Kingswood Surgery

Quality Report

14 Wetherby Road, Harrogate, North Yorkshire
HG2 7SA
Tel: 01423887733
Website: www.kingswooddoctors.co.uk

Date of inspection visit: 14 June 2017
Date of publication: 29/08/2017

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingswood Surgery on 14 June 2017. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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

- The ethos and culture of the practice was to provide a good quality service and care to patients.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice was able to meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.
- Patients reported they were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The practice had a culture of openness and honesty which was reflected in their approach to safety.
- Risks to patients were assessed and well managed.
- There were comprehensive safeguarding systems in place; particularly around vulnerable children and adults.
- The practice sought patient views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the Paient Participation Group (PPG).

Summary of findings

- There was a clear leadership structure, staff were aware of their roles and responsibilities and told us the GPs and manager were accessible and supportive
- The practice was forward thinking, aware of future challenges and were open to innovative practice.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to make improvements in response to the patient survey results.

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?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events. There was a nominated lead who dealt with them overall. Lessons learned were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults. Comprehensive systems were in place to keep patients and staff safeguarded from abuse. We saw laminated posters displaying safeguarding information and contact details, in all the consulting and treatment rooms.
- There were processes in place for the safe management of medicine. The practice received support from Harrogate and Rural District Clinical Commissioning Group (CCG) pharmacy team.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- There was a nominated lead for infection prevention and control.
- The clinicians had weekly meetings where they discussed a range of clinical issues and significant events, in a timely manner. Any learning was then shared with the practice team.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- Staff worked with other health and social care professionals, to meet the range and complexity of people's needs.
- End of life care was delivered in a coordinated way.
- Clinical audits were undertaken and could demonstrate quality improvement.
- Published data from the Quality and Outcomes Framework (QOF) showed that patient outcomes had been local and national figures.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The practice had a strong patient-centred culture and we observed that staff treated patients with kindness, dignity, respect and compassion.
- Data from the National GP patient survey showed that patients rated the practice comparable or slightly better than other local practices. Patient comments we received were positive about the care and service the practice provided. They told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- When a GP was notified of a patient's death this was followed up with a telephone call or home visit to the next of kin by the clinician best known to the patient.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with Clinical Commissioning Group (CCG) and other local practices to review the needs of their population.
- National GP patient survey responses and the majority of comments made by patients and showed they found it easy to make an appointment.
- The practice offered pre-bookable, same day and online appointments. They also provided telephone consultations.
- Home visits and longer appointments were available for patients who were deemed to need them, for example housebound patients or those with complex conditions.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including those people living with dementia.

Are services well-led?

Good

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

Summary of findings

- There was a clear leadership structure and a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place. These included the identification of risk and policies and systems to minimise risk.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice promoted a culture of openness and honesty.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients, the Patient Participation Group (PPG) and the NHS Friends and Family Test.
- Staff informed us they felt well supported by the GP partners and practice management.
- All staff had access to policies and procedures via the computer system.

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

Good

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

- The practice provided proactive, responsive and care to meet the needs of the older people in its population.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- The practice participated in Harrogate and Rural Clinical Commissioning Group (CCG) initiatives to reduce the rate of acute admission to hospital.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.
- Patients were signposted to other local services for access to additional support.

People with long term conditions

Good

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

- The GPs had lead to check patients' health care and treatment needs were being met.
- The practice identified those patients who had complex needs. The practice ensured that those patients with life limiting conditions were on the palliative care register. These patients were reviewed at meetings to ensure the correct support and care was delivered.
- The latest published QOF data (2015/16) showed the practice had achieved 97% of the total number of points available compared to a CCG average of 99% and a national average of 95%

Families, children and young people

Good

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

- The practice worked with midwives, health visitors and school nurses to support the needs of this population group
- Contraceptive services were available in the practice.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were at or similar to the national rates for all standard childhood immunisations.
- Systems were in place to follow up any children who had failed to attend for routine vaccinations.
- Data showed that 79% of eligible patients had received cervical screening (CCG average 83% and national average 81%).
- Appointments were available with both male and female GPs.

Working age people (including those recently retired and students)

Good

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

- The needs of these patients 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 offered a range of health promotion and screening that reflected the needs for this age group.
- Health checks were offered to patients aged between 40 and 74 who had not seen a GP in the last three years.
- Students were offered public health recommended vaccinations prior to attending university.
- The practice utilised electronic booking of appointments, prescribing and telephone appointments to provide improved access for working people.
- Some extended hours appointments were available.

People whose circumstances may make them vulnerable

Good

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

- Staff knew how to recognise signs of abuse. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could evidence a number of children who were on a child protection plan (this is a plan which identifies how health and social care professionals will work together to help to keep a child safe).

