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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingswood Surgery on 1 December 2015.

Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough.
- Some of the systems and processes to address and identify risks to patients and staff were not always in place or implemented well enough to ensure patients were kept safe.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Multi-disciplinary team (MDT) meetings took place and the practice was involved in a number of specific MDT initiatives to improve outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 was below the local CCG and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice). We saw evidence that new systems had been put in place to address this and patients were now being systematically recalled and reviewed.
- The practice could not demonstrate how they ensured mandatory and role-specific training was completed for relevant staff.
- Results from the national GP patient survey in respect of patients being treated with compassion, dignity and respect and being involved in care planning was below the CCG and national averages. However, we received mostly positive feedback from patients and CQC comment cards.

Summary of findings

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered a wide range of appointments outside of core appointment times.
- Whilst data and some feedback from patients showed that access to appointments was lengthy the practice demonstrated they kept this under review and were trialling new initiatives to improve patient satisfaction. Urgent appointments were available daily with the duty doctor.
- Staff told us they felt supported by the GP partners and made particular reference to the excellent level of support and direction provided by the interim practice manager.
- The practice did not have a business plan in place which was subsequently not monitored or regularly reviewed. The practice had experienced staffing challenges in the last year and demonstrated they were on an improvement trajectory in some areas.
- The practice had an overarching governance framework but this was not always effective. Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective or timely.

There were also areas of practice where the provider needs to make improvements.

The areas where the provider must make improvement are:

- All employed persons providing care or treatment to patients must have the qualifications, competence, skills and experience to do so safely. Specifically, this includes ensuring staff training is up to date and the relevant staff are competency assessed and records kept in individual staff files.
- The practice must always assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be put at risk which arises from the carrying on of the regulated activity.
- There must be systems for assessing the risk of preventing, detecting and controlling the spread of infections. Specifically, ensure that staff are trained and documented audits are carried out in respect of the management of infection control.
- The practice must take action to ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.
- The practice must ensure that systems for good governance are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and staff are effective.

The areas where the provider should make improvements are:

- Ensure access to routine appointments is kept under review so that routine appointments can be accessed in a timely way
- Ensure the practice provides care and treatment in a safe way by ensuring that patients are reviewed in a timely way.
- Ensure the practice records actions from clinical meetings.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services and improvement must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough.
- Staff understood their responsibilities in respect of safeguarding people.
- Some of the systems and processes to address and identify risks to patients and staff were not always in place or implemented well enough to ensure patients were kept safe. There was a lack of overall oversight which resulted in risks not being identified or fully addressed. For example, training was not always up to date or completed in a timely way, recruitment checks were not carried out appropriately, infection control audits were not carried out and learning from significant events was not effective enough.
- We saw some evidence that systems and processes had been reviewed and improvement measures put in place.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services and improvement must be made.

- There was evidence of appraisals and personal development plans for all staff.
- Multi-disciplinary team (MDT) meetings took place and the practice was involved in a number of specific MDT initiatives to improve outcomes for patients.
- QOF data for 2014 – 2015 was below the local CCG and national averages. We saw evidence that new systems had been put in place and patients were being systematically reviewed.
- There was some evidence that audit was driving improvement in performance.
- Staff did not always have the training, knowledge and experience to deliver effective care and treatment.
- The practice did not have systems in place to ensure staff completed mandatory and role-specific training.
- Patient information was not always co-ordinated in a timely way.

Summary of findings

Are services caring?

Requires improvement 

The practice is rated as requires improvement for providing caring services and improvement must be made.

- Patients we spoke with told us that health issues were mostly discussed with them and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was aligned with these views. Results from the national GP patient survey we reviewed showed patients satisfaction was below the local CCG and national average in respect of their involvement in planning and making decisions about their care and treatment.
- Data showed that patients rated the practice lower than others for several aspects of care.
- Data, complaints records and feedback showed that not all patients felt they were always treated with compassion, dignity and respect.
- We observed staff treating patients with kindness and respect.

Are services responsive to people's needs?

