

Dr Akester and Partners

Quality Report

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Date of inspection visit: 17 November 2016

Website: <http://www.kirkbyandmashamsurgeries.co.uk> Date of publication: 25/01/2017

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Akester and Partners in Kirkby Malzeard and the branch practice at Masham on 17 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and reviewing significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were always kept safe as we found that medicines were not always safely managed.
- 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.
- Feedback from people who used the service was continually positive about the way staff cared and treated them. There was a high level of praise for staff. There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff was strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.
- 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.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

- The practice demonstrated a proactive and responsive approach to understanding the needs of vulnerable patients and to deliver care in a way that met their needs. For example, the practice had well established shared care arrangements for patients who had drug and alcohol dependence. The practice was able to demonstrate the significant benefit this service had had for these patients.

- The practice was proactive in identifying and responding to patients who were carers or who experienced social isolation. They worked closely with volunteer groups. For example The Red Cross. The practice was able to demonstrate the positive impact this work had had for 2.4% of their population.

There was an area of practice where the provider must make improvement:

- Ensure sufficient arrangements are in place to ensure medicines are always safely managed.

The areas where the provider should make improvement are:

- Review the arrangements for recording controlled drugs in accordance with relevant legislation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was a system in place for reporting and reviewing significant events.
- 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. Staff were also kept informed.
- The practice carried out a thorough analysis of the significant events. Most were dealt with in a timely way. There was some evidence of reviewing changes implemented over time to ensure they were embedded into practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were always kept safe as we found that medicines were not always safely managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed that the practice was performing highly when compared to practices nationally. The most recent (2015/2016) published Quality Outcome Framework (QOF) results were 98.5% of the total points available, above the England average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff consistently supported people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health.

Summary of findings

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from people who used the service was continually positive about the way staff cared and treated them. There was a high level of praise for staff. There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff was strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Outstanding



Are services responsive to people's needs?

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 Commissioning Group to secure improvements to services where these were identified.
- The practice demonstrated a proactive and responsive approach to understanding the needs of vulnerable patients and to deliver care in a way that met their needs. For example, the practice had well established shared care arrangements for patients who had drug and alcohol dependence. The practice was able to demonstrate the significant benefit this service had had for these patients.
- The practice was proactive in identifying and responding to patients who were carers or who experienced social isolation. They worked closely with volunteer groups. For example The Red Cross. The practice was able to demonstrate the positive impact this work had had for 2.4% of their population.
- The practice worked closely with patients in planning how services were provided to ensure that they meet patients' needs. Patients could access appointments and services in a way and at a time that suited them. For example, the practice offered eleven 'open surgery – sit and wait' surgeries per week across both sites including two evening surgeries and one

Good



Summary of findings

weekend surgery every week. Pre-booked face to face and telephone appointments were also used. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice was reviewing how the sit and wait service could remain but improved to reduce patient waiting times.

- The practice had good facilities at Kirkby Malzeard. The facilities at Masham were in the process of being upgraded as part of extensive refurbishment and redesign works, including an extension to the practice.
- 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.

Are services well-led?

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

- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- 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 and identify risk.
- The partnership and practice management arrangement was relatively new. There was clear evidence this practice was on a significant improvement pathway.
- 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 well established and an active part of the practice.

Good



Summary of findings

- 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. For example the practice was proactive in identifying and responding to older patients who experienced social isolation. They worked closely with volunteer groups such as The Red Cross.
- The practice was responsive to the needs of older people, and offered home visits, telephone consultations and urgent access appointments for those with enhanced needs.
- Outcomes for patients in this age range were good.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the ten diabetes related indicators was higher than the England average in all areas. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 91.6% compared to the national average of 80.3%. 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

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.