Summary of findings

- Patients who had a learning disability received an annual review of their health needs and a care plan was put in place. Carers of these patients were also encouraged to attend, were offered a health review and signposted to other services as needed.
- Longer appointments were offered to people with a learning disability.
- The surgery had wheelchair access and a portable hearing loop
- The practice encouraged carers to make themselves known to the practice
- We saw there was information available on how patients could access various local support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.
- Longer appointments were available for patients with a mental health condition.
- Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs or dementia and offered flexible appointments.
- Where patients had been assessed as needing Deprivations of Liberty Safeguards, these were written in the patient's clinical notes.

Summary of findings

What people who use the service say

The national GP patient survey published in July 2017 distributed 237 survey forms of which 103 were returned. This was a response rate of 43% which represented over 1% of the practice patient list.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 16 comment cards, all except two were wholly positive.

There were 16 positive comments, many using the words 'very good' and 'excellent' to describe the service and care they had received and citing staff as being friendly, helpful and caring. An additional two comments were concerning the length of wait to be seen for their appointment and one patient made a comment of lack of parking availability due to proximity of the hospital.

Areas for improvement

Action the service SHOULD take to improve

- Continue to make improvements in response to the patient survey results.

Kingswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector, one further CQC inspector and a GP specialist advisor.

Background to Kingswood Surgery

The Surgery is a member of the Harrogate and Rural District Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with Harrogate and Rural District CCG. They also offer a range of enhanced services, which include:

- Childhood vaccination and immunisations
- The provision of influenza and pneumococcal immunisations
- Facilitating timely diagnosis and support for patient with dementia

The surgery is located at 14 Wetherby Road Harrogate HG2 7SA an area within the 10% most affluent localities in England.

The practice is situated in a bespoke building with consulting rooms on the entry level; a lift is used to access first floor nurse consulting rooms. There is a car park for patients immediately behind the surgery and disabled bays in front of the surgery. The surgery had good wheelchair access and portable hearing loops.

The practice has a patient list size of 6,769.

There are four GP's (two male and two female), who are supported by two practice nurses (both female) and one health care assistant (female). There is a practice manager and a team of administration and reception staff. The practice also has the support of a CCG employed medicines management pharmacist.

The practice is open Monday to Friday between 8am and 6pm. Additionally they are open two Friday mornings 7am to 8am and two Thursday evenings per month between 6.30pm and 7.30pm and 9am to 10.30am each Saturday mornings. When the practice is closed out-of-hours services, are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

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

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 and inspection programme. 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 that we hold about the practice and asked other organisations, such as NHS England and Harrogate and Rural District CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2017). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 14 June 2017. During our visit we:

- Spoke with a range of staff, which included three GPs, the practice manager, three reception staff and two practice nurses. We also received completed questionnaires from 12 non-clinical members of staff.
- Reviewed comment cards where patients and members of the public shared their views.
- We spoke with three patients and members of the patient participation group (PPG)
- Observed in the reception area how patients/carers/ family members were treated.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- The practice promoted a culture of openness, transparency and honesty.
- Staff told us they would inform the practice manager of any incidents and complete the electronic incident recording form. The practice was also aware of their wider duty to report incidents to external bodies such as the CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning taken from significant events. For example when a carer requested a further prescription for a medication used for severe pain for a patient saying that the previous prescription issued was lost, the receptionist recalled a similar situation previously for the same patient. It was discovered there was no robust system for checking the frequency of ordering drugs. The practice had as a result established a register of scripts that had to be reprinted or reissued to identify any themes. All receptionists also had to refer any requests for prescriptions more than seven days early.
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.
- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. There was nominated infection prevention and control (IPC) lead and an IPC protocol in place. All staff were up to date with IPC training. We saw evidence that an IPC audit had taken place within the last 12 months and action was taken to address any improvements required as a result.
- Processes for handling repeat prescriptions had been reviewed and updated. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs), in line with legislation, had been adopted by the practice to allow nurses to administer medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- All policies and procedures were available to all staff on the computer system.

Good

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS checks where appropriate.

Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Risk assessments to monitor the safety of the premises, such as the control of substances hazardous to health and legionella (legionella is a bacterium which can contaminate water systems in buildings). There was also a health and safety policy which was accessible to staff.
- An up to date fire risk assessment.
- All electrical and clinical equipment was regularly tested and calibrated to ensure the equipment was safe to use and in good working order.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system to ensure there was enough staff on duty.

