

Central Dales Practice

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 Central Dales Practice on 31 March 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Central Dales Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 2 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 31 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly above local CCG averages and above national averages.
- 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.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

Implement regular checks of dispensary stock to ensure it is within expiry date and maintain appropriate records.

Review procedures to ensure fridge temperatures are recorded daily in line with national guidance.

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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

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 all aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had previously led a pilot within the local CCG for a 'Step up Step down bed' at a local extra care housing scheme. This had now been rolled out across the local CCG. This service allowed patients to rest and be rehabilitated in a local bed once the patient no longer needed extensive medical care in a hospital setting but was not quite ready to go home, under the supervision of the GPs. In addition GPs could step a patient up into the bed rather than admit to hospital, where appropriate. This was particularly beneficial due to the nearest hospital being over an hour away and no local residential or nursing homes in the area.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the two complaints received showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The practice demonstrated improved leadership since the last inspection. The governance arrangements had improved significantly. There was a greater understanding of how governance needed to work across the practice to enable the practice to deliver their vision of high quality care and promote good outcomes for patients in all areas.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2015/2016 Quality Outcomes Framework (QOF) for diabetes related indicators was similar to the local CCG and national averages. For example 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/ 2015 to 31/03/2016) was 87% compared to the England average of 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 89% compared to the national average of 80%.

Good



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals. For example young patients could request appointments via secure social media if they felt uneasy about contacting the main reception. The practice had also started to develop relationships with schools and the Carers Centre in identifying young carers.
- The practice provided support for premature babies and their families following discharge from hospital. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, taking action when young people did not attend for appointments.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 who were housebound, had depression, dementia and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice carried out advance care planning for patients living with dementia.
- 89% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- Performance for mental health related indicators was higher than the CCG and national averages in two out of the three indicators and similar in the other. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 6 July 2017. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 134 were returned.

This represented 3% of the practice's patient list.

- 97% of patients described the overall experience of this GP practice as good compared with the local CCG average of 92% and the national average of 85%.
- 97% of patients described their experience of making an appointment as good compared with the local CCG average of 86% and the national average of 73%.

- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 89% and the national average of 77%.

As part of our inspection we also asked for patient feedback prior to and on the day of our inspection. We received feedback from 38 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. All of the feedback was extremely positive about the care and treatment received.

Central Dales Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC Specialist Pharmacist and a CQC Inspection Manager.

Background to Central Dales Practice

The Central Dales Practice (main practice), The Health Centre, Hawes, North Yorkshire, DL8 3QR and Aysgarth Surgery (branch practice), Aysgarth, Leyburn, North Yorkshire DL8 3AA are rural practices covering approximately 500 geographical square miles and has a patient list of approximately 4,260 patients across the two practices (Hawes and Aysgarth). The registered patient list size is 96% 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 differs from the England average with the highest age range being 65 years plus and the lowest being zero to four year olds and patients 85 years plus. The practice is a dispensing practice and dispenses to approximately 73.5% of their patients across the two practices. This means the practice can dispense prescribed medication to registered patients who live more than a mile from a Pharmacy/ Chemist. The practice is run by four partners (two male and two female) made up of three GPs and one practice manager. There are two practice nurses (female) and a health care assistant (female). There is a team of reception/ dispensing staff. Hambleton, Richmondshire and Whitby CCG funds a Pharmacist to work at the branch practice one day a fortnight until June 2018.

The practice is open at Hawes on a Monday to Friday between 8.45am to 6.00pm (phone lines open from 8.30am to 6.00pm). The branch practice at Aysgarth is open Monday to Friday 9.00am to 6.00pm (phone lines open 8.30am to 6.00pm). The practice offers a mixture of open access appointments and booked appointments daily at both practices. Open access appointments are available every weekday morning at the main practice from 8.45am to 10.15am and at the branch practice from 9am to 10.30am. These appointments are on a first come first serve basis. Pre-booked appointments are available every weekday afternoon at the main practice from 5pm to 6pm and at the branch practice from 4pm to 5.30pm. The practice does not provide extended hours after a previous trial period with zero take up.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service. They can offer self-help advice and treatment or refer you into the GP Out of Hours service (based at Harewood Medical Practice, 42 Richmond Road, Catterick Garrison, North Yorkshire DL9 3JD).

