

East Parade Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Parade Surgery on 1 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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.
- The practice worked closely with the nearby homeless centre to ensure residents were registered at the practice and had easy access to appointments.
- 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.

We saw areas of outstanding practices where the practice had worked with secondary care to improve care protocols and the care of patients with leg ulcers and reduce the number of referrals. The practice used a significant number of templates for a range of conditions and shared these templates for care, with other practices in the CCG area to help improve the consistency and appropriateness of care.

The area where the provider should improve is to:

Summary of findings

- Ensure staff have up to date skills and knowledge to deliver effective care and treatment.

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 good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and were comparable to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. A wide range of templates were used to support the delivery of effective and consistent care. Clinical audits demonstrated quality improvement. The practice had organised the local practice nurse education training program which covered all Harrogate practices. Overall staff had the skills, knowledge and experience to deliver effective care and treatment, however, there were isolated examples of refresher training that needed to be undertaken. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice in line with or higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



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 (CCG) to secure improvements to services where these were identified. 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



Summary of findings

good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver clinical excellence and improve the health of patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There was an overarching governance framework which supported the delivery of good quality care, with each GP leading on specific areas of clinical care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour including giving patients reasonable support, truthful information and a written apology when something goes wrong with their care or treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a focus on continuous learning and improvement.

Good



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. Nationally reported data for 2014/2015 showed that outcomes for patients were good for conditions commonly found in older people and the percentage of people aged 65 or over who received a seasonal flu vaccination was above CCG and national averages. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked with nine other local practices to enhance the care of patients in Care homes. GP's visited two local care homes each fortnight to review patients. A local carers association ran fortnightly drop in sessions for carers. Two direct dial telephone lines were available in the reception area so that patients could easily call for a taxi.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice is rated as good for the care of people with long-term conditions. Nationally reported data for 2014/2015 showed that the practice's performance across a range of diabetes related indicators was similar to the national average. Each GP led in a specific clinical area, such as dementia or palliative care and shared good practice with clinical colleagues. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. As part of the CCG initiative the practice carried out care planning for 4% of the practice population who were older or had long term conditions. The practice had put in place a robust recall system to ensure that patients requiring a review were not missed. For those people with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of

Good



Summary of findings

A&E attendances. Immunisation rates were high for all standard childhood immunisations. 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. There was joint working with midwives, health visitors and school nurses. Nationally reported data for 2014/2015 showed that the practice was in line with the national averages for rates of cervical screening. 73% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months; this was comparable to the national average of 75%.

Working age people (including those recently retired and students)

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

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice worked closely with the nearby homeless centre to ensure residents were registered at the practice and had easy access to appointments.

Good



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). Nationally reported data from 2014/2015 showed 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting

Good



Summary of findings

in the last 12 months and 97% of people experiencing poor mental health had received an annual physical health check. Overall the practice performance across a range of mental health related indicators was comparable to the national averages. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice told patients experiencing poor mental health how to access support groups and voluntary organisations. The practice had a system to provide rapid access to appointments for patients who may be 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 published in January 2016 showed the practice was performing in line with local and national averages. 268 survey forms were distributed and 115 were returned. This represented 1.7% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone; (CCG average of 88% and national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried; (CCG average 90% and national average of 85%).
- 93% described the overall experience of their GP surgery as good; (CCG average 92% and national average of 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area; (CCG average 86% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect, staff were professional, friendly and caring and their needs were responded to and they received the care they needed.

We spoke with four patients during the inspection and four members of the Patient Participation Group (PPG). We also had emails from another four members of the PPG. The comments we received from patients indicated that they were happy with the care they received and thought staff were approachable, committed and caring. Recent comments from the Friends and Family Test showed that of the eight patients who had completed a return all would be likely or extremely likely to recommend the practice to a family member or friend.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure staff have up to date skills and knowledge to deliver effective care and treatment.

East Parade Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to East Parade Surgery

East Parade Surgery is a purpose built surgery in the centre of Harrogate. The building is shared with two other GP practices. The East Parade practice provides General Medical Services to approximately 7,300 patients living in Harrogate, Killinghall, Beckwithshaw, Pannal, Spacey Houses, Bilton, Forest Lane Head and Knox.

