

Doctors Lane 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 Doctors Lane Surgery on 30 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained. They had the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.

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

We saw some areas of outstanding practice:

The practice's care of older people. The practice was working with two other practices as part of a frailty pathway project. The outcome aims of the project included areas such as improved patient satisfaction and quality of life, and improved recognition and diagnosis of frailty. The project was in phase one. Early outcomes from Doctors Lane Surgery demonstrated positive results and that appropriate care and referrals were made to support these patients. For example, of the 87 patients identified for the project, three had been referred to continence, 12

Summary of findings

to the falls service, four to the memory clinic, 18 to podiatry, six for hearing aid assessments and 27 to HOT clinic. The function of a HOT clinic is to assess and address patients' needs rapidly within a multidisciplinary structure with the aim being to link with community teams to ensure appropriate care provision is in place.

The practice offered 'MyGP' an electronic way for patients to communicate with GPs for routine queries. This was of particular benefit for this rural practice.

The practice offered a range of services as part of the 'Out of Hospital Basket' enhanced service aimed at providing care closer to patients home. For example deep vein thrombosis diagnosis and treatment, management of stable prostate cancer patients within the community and routine ring pessary fitting and replacement.

If a patient was receiving end of life care then families/ carers were provided with the GPs' personal numbers. If needed and if possible the GP would attend the patient out of hours.

The areas where the provider should make improvement are:

The practice should ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all newly recruited staff.

The practice should assess their access to emergency medicines.

The practice had established a service for people to pick up their dispensed prescriptions at a different location. The practice should review the arrangements for monitoring how the medicines are collected from this location.

The practice should ensure they complete their planned cycle of clinical re-audit.

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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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 (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been a wide range of clinical audits completed in the last two years; one of these was a completed audit where the improvements made were implemented and monitored. Many of the other audits had undertaken a first audit cycle and were due for re-audit in the near future. Some of the audits were quality improvement reviews which did not always demonstrate improvement. The practice participated in local audits, national benchmarking, accreditation and peer review.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 higher than others for several aspects of care.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was part of the CCG Nursing Workforce Project and a Federation known as the Heartbeat Alliance. The practice demonstrated it embraced new initiatives offered by the CCG. In recent months they had benefited from a pharmacist, launched 'MyGP' an electronic GP consultation facility and had joined with two neighbouring practices to undertake a frailty project.
- Patients said they found it easy to make an appointment with a named GP. There was continuity of care, with urgent appointments available the same day. The practice offered pre-bookable appointments, e-consultations as well as an open access appointment system every morning.
- The practice had excellent 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings where governance issues were reviewed and discussed.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning, innovation and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was working with two other practices as part of a frailty pathway project. The outcome aims of the project included areas such as improved patient satisfaction and quality of life, and improved recognition and diagnosis of frailty. The project was in phase one. Early outcomes from Doctors Lane Surgery demonstrated positive results and that appropriate care and referrals were made to support these patients. For example, of the 87 patients identified for the project, three had been referred to continence, 12 to the falls service, four to the memory clinic, 18 to podiatry, six for hearing aid assessments and 27 to HOT clinic. The function of a HOT clinic is to assess and address patients' needs rapidly within a multidisciplinary structure with the aim being to link with community teams to ensure appropriate care provision is in place.

Outstanding



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management with a holistic approach to reviews. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was mixed, some were above and some below the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to the national average of 88%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 67% compared to the national average of 78%.

Good



Summary of findings

- Longer appointments and home visits were available when needed. The practice was engaged in training to improve the services to patients in this group. For example the facilitation of insulin initiation.

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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a dedicated area on their website for young people.
- The practice offered emergency contraception, family planning and sexual health advice including administration of long-acting reversible contraception (LARC).
- The practice was working towards 'You're Welcome' accreditation. This is the Department of Health's quality criteria for young people friendly health services.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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 for this age group.