Summary of findings

- 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.
- Childhood immunisation rates for the vaccinations given were high when compared to the England 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 91% to 100% compared to the England average of 73% to 96% and five year olds from 85% to 96% compared to the CCG average of 81% to 95%.
- The practice's uptake for the cervical screening programme was 81%, which was equal to the England average of 81%.
- Open access 'sit and wait' surgeries provided patients with access to a GP daily; outside of school hours.
- A full range of sexual health screening and contraceptive services were offered via the same day access service.
- We saw positive examples of joint working with midwives, health visitors and health child team.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example access to online appointment and prescription ordering.
- Open access 'sit and wait' surgeries including two evening surgeries and weekend access provided patients with access to a GP daily outside of working hours.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice demonstrated a proactive and responsive approach to understanding the needs of vulnerable patients and to deliver care in a way that met their needs. For example,

Good



Summary of findings

the practice had well established shared care arrangements for patients who had drug and alcohol dependence. The practice was able to demonstrate the significant benefit this service had had for these patients.

- The practice was proactive in identifying and responding to patients who were carers or who experienced social isolation. They worked closely with volunteer groups. For example The Red Cross. The practice was able to demonstrate the positive impact this work had had for 2.4% of their population.
- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers and those with a learning disability.
- The practice offered longer appointments for patients assessed as needing them.
- The practice offered 11 'open surgery – sit and wait' surgeries per week across both sites including two evening surgeries and one weekend surgery every week. Pre-booked face to face and telephone appointments was also used which meant patients within this group could see a GP at any time.
- 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.
- The practice offered a range of services aimed at providing care closer to the patient's home.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for the six mental health related indicators was higher than the England average in all areas. 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 (01/04/2015 to 31/03/2016) was 90% compared to the national average of 89%.

Good



Summary of findings

- 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 129 were returned. This represented 2.4% of the practice's patient list.

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

- 88% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards. They were all extremely and consistently positive about the standard of care received. Patients described the excellent care they received from all staff at the practice. Patients described their experience at the practice using words such as 'brilliant', 'respectful' and 'safe' and 'excellent'.

Areas for improvement

Action the service **MUST** take to improve

Ensure sufficient arrangements are in place to ensure medicines are always safely managed.

Action the service **SHOULD** take to improve

Review the arrangements for recording controlled drugs in accordance with relevant legislation.

Outstanding practice

The practice demonstrated a proactive and responsive approach to understanding the needs of vulnerable patients and to deliver care in a way that met their needs. For example, the practice had well established shared care arrangements for patients who had drug and alcohol dependence. The practice was able to demonstrate the significant benefit this service had had for these patients.

The practice was proactive in identifying and responding to patients who were carers or who experienced social isolation. They worked closely with volunteer groups. For example The Red Cross. The practice was able to demonstrate the positive impact this work had had for 2.4% of their population.

Dr Akester 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 CQC inspection manager and a medicines inspector.

Background to Dr Akester and Partners

Dr Akester and Partners, The Holroyd Surgery, Main Street, Kirkby Malzeard, Ripon, HG4 3SE and the branch practice at Masham Surgery, Market Place, Masham, Ripon, HG4 4DZ serve the immediate area and surrounding villages. The branch practice is approximately four miles from the main practice. The practice area is 180 square miles wide.

The practice is a dispensing practice and dispenses to 95% of their patients. The registered list size is approximately 5,500 and predominantly white British background. The practice is ranked in the eighth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile differs from the England average. The highest percentage of patients is in the 45 – 85 plus age range and a lower percentage in the zero – 44 age range.

The practice is run by five GP partners (three female and two male) and a practice manager. There are no salaried GPs. The practice currently has a GP registrar. This means the GP trainee is currently on a three year GP training course.

The practice employs four practice nurses and two health care assistants. The clinical team is supported by a practice manager, an office manager/dispensary lead supported by 13 administration/dispensing staff.