Good 

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice participated in work with Secondary Care to support integrated care clinics for patients with certain conditions. They were also part of a new multi-disciplinary initiative instigated by Tees, Esk and Wear Valleys NHS Foundation Trust looking at antipsychotic prescribing for patients with dementia in a local care home.
- The practice offered a wide range of appointments outside of core appointment times.
- Whilst data and some feedback from patients showed that access to appointments was lengthy the practice demonstrated they kept this under review and were trialling new initiatives to improve patient satisfaction. Urgent appointments were available daily with the duty doctor.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Lessons learned were not reviewed and evaluated enough to support, and ensure improvement.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led and improvement must be made.

- The practice had a mission statement, and a patient and practice charter which they advertised on their website.
- 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. They all told us they felt supported and made particular reference to the excellent level of support and direction provided by the interim practice manager.
- The practice did not have a business plan in place which was subsequently not monitored or regularly reviewed. The practice had experienced staffing challenges in the last year and demonstrated they were on an improvement trajectory in some areas. There was some evidence that GP partners had started to take steps to look at the governance arrangements.
- The practice had an overarching governance framework but this was not always effective in identifying and acting on risk in a timely way.
- Staff were aware of their own roles and responsibilities but there was a lack of cohesiveness between the GP partners and the nursing team.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requirements improvement for safe, effectiveness, caring and for being well led. The areas for improvement which led to these ratings apply to everyone using the practice, including the care of older people.

- 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 and end of life care.
- 4% of the practice population had a proactive care plan in place which was regularly reviewed, a high proportion of these were for patients who were vulnerable or older people.
- The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 years had a named GP.
- Flu vaccination rates for the over 65 year olds were 70% which was lower than the national average of 73%.

People with long term conditions

Requires improvement

The practice is rated as requirements improvement for safe, effectiveness, caring and for being well led. The areas for improvement which led to these ratings apply to everyone using the practice, including the care of people with long-term conditions.

- The data from for people with long term conditions was mixed; many areas being below the local CCG and national average.
- Admissions to secondary care for long term conditions were slightly above the national average.
- Longer appointments and home visits were available when needed.
- A personalised care plan or structured annual review to check health and care needs were not always being carried out although we saw evidence to show that this area was on an improvement pathway with new processes put in place to ensure patients were recalled and reviewed as appropriate.
- The practice worked with Secondary Care to supported integrated care clinics for some patients with Type II diabetes and dermatology.
- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requirements improvement for safe, effectiveness, caring and for being well led. The areas for improvement which led to these ratings apply to everyone using the practice, including 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 A&E attendances.
- Immunisation rates for the standard childhood immunisations were mixed. For example for children aged five years were all below the CCG average.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Not all staff had received safeguarding training or received it in a timely way.
- The practice provided a range of contraceptive, pre-conceptual, maternity and child health services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requirements improvement for safe, effectiveness, caring and for being well led. The areas for improvement which led to these ratings apply to everyone using the practice, including 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 for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requirements improvement for safe, effectiveness, caring and for being well led. The areas for improvement which led to these ratings apply to everyone using the practice, including people whose circumstances may make them vulnerable.

Summary of findings

- 4% of the practice population had a proactive care plan in place which was regularly reviewed, a high proportion of these were for patients who were vulnerable or older people.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified 118 patients with a learning disability, of which 50 had been invited for an annual health check.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Not all staff had completed safeguarding training or completed it in a timely way. 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.
- A fortnightly GP service was offered to patients in residential and nursing homes. Each of the nursing homes was allocated a named GP.
- Flu vaccination rates for those patients at risk were 43% which was lower than the national average of 53%.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requirements improvement for safe, effectiveness, caring and for being well led. The areas for improvement which led to these ratings apply to everyone using the practice, including people experiencing poor mental health (including people with dementia).

- The practice had maximum QOF scores in dementia.
- 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Eight percent were exception reported from this.
- The practice was part of a new multi-disciplinary initiative looking at antipsychotic prescribing for patients with dementia in a local care home.
- 82% of patients had had a health check for mental illness and 95% had an assessment of depression severity

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. Staff had not received specific mental health training.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey published in July 2015 showed that 16 out of the 23 questions were below the national average and two equal to the national average. There were 311 surveys sent out and 125 surveys returned.

85% describe their overall experience of this surgery as good compared with a CCG average of 91% and national average of 85%.