Good



Summary of findings

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 identified as frail, housebound and those with a learning disability
- The practice was in the early stages of trialling through the CCG use of 'MyGP' which was a system of electronic consultation with the GP.
- The practice delivered prescriptions to patients in their home who could not easily access the practice.
- The practice offered longer appointments for patients assessed as needing them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Mental health related performance indicators were mostly higher than the national average.
- 72% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local CCG and above national averages. 230 survey forms were distributed and 126 were returned. This represented 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for feedback to be completed by patients prior to and on the day of our inspection. We received feedback from 60 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. The majority of feedback was extremely positive. Most patients commented on the benefit of the 'open access' surgery. Four patients commented on the waiting times at the open access surgery, two raised the different experiences with GPs and feeling rushed and three commented on dissatisfaction with their treatment plan. Eight out of the sixteen patients who we asked about chaperoning were not aware of the chaperone arrangement.

Data from the Friends and Family test showed 100% of patients would recommend the practice based on 7 responses.

Outstanding practice

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Doctors Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC pharmacist inspector.

Background to Doctors Lane Surgery

Doctors Lane Surgery, Aldbrough St John, Richmond, North Yorkshire, DL11 7TH is a rural practice situated in Aldborough St John serving this and surrounding villages in a seven mile radius. The registered list size is 3,192 and predominantly white British background. The practice is ranked in the eighth least deprived decile (one being the most deprived and 10 being the least deprived). The practice age profile is comparable to the England average with the highest age range being 65 years plus. The practice is a dispensing practice and dispenses medicines to approximately 99.5% of their patients. The practice is run by three partners (one female and 2 male) and a part time practice manager.

The practice employs two practice nurses and a treatment room nurse. A health care assistant funded by the CCG works one day a week at the practice as part of the nursing workforce project. Four members of staff work in the dispensary. A pharmacist funded by the CCG has been working at the practice one day a week until the end of July 2016. The team is supported by a team of one receptionist, one administrator and one secretary.

The practice is open between 8.30am and 8.15pm on a Monday, 8.30am to 6.30pm on a Tuesday, 8am to 6.30pm on a Wednesday, 8.30am to 12pm on a Thursday and

8.30am to 5.30pm on a Friday. Monday to Friday the practice offers an open access appointment system from 8.30am until 10am. Every Wednesday from 8am to 8.30am each GP has three pre-booked appointments available. Every afternoon (excluding a Thursday) pre-booked appointments are offered from 4pm to 6.20pm and one day a week extended hours from 6.30pm to 8.10pm. Appointments on a Friday afternoon are from 3pm to 5.20pm.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed between 8am and 8.30am daily, calls to the practice are directed to Primecare who directs the patient to a duty GP. When the practice is closed on a Thursday afternoon a neighbouring practice, Gainford, Main Road, Gainford, Darlington manages the calls and sees patients assessed as needing to be seen that day. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 June 2016.

During our visit we:

- Received feedback from a range of staff including GPs, nurses, practice management, dispensing and non-clinical staff. We also received feedback from patients who used the service.
- Observed how staff interacted with patients/carers in the reception and waiting areas of the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice kept a record of all alerts received into the practice and recorded on them when they had been actioned. We saw evidence that lessons were shared with the whole practice team and action was taken to improve safety in the practice. For example remedial action and a risk assessment had been put in place in respect of the risks associated with blind cords.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Records showed the practice responded to safeguarding

concerns and all staff demonstrated they understood their responsibilities to act on such concerns. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- 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 control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. One GP was due to renew their training for this year. An annual infection control audit had been completed and an action plan put in place shortly before our visit. Evidence showed action was taken to address any required improvements identified as a result.
- The arrangements for managing medicines, emergency drugs and vaccines, in the practice kept patients safe. Processes were in place to check medicines were within their expiry date and suitable for use. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. However the practice had established a service for people to pick up their dispensed prescriptions at a different location and there was no systems in place to monitor how these medicines were collected.
- Staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines). These were regularly reviewed to reflect current practice. We observed medicines being dispensed and saw arrangements were in place to minimise dispensing errors. Medicine errors and near misses were recorded and reviewed to reduce the risk of errors being repeated.
- Prescriptions were signed before being dispensed and there was a robust process to ensure that this occurred.

Are services safe?

There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- There was a system in place for the management of high risk medicines and we saw

examples of how this worked to keep patients safe.

Dispensary staff responded appropriately to national patient safety alerts but there were no records of the action taken.

- Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme.
- We reviewed five personnel files. Some of the staff had worked at the practice for a considerable amount of time and recruitment checks were not comprehensive. However we found for the most recent recruit that appropriate recruitment checks had been undertaken prior to employment in line with the practice's recruitment policy. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that all clinical staff who had been employed for many years now had a DBS check in place. Some non-clinical staff had DBS checks but there were no risk assessments in place for those that did not.

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 in place a schedule of maintenance for a wide range of areas. This was regularly monitored. The practice had up to date fire risk assessments and carried out regular fire tests and drills. All staff had up to date training in fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as slips, trips and falls and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had also had a planned review of their health and safety arrangements by an external company.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received up to date cardio pulmonary resuscitation training. Most staff had received or were booked to receive anaphylaxis training.
- The practice had a defibrillator available on the premises with adult and paediatric pads, and oxygen with adult and children's masks although these may not be easily accessible due to their location. Emergency medicines were available, in date and fit for use.
- All the medicines we checked were in date and fit for use. The medicines carried by doctors on home visits should be risk assessed in line with national guidance. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. For example; in the event of the building not been accessible the practice had an agreement with a neighbouring practice that they could utilise their premises. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through random audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93% of the total number of points available. Clinical exception reporting was 7% which was 3% below the England average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators was mixed, some were above and some below the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to the national average of 88%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 67% compared to the national average of 78%.
- Performance for mental health related indicators was in all but one of the indicators higher than the national average.
- 72% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 84%. The percentage of patients with

schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.

- The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population. (01/04/2014 to 31/03/2015) was 5% less than the England average. Ambulatory care sensitive conditions are conditions where effective community care and case management can help prevent the need for hospital admission.

Data from The NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) system showed the percentage of antibiotic items prescribed that are Cephalosporin or Quinolones (01/07/2014 to 30/06/2015) was significantly higher than the national average at 11% compared to the national average of 5%. More recent data showed the practice had improved in this area and the practice was now one of the lowest antibiotic prescribing practices in the area.

There was evidence of quality improvement including clinical audit.

- There had been a wide range of clinical audits completed in the last two years; one of these was a completed audit where the improvements made were implemented and monitored. Many of the other audits were planned and due for re-audit in the near future. Some of the audits were quality improvement audits rather than full cycle audits which did not clearly demonstrate improvement over a period of time.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example the practice had participated in a national CKD and diabetes audit.
- Findings were used by the practice to improve services. The practice had joined with two neighbouring practices to undertake a frailty project. The outcome aims of the project included areas such as improved patient satisfaction and quality of life and improved recognition and diagnosis of frailty. The project was being carried out in two phases to allow the practices to evaluate the outcomes at stage one. The practice was in phase one of two and had identified an initial 87 patients who

Are services effective?

(for example, treatment is effective)

qualified for a review. To date, of these 87, three had been referred to the continence service, 12 to the falls service, four to the memory clinic, 18 to podiatry, six for hearing aid assessments and 27 to HOT clinic.

Effective staffing

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

- The number of appointments offered to patients and staffing levels showed the practice had a high ratio of nurse/GP appointments to the practice population.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included access to e-learning, ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff apart from the nurses had received an appraisal within the last 12 months. The practice planned to undertake the nurse's annual appraisal alongside the nurse's revalidation which was to be completed in August this year.
- Staff received training that included: safeguarding, fire safety awareness, cardio pulmonary resuscitation and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services and out of hours services. The practice had effective systems in place for ensuring referrals were managed and followed up appropriately.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis where care plans were routinely reviewed and updated for patients with complex needs.

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 (MCA) 2005. All but two staff had completed MCA 2005 training. Training for the two staff was planned.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice did not demonstrate the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring

Are services effective? (for example, treatment is effective)

advice on their diet, smoking and alcohol cessation. Also, contraceptive and sexual health and well woman and well man advice. Patients were also signposted to other services external to the practice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were fail safe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were slightly higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and for five year olds was 100%.

The practice had a designated 'health prevention room' which was open daily. This room housed a wide range of health promotion literature as well as a blood pressure monitor, chlamydia screening kits, weighing scales and a height measuring tool. Patients were encouraged to take their blood pressure and weight and submit this information on the cards provided to the practice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice was working towards 'You're Welcome' accreditation. This is the Department of Health's quality criteria for young people friendly health services.

The majority of the feedback we received from the 60 patients was positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

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 similar to or above the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and the national average of 91%.

- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All but two patients told us they felt involved in decision making about the care and treatment they received and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local CCG and slightly higher than national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice website had the facility to translate the information into a range of languages and into large print. The practice had a communication booklet in pictorial format available for patients who needed it.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (this was 2% of the practice list). The practice offered carers flu injections. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement they were contacted by their usual GP. If necessary this was

followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We were told that if a patient was on end of life care then families/carers were provided with the GPs' personal numbers and if needed they would attend the patient out of hours.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was part of a federation of other practices in the CCG. Federation practices continue to be independent organisations serving their registered patients but agree to work together in defined areas. For example, developing new approaches to enhance access to practices, by using technology/social media including 'e- consultations', creating networks of practices able to operate seven days a week and examining opportunities to share back office functions to free up time for critical practice work. The practice had benefited from the services through the federation, of a pharmacist who had been working at the practice one day a week for over six months. The practice demonstrated it embraced new initiatives offered by the CCG. In recent months the practice has launched 'MyGP' an electronic GP consultation facility and had joined with two neighbouring practices to undertake a frailty project.

- The practice offered a 'Commuter's Clinic' one day a week from 6.30pm to 8.10pm for working patients who could not attend during normal opening hours.
- The practice offered an open access GP appointment system every morning which meant any patient arriving before 10am would be seen by a GP.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients assessed as needing them.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice offered a flu clinic at a location in a nearby village outside of the practice to try and improve accessibility to this service as public transport to the practice was limited.
- The practice delivered and dropped off medicines to be safely distributed from a post office in a village which was more accessible than the practice via public transport.
- The practice offered a range of services as part of the 'Out of Hospital Basket' enhanced service aimed at

providing care closer to the patient's home. For example deep vein thrombosis diagnosis and treatment, management of stable prostate cancer patients within the community and routine ring pessary fitting and replacement.

- The practice had access to the services of an attached paramedic who may visit patients at home following triage by the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- The Citizens Advice Bureau provided weekly 'drop-in' sessions at the practice.
- There were disabled facilities, translation services and information in accessible formats available.

Access to the service

The practice was open between 8.30am and 8.15pm on a Monday, 8.30am to 6.30pm on a Tuesday, 8am to 6.30pm on a Wednesday, 8.30am to 12pm on a Thursday and 8.30am to 5.30pm on a Friday. Monday to Friday the practice offered an open access appointment system from 8.30am until 10am. Every Wednesday from 8am to 8.30am each GP had three pre-booked appointments available. Every afternoon (excluding a Thursday) pre-booked appointments were offered from 4pm to 6.20pm and one day a week extended hours from 6.30pm to 8.10pm. Appointments on a Friday afternoon were from 3pm to 5.20pm.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to the local CCG and higher than national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example the practice had a patients guide for complaints.

We looked at the three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The documentation demonstrated the practice approached complaints with openness and transparency. Lessons were learnt from individual concerns and complaints. The practice carried out an annual review of complaints which identified any trends.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice did not have a business plan. However management were clear what their risks and aspirations were and could demonstrate they were acting on and or planning on how to manage these.

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 inspection process identified the partners and practice manager in the practice had the experience, capacity and capability to run the practice and ensure high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. We saw evidence to show the practice had audited the significant events recorded as they were concerned by the low

numbers which may have indicated staff were not always reporting them. Following the review and discussions with staff the number had increased. All staff told us there was an open 'no blame' culture.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of all interactions with patients.
- There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Whole staff meetings were mostly held every month. Where staff could not attend then they could access the record of the meeting.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and was consulted with by the practice. Completion of patient questionnaires was facilitated by a member of the patient participation group as a means to receive any feedback which may not be provided directly to a member of the team. The PPG had also made other suggestions to the practice which had been implemented. For example, following a review of Friends and Family Test (FFT) feedback the PPG had suggested relocating the IPAD within the reception area to

Are services well-led?

Good 

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

encourage patients to use it. They also raised reinstating the facility to complete FFT feedback in paper format to ensure the survey was accessible to patients unable to use an IPAD.

- The practice had gathered feedback from staff through whole 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had completed the bid and been awarded the funding for the frailty project and was working towards 'You're Welcome' accreditation.