The practice has two surgeries, one of which is open daily from Monday to Friday 8.30am - 6.00pm. The practice at Kirkby Malzeard is closed on a Tuesday and Wednesday afternoon and Masham is closed on a Thursday afternoon. The practice operates an 'open surgery – sit and wait' service at Masham every weekday morning when, if a patient presents themselves between 8.30am and 10am they will be seen by a GP. This service runs alongside pre-bookable appointment sessions. The same service is offered at Kirkby Malzeard with the exception of a Tuesday and Thursday morning when only pre-bookable appointments are available. An evening 'open surgery - sit and wait' is offered between 6pm and 7pm on a Monday when if a patient presents themselves they will be seen by a GP. An emergency surgery alternates between Kirkby and Masham practices every Saturday between 8.30am and 9.15am.

The practice has opted out of providing out-of-hours services to its own patients. The local Clinical Commissioning Group is responsible for the out-of-hours service. They have commissioned North Yorkshire Ambulance Service to operate the service on their behalf. When patients ring the surgeries out of hours, their call will be automatically diverted to the North Yorkshire Ambulance Service control centre in York and arrangements will be made for patients to be telephoned, attend a primary care centre in either Ripon, Northallerton or Harrogate or be visited at home.

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

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 17 November 2016.

During our visit we:

- Spoke with and received feedback from a range of staff.
- Observed how staff interacted with patients.
- 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.

- Reviewed feedback from members of the patient participation group (PPG).

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and reviewing significant events. However, the system for recording significant events was not consistent across the practice as significant events involving medicines within the dispensary were raised verbally. Despite this we saw records to show that such incidents were appropriately reviewed in line with other significant events within the practice.

- 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. Staff were also kept informed.
- The practice carried out a thorough analysis of the significant events. Most were dealt with in a timely way. There was some evidence of reviewing changes implemented over time to ensure they were embedded into practice.

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 in most areas. For example, following a significant event the triage tool in place for reception staff was deemed too complicated allowing room for error and possible delays in access to relevant care. An updated emergency telephone triage tool and emergency call handling policy was written, discussed with staff and implemented within the practice. Staff told us safety alerts were shared immediately within the practice. However the practice did not have a formal system in place for monitoring the alerts had been acted on. Recent records showed the practice had discussed and planned to implement a formal system for monitoring alerts.

Overview of safety systems and processes

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

- Robust 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. They met with health visitors and the Healthy Child Team and the local CCG safeguarding team. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had put safety systems in place whereby the safeguarding lead checked all safeguarding records to make sure GPs had coded them correctly and securely. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However we noted that the nursing teams training was overdue an update. We received confirmation following the inspection that this was programmed for completion in February 2017. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene at both Kirkby and Masham. We observed the premises to be clean and tidy. The practice at Masham was undergoing extensive renovation work including an extension to the rear of the property. The practice had identified some infection control issues at the Masham practice due to the age and layout of the building. These had been risk assessed and measures put in place to address. Minor issues had been addressed with the rest being managed as part of the extensive renovation work which was due to be completed next summer. We identified a small

Are services safe?

number of single use items that had passed their expiry date. There was a lead GP for infection control. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. A wide range of specific infection control audits had been carried out. For example vaccine fridge audit, sharps bins and curtains audit and a spills kit audit. Where necessary re-audits were undertaken to monitor performance. We saw good levels of compliance from these audits. The practice did not carry out a full infection control audit for the premises as a whole.