75% would recommend this surgery to someone new to the area compared to the CCG average of 87% and national average of 78%.

86% found it easy to get through to this surgery by phone compared with a CCG average of 89% and a national average of 73%.

57% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.

72% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 78% and national average of 75%.

84% found the receptionists at this surgery helpful compared with a CCG average of 92% and a national average of 87%.

80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85%.

79% describe their experience of making an appointment as good compared with a CCG average of 84% and a national average of 73%.

90% said the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.

69% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 72% and a national average of 65%

62% felt they don't normally have to wait too long to be seen compared with a CCG average of 66% and a national average of 58%.

Results from the last three months of the Friends and Family test showed that of the 17 responses, 10 were extremely likely, two likely, one unlikely and four extremely unlikely to recommend the practice.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards (which is 0.5% of the practice patient list size). We also spoke directly with seven patients and one member of the Patient Participation Group (PPG) who was also a patient. They were positive about the standard of care received. Four patients raised concern regarding timely access to appointments and four patients commented that they had experienced a time where they felt they were not treated with dignity and respect in the way they were spoken to.

Areas for improvement

Action the service MUST take to improve

- All employed persons providing care or treatment to patients must have the qualifications, competence, skills and experience to do so safely. Specifically, this includes ensuring staff training is up to date and the relevant staff are competency assessed and records kept in individual staff files.
- The practice must always assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be put at risk which arises from the carrying on of the regulated activity.
- There must be systems for assessing the risk of preventing, detecting and controlling the spread of infections. Specifically, ensure that staff are trained and documented audits are carried out in respect of the management of infection control.

Summary of findings

- The practice must take action to ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.
- The practice must ensure that systems for good governance are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and staff are effective.

Action the service SHOULD take to improve

- Ensure access to routine appointments is kept under review so that routine appointments can be accessed in a timely way
- Ensure the practice provides care and treatment in a safe way by ensuring that patients are reviewed in a timely way.
- Ensure the practice records actions from clinical meetings.

Kingswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to Kingswood Surgery

Kingswood Surgery is located in Harrogate and mostly offers services to the sub-urban population of North Harrogate. There are approximately 7,000 on the practice list. The area deprivation is significantly lower than the national average. The largest percentage of patients is in the 30 to 39 age range and males 45 – 49 years of age. Ethnicity is 93% white British.

There are four GPs (two male and two female), two practice nurses (female) and one health care assistant (female). There is also a practice manager, a practice secretary and reception staff.

Kingswood Surgery is a teaching practice. The practice is involved in the training of doctors who are preparing to enter general practice.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Harrogate District Foundation Trust.

The practice has a General Medical Service (GMS) contract and also offers a range of enhanced services.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

Detailed findings

• People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 1 December 2015
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, the systems in place for learning and evaluating the effectiveness of change introduced from all incidents required strengthening.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- There was an open approach for reporting safety incidents and significant events. We reviewed records, incident reports and minutes of meetings where these were discussed. Nineteen significant events were recorded for the last twelve months. The records showed they had been reviewed at the quarterly significant event meetings and/or at weekly partners meetings. The records showed the event was discussed and action taken. For example, following significant events, changes had been made to the management of prescriptions for controlled drugs and processes introduced for patients non-compliant with their medicines. They had also ensured that patients who were prescribed certain medicines were coded correctly on the computerised records and recorded on the correct list to ensure they were recalled to the practice for review. However, despite such action taken, the lessons learned were not reviewed and evaluated enough to support and ensure sustained improvement. From the significant event records we found there was limited evidence of any formal review of changes introduced to allow the practice to be able to assess the effectiveness of the changes introduced and lessons learned.