We saw evidence of an updated recall system for patients taking high risk medicines which were monitored monthly. Clinicians were informed of any patient not responding to their recall letters for them to follow up according to individual need.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff were up to date with fire and basic life support training.
- There was a fire evacuation plan in place which identified how staff could support patients with mobility problems to vacate the building.
- There was emergency equipment available, which included a defibrillator and oxygen,
- Emergency medicines were stored in a secure area which was easily accessible for staff.
- The practice had an effective accident/incident recording and reporting system in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and in hard copy. The plan also included cross working arrangements between neighbouring practices in the locality.

Good

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 peoples' needs. Updates were also discussed at GP and nursing team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs attended CCG meetings with other practices in the locality

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). We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The latest published QOF data (2015/16) showed the practice had achieved 97% of the total number of points available compared to the CCG average of 99% and national average of 95%. The overall QOF exception rate was 6.8% for the practice, 4% CCG average and 5.7% national 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).

We saw evidence that the QOF had improved significantly from 2014/15, and this had been maintained in 2016/17 (although this was unpublished and unverified at the time of the inspection).

The practice used clinical audit, peer review, local and national benchmarking to improve quality. We reviewed four audits which had been completed in the preceding 12 months, these identified compliance against recognised guidelines and identified areas for improvement. Through this process the practice was able to demonstrate where improvements had been made and sustained. For example:

- An audit on the follow up of patients taking warfarin demonstrated that all patients in the audit taking warfarin on 29 July 2016 and 14 November 2016 all received appropriate follow up and blood tests and the recall system was working effectively.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and 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 to the immunisation programmes, for example by access to online resources and discussions with other clinicians
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment.

Good

Are services effective?

(for example, treatment is effective)

Information was shared between services, using a shared care record. We saw evidence that multidisciplinary team meetings, to discuss patients and clinical issues, took place on a monthly basis.

Care plans were in place for those patients who had complex needs and for the top 4% of patients likely to be admitted to hospital or who had palliative (end of life) care needs. These were reviewed and updated. The system for recalls had been reviewed and improved for all patients with long term conditions by sending letters to patients with a reminder for them to make an appointment.

Consent to care and treatment

The practice had a policy regarding consent and staff we spoke with were aware of it and had a good understanding of the principles of consent.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

Supporting patients to live healthier lives

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

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

We were informed (and saw evidence in some instances) that Kingswood Surgery:

- Participated in Harrogate and Rural District Clinical Commissioning Group (CCG) initiatives to reduce the rate of acute admission to hospital, and attendance at accident and emergency department.
- Had good working relationships with local the neighbourhood team to support patients with any additional health or social needs.
- Encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. The uptake for breast cancer screening in females 50 to 70 years in the last 36 months was 69% while the CCG average was 77% and national average 73%. The uptake for bowel cancer screening in people 60 to 69 years in the last 30 months was 65% while the CCG average was 63% and national average was 58%.
- Patients were contacted and reminders were sent out to those eligible for cervical screening. The uptake rate for cervical screening in the preceding five years under the previous provider was 79%, compared to the CCG average of 83% and England averages of 81%.
- Had 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.
- Carried out immunisations in line with the childhood vaccination programme. Uptake rates from April 2016 were worse or similar to the national averages. For example, immunisation rates for children aged up to 24 months were 82% to 95% (above the national target of 90%) and for five year olds they were all 81% to 94% (CCG average 91% to 95%). The practice had identified a number of children from overseas on the practice list who had since returned to their country of origin but could not be excluded from the data resulting in some national targets not being made.
- Offered health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Should patients in the reception area wish to discuss sensitive issues or appeared distressed the staff were able to take the patients to a separate room.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

All of the 16 patient Care Quality Commission comment cards we received were positive, but one also mentioned parking difficulties and another that sometimes there was a long wait to be seen in the surgery. Many cited individual staff as being very supportive and kind.

Data from the national GP patient survey showed respondents rated the practice similar or lower than other practices for many questions regarding how they were treated. For example:

- 87% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 92%, national average 86%)
- 81% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG average 92%, national 86%)
- 79% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 91% and national 86%)
- 84% of respondents said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national 91%)
- 86% of respondents said the last nurse they saw or spoke to was good at giving them enough time (CCG average 95% and national average 92%)
- 78%% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%)

The practice were aware of the patient survey results showing less favourable responses and were taking actions to improve this, for example, by improved staff training and support.

Care planning and involvement in decisions about care and treatment

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

- The NHS e-Referral service (previously known as choose and book) was used with patients as appropriate.
- Longer appointments and additional support were available for those patients who may have had difficulty with understanding their options.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

Patient comments we received on the CQC comment cards and in person were all positive regarding their involvement in decision making and choices regarding their care and treatment.