The practice has four GP partners and three salaried GPs. There are two male and five female GPs. The practice has a senior practice nurse, a practice nurse and a healthcare assistant. They are supported by a team of management, reception and administrative staff.

The practice is in an affluent area and has a lower than average proportion of its population who are classed as deprived. It also has a higher than average number of patients who are over 65.

The practice provides appointments between 7.20am and 8.00pm on a Monday and between 8.00am and 6.00pm on a Tuesday, Wednesday, Thursday and Friday. Out of Hours services are provided by Harrogate Hospital GP Service and are accessed through the 111 telephone number.

The practice also offers enhanced services including childhood vaccination and immunisation scheme, extended opening hours, support for people with dementia, influenza and pneumococcal immunisations, learning disabilities and remote care monitoring.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 1 February 2016. During our visit we spoke with the practice manager, GPs, nursing staff, administrative and reception staff. We spoke with patients who used the service, including members of the Patient Participation Group. We observed how staff dealt with patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

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

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

- Older people
- People with long-term conditions

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager or duty Doctor of any incidents and an incident form was completed. The practice used information gained from significant events to work with other local health care providers to improve patient safety. For example working with the local hospital to revise their letters to highlight hospital prescribed drugs. All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were discussed at clinical team meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example was following a bank holiday a new diagnosis of diabetes was not recorded on a patients' record. Having reviewed the process it was decided to increase staffing levels after a bank holiday to improve the management of the increase in demand and reduce pressure on clinical staff. This minimised the risk of incomplete recording of information received from the laboratory. The practice also introduced new protocols to ensure that where results of blood tests identified the diagnosis of a new medical condition the patient would be given an urgent appointment to see a GP.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

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.

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level three.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits and used data from the CCG to monitor their prescribing practice and ensure they were following best practice guidelines for safe prescribing. The practice was below the local and national averages for the prescribing of broad spectrum anti-biotics. The practice also had a lead GP for prescribing who also supported the CCG as a prescribing advisor. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. 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. These included control of substances hazardous to health, infection control and legionella, (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

on duty. The practice was aware of certain times of the year when demand was high, for example after a bank holiday and they ensured that additional clinical staff were available on those days.

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. Staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult masks. However, there were no children's masks and the practice agreed to review this. A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 peoples' needs. The practice monitored that these guidelines were followed through risk assessments and audits. The practice had clinical expert leads for a range of disease areas and also used a significant number of templates (110) to ensure that care was consistently delivered in line with guidance and standards.

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). Recently published results showed that the practice had achieved 99.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average across the range of indicators.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national average across the range of indicators.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. These included completed audits where the improvements made were implemented and monitored. Audits included a review of patients on Levothyroxine (a medicine which is a replacement for a hormone normally produced by the thyroid gland to regulate the body's energy and metabolism). To ensure that patients received the optimal dose they needed to be reviewed regularly. The

practice identified during the initial audit that 11% of the patients on Levothyroxine did not have a recall date to review their treatment. The practice introduced changes to the recall system to ensure that all patients were recalled at the right time and had their treatment reviewed. The practice had scheduled further audits at six monthly intervals to monitor its performance.

The practice had also looked at how it was managing the care of patients with leg ulcers in order to improve their care and to minimise inappropriate referrals to secondary care. The practice reviewed local and national guidelines on care for leg ulcers to ensure that they were delivering the best quality care. The practice worked with consultants and nurses in secondary care to amend care protocols. They also introduced rapid access appointments each day for patients with leg ulcers. Initial results showed that the number of referrals to hospital had reduced from 12 in 2014 to 4 in 2015. Work was ongoing at the time of the inspection to a further undertake audit on the time taken for leg ulcers to heal.

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. It 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. The majority of staff administering vaccinations were up to date with their training; however it was unclear at the time of our inspection whether all of the staff had received refresher training. When this was raised with the practice they were aware that the training was due and were in the process of dealing with this. Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other clinical staff.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had had an appraisal within the last 12 months.