Overview of safety systems and processes

Some of the systems and processes to address and identify risks to patients and staff were not always in place or implemented well enough to ensure patients were kept safe. There was a lack of overall oversight which resulted in risks not being identified or fully addressed. For example, training was not always up to date or completed in a timely way, recruitment checks were not carried out appropriately, infection control audits were not carried out and learning from significant events was not effective enough.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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 GP for safeguarding children and adults. Staff were trained to the required level although it should be noted that the majority of GP's had only completed this training shortly before the inspection. Staff demonstrated they understood their responsibilities in relation to safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Notices were displayed throughout the practice advising patients that a chaperone service was available, if required. All staff who acted as a chaperone were trained for the role although not all had received a disclosure and barring check (DBS). The practice told us this would stop immediately and only staff who had a DBS check would act as a chaperone'. (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).
- We observed the premises to be clean and tidy. Appropriate standards of hygiene were not always followed. Domestic cleaning arrangements were unclear and clinical waste was not stored securely and outside of the building. The systems for managing infection control were not effective and needed improvement. No infection control audits were carried out and records of checks undertaken were not always maintained. Not all staff had completed infection control training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always provide assurance that patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out some medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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. They had systems in place to ensure updates to the PGDs were read by the nurses. However, practice nurse's immunisation training was out of date. The interim practice manager acted on this immediately and sort

advice from NHS England who confirmed that as the nurses were following PGDs they could continue to administer vaccines until a training course was available. The practice had a system for production of Patient Specific Directions for the Health Care Assistant to administer vaccinations, although they had not been competency assessed since 2013. Whilst the practice did not have any patients on repeat disease modifying anti-rheumatic drugs (DMARDs), the monitoring depended on individual GPs being alert when authorising the re-issue of these drugs rather than there being a practice-based system in place.

- Recruitment checks had not always been carried out appropriately. The records showed gaps in interview records, proof of identity and DBS checks for nursing staff. The interim practice manager had identified in July 2015 that the practice nurses did not have a DBS check in place. Whilst the interim practice manager had instigated the first stage of the DBS check, this had not been followed through with the staff member and submitted to the DBS. No interim risk assessments were in place whilst the nurse continued to practice unsupervised with patients. At the time of the inspection one of the nurses had a DBS in place and the other did not. We saw evidence the interim practice manager had put in place new processes to ensure that future recruitment was carried out appropriately. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and there was evidence it was beginning to be well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. This was carried out in conjunction with an external company as the practice was in shared occupancy building. There was a health and safety policy available and information throughout the practice. 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 interim practice manager had recently introduced a range of other environmental risk assessments to improve the management of health and safety within the practice. It was too early to assess the effectiveness of these risk assessments and whether they were embedded into the practice.
- 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.

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.
- Most staff had completed emergency first aid training.
- Emergency medicines were available in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. As clinical meetings were not recorded the practice was unable to demonstrate that they followed through compliance with guidelines other than when audits were carried out and at learning events.

Management, monitoring and improving outcomes for people

The practice participated in the QOF. Current results were 88% of the total number of points available which was 10% below the CCG average and 6% below the national average, with 9.3% exception reporting which was slightly above the CCG and national average. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Lower exception reporting rates are more positive. This practice was not an outlier in any QOF areas. Data from QOF showed that nine out of the 19 clinical indicators were 100%. The remaining 10 clinical indicators were all below the CCG and national average, six of them significantly. For example

- Performance for diabetes mellitus was 72% which was lower than the local CCG and England average being 23% points below the CCG average and 17% below the England Average.
- Performance for chronic kidney disease (CKD) related indicators was 81.3% which was significantly lower than the local CCG and England average being 16.4% points below the CCG average and 13.5% points below the England Average.
- Performance for stroke and transient ischaemic attack was 73% which was below the CCG and England average being 25% points below the CCG average and 23% points below the England average.
- Performance for asthma related indicators was 93% which was below the CCG and England average being 5.3% points below the CCG average and 4.1% points below the England average.
- Admissions to secondary care for CHD, diabetes, asthma and COPD were all slightly higher than the national average.
- The practice had identified 118 patients with a learning disability, of which 50 had undergone an annual health check.
- The practice had identified 55 patients with epilepsy; of which 40 had undergone an annual health check. The others were recorded with a date for review as part of the new recall arrangements that had been put in place.

The practice acknowledged there had been a decrease for 2014/2015 QOF in data compared to their 2013/2014 QOF, which was above the national average. They had put arrangements in place and had introduced new systems and processes for managing QOF and for the recall and review of patients. We saw evidence that whilst these new processes were in their infancy, progress had already been made to ensure that patients that needed to be reviewed were identified and systematically being called for review. However, the practice needed to catch up on those patients who had previously not been recalled. For example, the practice had identified 118 patients with a learning disability; of which 50 had received an annual health check.