- Arrangements for managing medicines were checked. Medicines were dispensed at both the Kirkby Malzeard surgery and Masham branch surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered some aspects of the dispensing process (these are written instructions about how to safely dispense medicines); a system was in place to ensure relevant staff had read and understood SOPs. However, there was no lone working policy in place for staff working in the dispensary. Prescriptions were signed before being dispensed and there was a robust process in place to ensure this occurred.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and annual appraisals. However there were no ongoing documented checks of their competency.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction. However, we saw evidence of entries being made in the controlled drugs register before medicines had been supplied to patients, which is not in accordance with relevant legislation.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was an SOP to govern this activity. However, staff did not follow the SOP because they did not carry out physical checks of dispensary stock. We checked dispensary stock and found one medicine which had expired in August 2016. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. On the day of inspection we found the door to a medicines store room unlocked, staff told us this was custom and practice. However, the dispenser assured us it would be locked and the key held securely in future.
- Staff did not keep a “near miss” record (a record of errors that have been identified before medicines have left the dispensary), which meant they could not identify trends and patterns in errors and take action to prevent reoccurrence. We asked to see records relating to recent medicine safety alerts, however staff told us they did not record the action taken in response to these.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using their dispensary. We saw evidence of audits relating to the dispensary.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. However we found the door to the medicines storage room was not secure. The practice took action to address this by locking the door during the inspection. There were adequate stocks of oxygen and a defibrillator. The surgery held stocks of emergency medicines and processes were in place to ensure they were within expiry date.
- Vaccines were administered by nurses and healthcare assistants using directions which had been produced in line with legal requirements and national guidance.
- Blank prescription pads were recorded upon receipt into the practice and stored securely: however, prescriptions for use in printers were not tracked through the practice in accordance with national guidance.

Are services safe?

- We reviewed two 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. We also checked the DBS status for all staff. The records showed all staff at the practice had an appropriate DBS check in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice was undergoing a major refurbishment project at the branch practice in Masham. There were a wide range of risk assessments and health and safety arrangements in place to minimise to risk to the safety of patients, staff and visitors to the practice. All but two GPs had completed health and safety training in the last year. The practice had up to date fire risk assessments and carried out regular fire drills. Most staff had received up to date fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for

a particular bacterium which can contaminate water systems in buildings). Where risk was identified the practice demonstrated they had measures in place to reduce this risk.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available at both practices. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available at both sites and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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 (2015/2016) were 98.5% of the total number of points available, above the England average of 95.3%. Exception reporting was 6.7% which was below the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2015/2016 showed:

- Performance for the ten diabetes related indicators was higher than the England average in all areas. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 91.6% compared to the national average of 80.3%.
- Performance for the six mental health related indicators was higher than the England average in all areas. 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 (01/04/2015 to 31/03/2016) was 90% compared to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- We were shown two full cycle clinical audits completed in the last 12 months. These related to Post Splenectomy Immunisation and Glycaemia control in the Elderly. Both these audits demonstrated improvements were made, implemented and monitored. A wide range of single cycle audits had been carried out which also demonstrated improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included placing a notice in the reception and waiting areas listing "red flag" symptoms which patients should bring to the attention of staff if they are waiting for their appointment in the practice so they can be prioritised according to risk.

Information about patients' outcomes was used to make improvements such as reviewing patients at higher risk of having diabetes.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

to the immunisation programmes. For example by access to on line resources and discussion at practice meetings. Update cervical screening training was planned for completion in January 2017.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All but one member of staff had received an appraisal within the last 12 months. The outstanding appraisal was imminent. The practice had identified some gaps in staff training and demonstrated they were working to address these with training planned in the near future.
- Staff had access to and made use of recently procured e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example shared care arrangements for patients with drug dependence. Working together with other health and social care professionals also 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.

The practice provided 4% of patients at risk of unplanned admissions to hospital with an individualised care plan. This was part of the unplanned admissions Enhanced Service (ES) that the practice had signed up to. The ES had been introduced as part of a move to reduce unnecessary

emergency admissions to secondary care. The main work of the ES was the proactive case management of at-risk patients which required coverage of 2% of the practice population over 18 years of age.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.
- The practice had plans to develop the process for obtaining consent within the practice in a wider range of areas.

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, drug dependence, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were cared for by the practice/by working with other healthcare professionals. Patients were also signposted to the relevant service.
- Childhood immunisation rates for the vaccinations given were high when compared to the England 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 91% to 100% compared to the England average of 73% to 96% and five year olds from 85% to 96% compared to the CCG average of 81% to 95%.
- The practice's uptake for the cervical screening programme was 81%, which was equal to the England average of 81%. 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

Are services effective?