The practice had an active Patient Participation Group (PPG) who were fully engaged and made significant contributions such as purchasing a portable hearing loop on their recommendation, altered the check in desk to make it more user friendly and support privacy, and updated the children's corner of the waiting area.

Data from the national GP patient survey showed respondents rated the practices lower than local and national practices. For example:

- 79% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 88% national average 82%)
- 87% of respondents said the last GP they saw was good at explaining tests and treatments (CCG average 92%, national average 86%)
- 78% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 93% and national average 91%)
- 77% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 93% and national average 90%)

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. We were informed that if a patient had experienced a recent bereavement, this was followed up with a telephone call or home visit to the next of kin by the most appropriate clinician.

There were 132 patients registered with the practice as carers which represented 2% of the practice population. These patients were offered personal health checks and signposted to a local carers organisation

The practice used a range of methods to improve health outcomes including social prescribing such as accessing community based activities.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with NHS England and Harrogate and Rural District CCG to review the needs of its local population and to secure improvements to services were these were identified. These included:

- Home visits for patients who could not physically access the practice and were in need of medical attention
- Urgent access appointments for children and patients who were in need.
- Online booking of appointments and requests for repeat prescriptions.
- Telephone consultations
- Longer appointments as needed
- Travel vaccinations which were available on the NHS
- Interpretation services

Access to the service

The practice is open Monday to Friday between 8am and 6pm. Additionally they are open each two Friday mornings 7am to 8am and two Thursday evenings per month between 6.30pm and 7.30pm and 9am to 10.30am each Saturday mornings. When the practice is closed out-of-hours services, are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Data from the national GP patient survey showed respondents rated the practice similar or lower than other practices. For example:

- 73% of respondents were fairly or very satisfied with the practice opening hours (CCG average 79% and national average 76%)
- 87% of respondents said they could get through easily to the surgery by phone (CCG average 86% and national average 71%)
- 83% of respondents said the last appointment they got was convenient (CCG average 85% and national average 81%)

Urgent and same day appointments for people with an immediate need were available and routine appointments were available up to four weeks in advance.

The appointment system had been reviewed and updated in July 2016 following the previous GP National Survey, resulting in the practice offering an additional 75 routine appointments each week and offering a greater variety of appointment times. Same day appointments were available for urgent cases and routine appointments were available within the week.

Listening and learning from concerns and complaints

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

- The 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.
- The practice kept a record of all written and verbal complaints.
- All complaints and concerns were discussed at the practice meeting.
- There was information displayed in the waiting area to help patients understand the complaints system.

There had been 12 complaints received in the last 12 months, including verbal, emails and paper correspondence. The complaints were mainly concerning access, appointments and some related to another provider of health care. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve the quality of care. For example, a patient complained that their care in an acute provider Trust was not appropriate to their needs. The actions of the practice was investigated by the surgery and the patient was written to after the investigation was complete giving a full explanation of the situation. The acute provider was informed of the outcome of the role of the practice in this complaint.

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.

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide high quality services to patients and be committed to improvements.
- The practice mission statement was displayed in the waiting area.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- All staff knew and understood the vision and values of the practice.

There was a strong caring patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured there was:

- A good understanding of staff roles and responsibilities. The GPs and nurses had lead key areas, such as mental health, safeguarding, long term conditions management and infection prevention and control.
- Practice specific policies were implemented, updated, regularly reviewed and available to all staff.
- A comprehensive understanding of practice performance. Practice meetings were held weekly with the doctors, where practice performance, significant events and complaints were discussed.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Effective arrangements for identifying, recording and managing risks.
- Business continuity and comprehensive succession planning in place. For example, the practice had clear plans in place in the event of catastrophic loss of services demonstrating plans for cross working with the branch surgery and other practices in the local area.

Leadership and culture

The practice 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). GPs and manager encouraged a culture of openness and honesty. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

On the day of the inspection the GPs and the practice manager could demonstrate they had the experience, capacity and capability to run the practice.

- There was a clear leadership structure.
- We were informed that the GPs and practice manager were visible and approachable.
- Staff informed us they felt respected, valued and supported.
- We saw evidence of regular meetings being held within the practice, such as nursing and administration
- The practice held a range of multidisciplinary meetings .
- The GPs promoted the learning and development of staff and also provided mentorship for other clinicians, such as advanced nurse practitioners.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The PPG, NHS Friend and Family Test, complaints and compliments received.

Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients. For

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example, a number of patients stated they did not like a radio playing in the waiting room so this was stopped and there was no apparent compromise to patient confidentiality.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

The practice worked with the CCG other practices in the local area to improve the health of the local population.