Accident and emergency admissions were below the national average at 269 compared to the national average of 329. Emergency admissions were also slightly below the national average. Admissions for long term conditions were slightly above the national average.

There was no programme of clinical audit in place. Clinical audits demonstrated initial quality improvement mainly through single cycle audits but the process of re-audit meant sustainability of improvement was not always being measured.

- There had been two full cycle clinical audits completed although one of these was first audited in 2012 and then re-audited in 2015. They were both completed audits where the improvements made were implemented and monitored. However, we also saw evidence where issues had been identified following a single audit and the area

Requires improvement

Are services effective?

(for example, treatment is effective)

had not been re-audited to monitor whether changes had been sustained and improvement delivered, despite there being a significant event linked with this specific medicine.

Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not demonstrate how they ensured mandatory and role-specific training and updating for relevant staff. Clinical staff which included GPs and nursing staff had gaps in their training and some training had only been completed shortly before the inspection. For example, immunisation training, safeguarding and infection control.
- Staff received annual appraisals and attended meetings. Staff had access and were offered training. However, the systems for ensuring and addressing with staff that training was completed were not effective enough. The health care assistant had not been competency assessed since 2013.
- The current clinical delegation of tasks did not support an effective staffing arrangement.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system.

- We saw evidence that in the last year the practice had not always shared relevant information with other services in a timely way. For example, records showed that in November 2015 it had been identified that the GPs had a backlog of 700 letters received into the practice. Practice records noted this as an identified risk and action was taken to reduce the number to 100 within a week. The practice informed us that letters which referenced medicine changes were filtered out and acted on before being passed to the GPs.
- We saw evidence that multi-disciplinary team meetings took place on a four to six weekly basis with attendance by district nurses, palliative care nurses and community nurses. For example, unplanned admissions took place regularly.
- Patients reported to us that they were not able to access their summary care records on line. The practice told us they were looking into this.

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. No staff had received training in mental capacity and there were no plans evident for this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was occasionally monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a wide range of lists which identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was comparable to other practices. The practice performance was 81% compared 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mixed. Some were above and some below the CCG average for age 12 to 24 months. All were below the CCG average for children aged five years. Flu vaccination rates for the over 65 year olds were 70% which was lower than the national average of 73%. Flu vaccination rates for those patients at risk were 43% which was lower than the national average of 53%.

Requires improvement

Are services effective?

(for example, treatment is effective)

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had a range of health promotion literature throughout the practice and on the practice website.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 26 comment cards and spoke directly with seven patients and one member of the PPG who was also a patient. Most of the feedback was positive in respect of being treated with respect, dignity, compassion and empathy. Four patients commented that they had experienced a time where they felt they were not treated with dignity and respect in the way they were spoken too. We looked at the last quarterly review meeting of complaints. Two out of the four complaints received during the last quarter related to dissatisfaction in respect of the attitude of the GP. Records also showed concern had been raised on a number of occasions in respect of the attitude of a nurse.

Results from the national GP patient survey in respect of patients being treated with compassion, dignity and respect was below the CCG and national averages. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 94% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 84% patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and national average of 87%.
- There were no plans available to demonstrate how the practice was planning to improve this data.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were mostly discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they mostly 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 aligned with these views.

Results from the national GP patient survey we reviewed showed patients satisfaction was below the local CCG and national average in respect of their involvement in planning and making decisions about their care and treatment. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 81%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.
- There were no plans available to demonstrate how the practice was planning to improve this data.

Staff told us that translation services were available for patients who did not have English as a first language. We observed notices in the reception area in English and Polish.

Requires improvement

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had 78 carers. Twenty five of the 78 carers had been invited for a health check. Written information was available to direct carers to the various avenues of support available to them.

Systems were in place in respect of the management of patients and their families who were bereaved. Systems for updating records were in place and families who were bereaved were contacted by a GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG and NHS England to plan services and to improve outcomes for patients in the area. For example the practice participated in work with Secondary Care to supported integrated care clinics for some patients with Type II diabetes and dermatology.