(for example, treatment is effective)

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.

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Feedback from people who used the service was continually positive about the way staff cared and treated them. There was a high level of praise for staff. There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff was strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders. Staff provided us with examples of their commitment to patients which included the sit and wait service which was resource intensive for the GPs, the initiated Saturday surgeries which were not part of a remunerated extended access scheme and the regular emergency evening surgeries for working patients. We were also told how patients were taken home after appointments and made a drink, delivering and collecting medicines for patients who had transport difficulties and allowing patients who attended the sit and wait surgery to go home or do other things rather than waiting at the practice. 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:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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



Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice was proactive in identifying and supporting carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (3%) of the practice list. Carers resource attended the practice twice a month to meet carers referred by the practice, and meet with GPs to increase awareness of their role. They support carers of all ages including couples who are each other's carers, young people and child carers. All the consulting rooms have Carers Resource referral cards available allowing the practice to refer immediately or give the carer a card to take away so they can self-refer at a later stage if they prefer. The practice had used consultations about admission avoidance care plans as an opportunity to identify carers, and reception staff sometimes suggested people they felt might benefit from a referral. The practice had referred 36 carers to the service in 2016 to date and was working hard to identify other unregistered carers. The practice told us how carers within the community had now set up on their own network groups and met regularly for social outings. Written information was available to direct carers to the various avenues of support available to them.

The practice had also been part of a local Red Cross Social Isolation project which was launched over three years ago with an aim to reduce social isolation. The practice had continued their engagement with The Red Cross after the project had ended as the practice felt that due to the rural practice area with an older population that social isolation was a real problem. A project worker from The Red Cross visited the practice weekly so they could collect practice referrals and feedback any concerns they had about the people they were supporting. The project worker met patients the practice referred at the patient's home or in the surgery. They offered links to volunteer befrienders, practical help such as tackling housing difficulties, providing loan of mobility aids like wheelchairs, help with transport, signposting to other agencies, and emotional support/companionship. Since the project began in 2014 the practice had referred 127 of their patients (2.4% of the population) to it. We were provided with specific examples of patients who had benefitted from this service who otherwise would not have been able to attend urgent hospital appointments or treatment without the project's support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We were told that GPs who lived locally provided families of patients receiving end of life care with their personal telephone numbers so that they could be contacted out of hours. They also worked with community staff to ensure patients had the correct anticipatory medicines available at home.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the extensive refurbishment of the practice at Masham and a submission of an improvement bid for the Kirkby Malzeard practice to improve services for their patients.

- The practice offered 11 'open surgery – sit and wait' surgeries per week across both sites including two evening surgeries and one weekend surgery every week. Pre-booked face to face and telephone appointments was also used.
- 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.
- Same day appointments were available for all patients.
- The practice offered a range of services aimed at providing care closer to the patient's home. For example deep vein thrombosis diagnosis and treatment, shared secondary care management of stable prostate cancer patients and drug dependence within the community and routine ring pessary fitting and replacement, and warfarin monitoring. The practice also provided other in house procedures including minor surgery, joint injections and cryotherapy.
- The practice demonstrated a proactive approach to understanding the needs of vulnerable patients and to deliver care in a way that met their needs. For example responding to patients who were carers, was/or at risk of social isolation and who had drug and alcohol dependence.
- Patients were able to receive travel vaccinations available on the NHS. The practice was also a yellow fever provider.
- There were disabled facilities at Kirkby Malzeard. The lack of appropriate facilities at Masham surgery was being addressed as part of the extensive refurbishment.

