving nursing care for patients in the community working in conjunction with district nurses and care management teams.

- The practice offered a 'Commuter's Clinic' one evening a week with two GPs until 8.30pm for working patients who could not attend during normal opening hours.There were longer appointments available for patients who needed 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 able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offers Electronic Prescription Service (EPS) which means patients have the opportunity to freely nominate pharmacies across England to send their repeat prescriptions to within 30 minutes. The practice provided a weekly visit to the nursing homes they provided a service to.
- The practice referred patients to the Community Mental Health Team and urgently to the Crisis Home Treatment Team. Both these services held clinics at Mayford House which we were told patients found less intimidating and more accessible.
- Telephone and face to face appointments were available to patients.
- An on-site dispensary handled repeat prescription requests on line/in person and on the telephone.
- The practice offered a medicine delivery service to certain areas.
- The practice had access to the services of an attached paramedic who may visit patients at home following triage by the practice.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours were offered one evening a week until 8.30pm. General appointment times for GPs were from 8.40am to 10.50am, 2pm until 3.40pm and 4pm to 6pm. Urgent on the day patients were seen from 11am, 3.30pm and 6pm in-between the daily appointment schedule. There was a sit and wait clinic at 11am. Standard appointments were 10 minutes for face to face and five minutes for telephone calls. There was a designated doctor on duty each day. Pre-bookable could be made up to four weeks in advance and on the day appointments were released at 8am and 11am daily.

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.

- 86% of patients stated they were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. Patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% 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. One patient commented on appointments not running to time.

We noted the next available routine appointment with a GP was the same day in the afternoon and with the nurse on the same day in the morning. We saw evidence the practice was monitoring the number of appointments offered and responding to patient feedback where possible. For example, improving access to female GPs.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information on how to make a complaint was available on the practice and within the practice.

The practice had received 11 complaints in the last 12 months. We looked in detailed at eight received in the last 12 months. Whilst complaints were responded to and the patient given an apology the documentation lacked detail as to how complaints had been investigated. Lessons learned and action taken was not sufficiently detailed to assure lessons had been learnt. Complaints were not monitored over time to enable the practice to look for trends and areas of risk that may be addressed.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice did not have a mission statement. They had aims and objectives within their statement of purpose and staff understood and described the values of the practice.
- The practice had a five year business plan in place which covered a wide range of areas such as communication, clinical commissioning, changing market place, management and skill mix. Alongside the business plan was a set of goals and objectives through to 2020. These were regularly monitored and updated.

Governance arrangements

The arrangements for governance did not always operate effectively and risks and issues were not always dealt with appropriately or in a timely way.

- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities although some staff commented not all staff were aware of each other's roles and workload.
- Practice specific policies were available to all staff but these were not always followed.
- Not all managers could demonstrate a comprehensive understanding of the performance of the practice.
- The practice did not have a planned programme of continuous clinical audit and internal audit. There were some arrangements for identifying and recording risks and some arrangements for managing and implementing mitigating actions.
- Where significant events and complaints were recorded the practice could not demonstrate that these were thoroughly investigated to prevent further occurrences and to make sure improvements are made as a result.

Leadership and culture

Staff told us the senior management team were nice and approachable but some felt they did not always take time to listen and understand their roles and workloads. Some staff felt work was delegated which should have been managed at a more senior level. We were told the practice encouraged a culture of openness and honesty but we saw some evidence to suggest that significant events were not always recorded.

There was a leadership structure in place and staff had identified lead roles. Most staff felt supported by management.

- Staff told us the practice held regular individual team meetings and team meetings every three months although these on occasions were very brief.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings but some staff felt they were not always listened to.
- Not all staff said they felt respected, valued and supported, particularly by some of the senior management team. All staff were informed about changes in respect of the practice and the future. Some staff were also involved in discussions and planning for the future.

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 a patient survey and the PPG. The latest survey was comprehensive and focussed on areas such as access, satisfaction and confidentiality. The results of the latest survey had been analysed and a report produced for discussion at the next practice meeting. The PPG did not have a chair or vice chair as the PPG felt they wanted the group to be informal. The practice manager assisted with the chairing of this group. They met quarterly and the group assisted the practice manager in preparing patient surveys. They reviewed information such as complaints and surveys at these meetings. There was minimal engagement with patients.
- 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 any concerns or issues with colleagues and management but some staff said they did not always feel they were listened to or understood.

Continuous improvement

The approach to service delivery and improvement was reactive in most instances and focused on short term issues. Improvements were not always identified or

Are services well-led?

Requires improvement

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

actioned. Where changes were made the impact was not always monitored. Several of the partners and the practice manager told us they were not an innovative practice and our findings supported this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems or processes were not established or operated effectively to ensure compliance with the requirements in this Part. The practice did not ensure it always assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity. The practice could not demonstrate they had systems and processes in place such as regular audits of the service, which resulted in areas of risk either not being identified or identified and not acted on. There was no planned programme of clinical audit in place. The practice did not ensure it always assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be a risk which arise from the carrying on of the regulated activity. The systems in place for learning and evaluating the effectiveness of change introduced from all incidents, significant events and complaints was not effective. The practice did not have a failsafe system in place to recall patients with a learning disability to the practice. Regulation 17(1)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing** The practice did not always ensure that staff received such appropriate training as is necessary to enable them to carry out the duties they are employed to perform. The practice could not demonstrate how they ensured role-specific training and updated training for relevant staff. The practice could not demonstrate that all staff who required it had completed training in areas such as safeguarding adults and children, fire safety, health and safety, emergency resuscitation, infection control and information governance. Regulation 18(2)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment** **How the regulation was not being met:** **Care and treatment was not provided in a safe way for service users** **The practice did not ensure it always assessed the risks to the health and safety of service users of receiving the care of treatment;** **There were no health and safety risk assessments for the premises apart from one basic COSHH record.** Actions required in respect of the fire safety risk assessment completed in 2009 and legionella risk assessment completed in 2014 by external professionals had not been fully completed. **Where significant events and complaints were recorded the practice could not demonstrate that these were thoroughly investigated to prevent further occurrences and to make sure improvements were made as a result. Outcomes of investigations were not always shared with the people concerned.**

This section is primarily information for the provider

Enforcement actions

Incidents that may affect the health, safety and welfare of people using services were not always reported internally. We saw evidence to show that concerns had previously been raised that incidents were not always being recorded. Following these concerns being raised we identified incidents that had not been recorded as a a significant event and acted on accordingly.

The arrangements for managing medicines in the practice did not always ensure patients were safe. For example, the practice could not demonstrate appropriate investigation and actions taken in response to high vaccine fridge temperature readings and national patient safety alerts received by the practice. The practice did not have systems in place to monitor the use of blank prescription forms in line with national guidance.

Regulation 12(1)