They were also part of a new multi-disciplinary initiative instigated by Tees, Esk and Wear Valleys NHS Foundation Trust looking at antipsychotic prescribing for patients with dementia in a local care home. The practice was part of a federation of other practices in the CCG. They met regularly and explored collectively how they could improve outcomes for patients. There was evidence the group was also engaging with other partners such as Harrogate District Foundation Trust to support this work and attending meetings as part of the Vanguard discussions. Partners from health and social care in Harrogate and District have been chosen to take a national lead on transforming health and social care. Harrogate's Vanguard site is one of only 29 in the country to be chosen to lead the way in transforming care for local people. The aim will be to provide support to people to remain independent, safe and well at home with care provided by a team that the person knows and they can trust, set out in a universal care plan. This service will be provided by an integrated care team from community based hubs which include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a wide and varied range of appointments outside of core opening hours.
- A duty GP system operated daily for acutely unwell patients.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them.
- Urgent access appointments were available for those patients that needed them.
- Disabled facilities were available.
- A Polish speaking GP was available at the practice. Notices at the reception desk were in English and Polish.
- The practice had good facilities and was well equipped to treat patients.
- The practice utilised the winter pressures initiative to secure extra GP resourcing during the winter months.
- The practice was able to offer 'in house' community services such as midwifery, podiatry, NYDESP and ultrasound.
- Services such as wart clinic, contraceptive fitting and minor surgery were also offered.
- A fortnightly routine GP visit was offered to patients in residential and nursing homes. Each of the nursing homes was allocated a named GP.

Access to the service

The practice was open from 8am to 6pm Monday to Thursday, 7am to 6pm on Friday and 9am to 10.30am on Saturday. From January 2016 the practice was changing their opening times to offer patients more varied appointment times. The practice operated a pre-bookable appointment system. Consulting times were varied amongst the GPs and spread throughout the day. A duty GP system ran from 8am to 6pm daily alongside the pre-bookable appointments with an aim to ensure that acutely unwell patients could be seen by a GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the CCG average and mostly below the national averages. Feedback from patients was mostly satisfactory about access to routine appointments. Of the 34 pieces of feedback received, four raised concern regarding access to routine appointments.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 89% and national average of 73%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 90% and national average of 73%.
- 90% said the last appointment they got was convenient compared to the CCG average of 95% and national average of 92%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 84% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and a national average of 85%.
- 69% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65%.
- 62% feel they don't normally have to wait too long to be seen compared to the CCG average of 66% and national average of 58%.

We looked at the appointment system. Records showed the next routine appointment available was on the 11th December 2015. Urgent Appointments were available daily. Records showed the practice monitored access to appointments. From January 2016 the practice would be open from 8am to 6pm, Monday to Wednesday, 8am to 7.30pm two Thursdays each month, 7am to 6pm, two Fridays each month and 9am to 10.30am on Saturday. They practice was also trialling different appointment arrangements to improve accessibility.

Listening and learning from concerns and complaints

The practice had a 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

The practice had received nine complaints in the last twelve months. These were satisfactorily handled and dealt with in a timely way. The records showed complaints were discussed at quarterly complaints meetings but lessons learned were not reviewed and evaluated enough to support, and ensure improvement.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice told us about their vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with knew and understood the aims of the service. The practice had a mission statement and a patient and practice charter which they advertised on their website.

The practice did not have a strategy in place which was subsequently not monitored or regularly reviewed. There was some evidence the GP partners had started to take steps to look at the governance arrangements and had held their first partners and practice manager away day earlier on in the year. They planned to hold another event next year. The practice had experienced staffing challenges in the last year and demonstrated they were on an improvement trajectory in some areas.

Governance arrangements

The practice had an overarching governance framework but this was not always effective in identifying risk in a timely way and/or acting on it to ensure the delivery of good quality care. For example:

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective or timely. For example, a GP partner had only raised the issue of the backlog of patient letters to be reviewed by GPs when it reached a backlog of 700 letters. We also identified other areas of risk that the practice was not aware of, for example, nurse immunisation training being out of date.
- Although there was a staffing structure and staff were of their own roles and responsibilities, there was a lack of cohesiveness between the GP partners and the nursing team.
- Practice specific policies were implemented and were available to all staff. There were no systems in place for monitoring that staff had read and implemented these policies.
- There was some understanding of the performance of the practice. For example, the practice was aware of some areas where they required improvement, for example their low QOF score. The practice demonstrated they had taken action to improve the systems for recalling patients to the practice for review but again the timeliness of addressing such issues needed reviewing.
- Audits were undertaken. However, there was no programme of audit in place and audits were not always followed through and used as a tool to monitor quality and to make improvements.
- The partners met on a regular basis to review business and clinical matters. Nurses also met but the group did not meet collectively. Recording of these meetings was not consistent.