Access to the service

The practice had two surgeries, one of which was open daily from Monday to Friday 8.30am - 6.00pm. The practice

at Kirkby Malzeard was closed on a Tuesday and Wednesday afternoon and Masham practice was closed on a Thursday afternoon. The practice operated an 'open surgery – sit and wait' service at Masham every weekday morning when, if a patient presented themselves between 8.30am and 10am they would be seen by a GP. This service runs alongside pre-bookable appointment sessions. The same service is offered at Kirkby Malzeard with the exception of a Tuesday and Thursday morning when only pre-bookable appointments are available. An evening 'open surgery - sit and wait' was offered between 6pm and 7pm on a Monday when if a patient presented themselves they would be seen by a GP. An emergency surgery alternated between Kirkby and Masham practices every Saturday between 8.30am and 9.15am. The distance between each practice was approximately four miles. In addition to pre-bookable appointments that could be booked up to four months in advance, urgent appointments were also available for people that needed them.

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

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

The practice evidenced they responded to data, particularly where this fell below national/CCG averages. For example the practice had held a meeting with the partners and then the PPG to review the results from the GP patient survey data particularly in respect of the levels of patient satisfaction in respect of opening hours. The practice concluded that the results may have been lower than the national average due to the open access surgeries which by the first come first served nature meant waiting times varied dependent on the patient's position in the queue. Despite this, records showed the practice was committed to ensuring patients had timely access to an appointment at a time that suited them. Following the GP patient survey results and a subsequent patient survey carried out by the PPG based on access the practice had

Are services responsive to people's needs?

(for example, to feedback?)

put an action plan in place to improve the services offered to patients. One area they were reviewing was how the sit and wait service could remain but improved to reduce patient waiting times.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We observed this in practice on the day of the inspection when a GP who was not on the GP rota that day but attended the practice for the inspection responded by attending a palliative care patient at home.

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.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely, open and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, an alert had been added to the electronic records to identify patients with the same name.

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 staff were aware of and committed to. The practice did not have a formal business plan but through regular governance meetings it was evident the practice was aware of their vision and challenges for the future.

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 almost always maintained with the exception of always ensuring the safe management of medicines. The practice was aware of areas within the practice that needed further improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was evidence of further systems being considered for implementation to enhance the arrangements already in place. For example establishing a risk register and putting in place more formal systems for recording actions taken in response to alerts and significant events and the system for managing and monitoring staff training.

Leadership and culture

On the day of inspection the partners and practice manager in the practice demonstrated they had the experience, capacity and capability to run the practice and to ensure high quality care. The partnership and practice management arrangement was relatively new. There was clear evidence this practice was on a significant improvement pathway. They told us they prioritised safe,

high quality and compassionate care and this was evident from patient and staff feedback and findings and observations. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff. Our observations and findings throughout the day were aligned with these views.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Whole staff meetings were held every three months.
- 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 had been in place since 1999. They meet regularly. Every

Are services well-led?

Good 

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

third year the PPG held a public meeting with guest speakers talking about health services, updates by the GPs and then a public election of the new PPG to serve for the next three years. The practice advertised their services in the practice and in schools and post offices to try and reach out to various population groups. The PPG also produced a patient newsletter which they prepared in conjunction with the practice. The practice had been instrumental in securing improvements for patients. For example expanding the use of technology which has resulted in online repeat prescription requests, appointment booking and automated check in at Kirkby Malzeard. We also saw evidence the practice was reviewing the way they managed telephone appointments following feedback from patients.

- The practice had held a local village consultation in respect of the extensive refurbishment at the Masham practice.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. We saw evidence the partners discussed feedback from staff

appraisals to determine whether they needed to take any action. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was clear evidence the practice had made and continued to make significant improvement within the practice. The practice was acutely aware of their practice population and ensured any improvements were managed in a timely way and for the benefit of their patients. For example the extensive refurbishment work at Masham practice, the commitment to offer a sit and wait service to patients, submitting bids for funding to make improvements to Kirky Malzeard practice, introducing new policies and procedures to improve safety and improving their QOF scores for the last three years.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff. Specifically they had failed to ensure sufficient arrangements were in place to ensure medicines were always safely managed.</p> <p>This was in breach of regulation 12(1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>