The senior nurse had set up a local practice nurse education training program which covered all of the GP practices in the Harrogate area. These meetings helped to ensure consistency of practice across the locality.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However it was unclear at the time of our inspection whether all staff had up to date safeguarding 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. District nurses, community midwives and health visitors also used the building for meetings so the practice had a good working relationship with these health care professionals.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those with long-term conditions. Patients were then signposted to the relevant service. There were integrated community clinics for patients with diabetes and smoking cessation support available in the practice building.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However data for 2014/2015 showed uptake of these screening programmes was lower than the CCG and national averages and the practice was reviewing how to improve uptake in these areas.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 96% to 99%.

Flu vaccination rates for the over 65s and at risk groups were above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and that they were treated with kindness and compassion.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them (CCG average 94%, national average 89%).
- 92% said the GP gave them enough time (CCG average 92%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).

- 90% said they found the receptionists at the practice helpful (CCG average 92%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 the local CCG and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments (CCG average 92%, national average 86%).
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 88%, national average 82%).
- 97% said the last nurse they saw was good at involving them in decisions about their care (CCG average 92%, national average 90%).

Staff told us that translation services were available for patients who did not have English as a first language, although there was no information available on this in the reception area.

Patient and carer support to cope emotionally with care and treatment

Notices in the ground floor shared reception area told patients how to access a wide variety of support groups and organisations. The three practices who shared the building had agreed to have a communal Health Information Zone rather than three individual ones with general information and advice for patients. Information that related to the individual practice was in their own reception area.

Are services caring?

The practice had a carer's register and provided flexible appointments for carers. Written information was available to direct carers to the various avenues of support available to them. There was also a fortnightly drop in session to provide support to carers.

Staff told us that if families had suffered bereavement, their usual GP would contact them to provide advice on how to find support services.

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 CCG to secure improvements to services where these were identified. The practice worked with the local CCG to improve outcomes for patients in the area. This included participating in the Care Home Project where practices in the CCG area had lead responsibility for specific care homes. As part of the scheme two care homes each had a named GP, who would visit the home each fortnight to review care and treatment. They would also ring the home on the intervening week to check if there were any issues that needed to be addressed. This provided continuity of care for patients and a specific point of contact for the home in case of an emergency.

The practice also offered:

- Appointments from 7.20am and up until 8.00pm on a Monday for patients who could not attend during normal opening hours.
- Longer appointments for patients with a learning disability or complex health needs.
- Home visits for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Travel vaccinations.
- Disabled facilities including a hearing loop.

Access to the service

The practice provided appointments between 7.30am and 8.00pm on a Monday and between 8.00am and 6.00pm on a Tuesday, Wednesday, Thursday and Friday. Out of Hours services were provided by Harrogate Hospital GP Service and were accessed through the 111 telephone number. Pre-bookable appointments could be booked up to eight weeks in advance and urgent appointments were available on the day 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 above local CCG and national averages.

- 81% of patients were satisfied with the practice's opening hours (CCG average 79%, national average 75%).
- 86% of patients said they could get through easily to the surgery by phone (CCG average 88%, national average 73%).
- 71% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

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

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, this included information in reception, in the practice leaflet and on the website. Patients we spoke with were aware of the complaints process.

We looked at eleven complaints received in the last 12 months (this included comments from patients who had not specifically complained but the practice had treated them as a complaint). They were satisfactorily handled and dealt with in a timely, open and transparent way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, improving communication and giving explanations to patients about the process for getting results when tests were undertaken.

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 clinical excellence and best practice with services that were responsive and improved the health of patients. Staff knew and understood the values and the practice had a business plan which reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Each partner had responsibility for leading on specific health conditions such as dementia and palliative care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They 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 clinical and administrative team meetings.
- The GPs met each day at 11.30 and everyone knew that they could bring an urgent issue to this meeting if they needed to.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident in doing so and felt supported if they did.
- 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. There was an active PPG which the practice communicated with, and sought views and opinions from regularly, through email and face to face meetings. Changes included improving the practice website to make key information such as how to access Out Of Hours services easier to find.

The practice gathered feedback from staff through individual discussions, appraisals and staff meetings. 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

Are services well-led?

Good 

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

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 schemes to improve outcomes for patients in the area. The practice

had developed a number of templates (110) for a range of conditions. The templates for care were shared with other practices in the CCG area to help improve the consistency and appropriateness of care.