Leadership, openness and transparency

The clinical leadership required strengthening to ensure a practice wide approach to care and treatment in line with best practice. The GP partners acknowledged the staffing challenges they had experienced over the last year had impacted on the ability to provide effective clinical governance. There were multiple examples of systematic failures related to leadership. For example, the failure to be aware of the non-recall of chronic patients for monitoring was a system failure and the lack of formal co-ordination of the GPs and the nurses was another symptom of the lack of structured leadership and system development. There was a lack of oversight between the GP and nursing team with GPs failing to delegate tasks that could be managed elsewhere within the practice, for example by nursing staff or administration staff. The practice acknowledged they needed to address issues.

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. They all told us they felt supported and made particular reference to the excellent level of support and direction provided by the interim practice manager.

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

Are services well-led?

Requires improvement

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

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

The practice encouraged feedback from staff but did not fully demonstrate that it always encouraged and valued feedback from patients and the public. The level of engagement with patients was not always effective.

- The PPG was in the initial stages of set up. The establishment of this group had been delayed throughout this year. In these early stages, feedback suggested there was a level of uncertainty regarding the purpose of the group and willingness of GP's to engage with this group.
- The practice did not carry out patient surveys. The FFT feedback box was on display within the practice and on the practice website. Despite this, the number of patients who had completed this during the last three months was very low for the size of the practice.
- The practice had gathered feedback from staff twice this year through surveys and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment** How the regulation was not being met: The practice did not always ensure it assessed the risks to the health and safety of patients receiving care and treatment. They did not always demonstrate they did all that was reasonably practicable to mitigate any such risks. Specifically, we identified the delay in the re-call and review of patients with chronic diseases as well as patients with a learning disability. Regulation 12 (2)(a)(b) How the regulation was not being met: The practice did not ensure that all employed persons providing care or treatment to services users had the qualifications, competence, skills and experience to do so safely. Specifically, we identified gaps in the training for staff. The two practice nurses did not have up to date immunisation training and the health care assistant had not been competency assessed since 2013. We identified gaps in other areas of training. Regulation 12(2)(c)

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

The practice did not ensure that systems were in place to assess the risk of, and preventing, detecting and controlling the spread of, infection.

Specifically, the systems for managing infection control were not effective and needed improvement. Appropriate standards of hygiene were not always followed. Domestic cleaning arrangements were unclear and clinical waste was not stored securely and outside of the building. No infection control audits were carried out and records of checks undertaken were not always maintained. Not all staff had completed infection control training.

Regulation 12(2)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

The practice did not ensure it always assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be a risk which arise from the carrying on of the regulated activity.

Specifically, the system in place for learning and evaluating the effectiveness of change introduced from all incidents was not effective.

Where progress was not achieved as expected, appropriate action was delayed. The process of

This section is primarily information for the provider

Requirement notices

managing correspondence into the practice was not monitored until a significant backlog of correspondence had accrued. Secondly, action to resolve the non-recall of patients with chronic diseases was also delayed.

There was no programme of clinical audit in place. Clinical audits demonstrated initial quality improvement mainly through single cycle audits but the process of re-audit meant sustainability of improvement was not always being measured.

A programme of non-clinical audit was not in place. Audits relating to infection control were not carried out.

The system for monitoring and addressing that training had not been completed was not effective which resulted in the practice failing to identify that staff had not completed certain required training or completed it in a timely way.

Regulation 17 (1)(2)(a)(b)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Fit and proper persons employed
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Requirement notices

The information as specified in Schedule 3 was not available in relation to each such person employed for the purposes of carrying on the regulated activities.

Specifically, the practice had not completed a Disclosure and Barring Service (DBS) check for one of the nurses employed.

Regulation 19(2)(a)(b)