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 practice had previously been inspected on 1 June 2015 and was rated as requiring improvement and issued with a requirement

Detailed findings

notice in respect of the proper and safe management of medicines. We inspected them again in March 2017 and was rated as requiring improvement and issued with two requirement notices; for good governance and staffing and a warning notice for safe care and treatment. This inspection in October 2017 was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Hambleton, Richmondshire and Whitby Clinical Commissioning Group to share what they knew. We carried out an announced visit on 2 October 2017.

During our visit:

- We spoke with a range of staff including a GP partner, practice managing partner, practice nurse, health care assistant and a range of administration and dispensing staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations; Hawes and Aysgarth.
- Looked at information the practice used to deliver care and treatment plans.

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

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

We also looked at how well services 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 living 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

What we found at our previous inspection in March 2017

The practice was rated as requires improvement for providing safe services in March 2017.

Patients were at risk of harm because systems and processes were not in place and when they were in place they had weaknesses in them and were not implemented in a way to keep patients safe. Areas of concern related to the reporting and investigation of significant events, medicine management, infection prevention and control (IPC) management, safe storage of patient records and medicines within the dispensary and the safe recruitment of staff. Not all staff were aware of their responsibilities to raise safeguarding concerns.

What we found at this inspection in October 2017

The practice was rated as good for providing safe services.

Safe track record and learning

There was a system 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). A new electronic internal system had been introduced to ensure that information regarding significant events was available for all staff to see and to access it in a timely and easily accessible way.
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. These records evidenced that action was taken to put in place mitigating actions to address a known risk. Recent

examples included new arrangements that had been put in place to ensure that when patients presented on more than three occasions with the same issue that didn't warrant immediate action that new closer monitoring of the patient would be initiated.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a considerable amount of work had been undertaken by the practice to ensure the medication delivery service was safe. Changes had been introduced and reviewed with further changes made to increase safety.
- The practice monitored trends in significant events and evaluated any action taken. Records showed the practice carried out a thorough analysis of the significant events.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We received two documented examples which demonstrated close working with multi-disciplinary teams and appropriate coding in patient records to ensure at risk patients are known to staff. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two and administrative staff to level one.
- 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.

Are services safe?

(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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The practice had recently arranged for an infection control inspection by Harrogate District Foundation Trust. The practice was working through the action plan they put in place following the visit. Some of the areas were being addressed immediately and some formed part of the practices refurbishment plan. For example new flooring was being installed in the next few weeks to replace the carpeted rooms.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Medicines were dispensed at both the Hawes surgery and Aysgarth branch surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), and a system was in place to ensure relevant staff had read and understood the SOPs. A process was in place to ensure that repeat prescriptions were signed before being dispensed.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency

and annual appraisals. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. Control drugs balance checks were carried out by staff and there were appropriate arrangements in place for their destruction.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff told us they routinely checked stock medicines were within expiry date and fit for use as recommended in current guidance, and there was an SOP to govern this activity. However, there were no records kept to support this at the Hawes surgery. Dispensary staff told us about procedures for regular monitoring of prescriptions that had not been collected. There was a system in place for the management of high risk drugs.
- A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was now in place, allowing the practice to identify trends and patterns in errors and take action to prevent reoccurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent reoccurrence. We saw records relating to recent medicine safety alerts and actions taken in response to them.
- Monitored dose systems were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was appropriate. Staff knew how to identify if medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. Fridge temperatures were being recorded in line with national guidance; however we found gaps in records on three

Are services safe?

occasions in September 2017 at the Aysgarth branch. Vaccines were administered by nurses using directions which were produced in line with legal requirements and national guidance.

- Blank prescription pads were recorded upon receipt into the practice and were now stored securely: prescriptions for use in printers were tracked through the practice in accordance with national guidance.

We reviewed one personnel file of the most recently recruited member of staff. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, and the appropriate checks through the DBS. We saw evidence that all staff had recently had a DBS check carried out on them including the medicines delivery driver. The practice had also put in new arrangements whereby staff completed an annual declaration to confirm if they had any new criminal convictions.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice with training planned so as to increase the number of available marshals. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. For example the practice used a team of bank administration/dispensing staff to cover absences and had secured the services of a previous partner to act as a locum. All other absences were covered by staff working additional hours.
- Patient records were securely stored.
- Secure access to the dispensary was in place.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in March 2017

The practice could not demonstrate how they always ensured mandatory training and updating for relevant staff. For example, we reviewed the training record made available to us which showed not all staff were up to date with mandatory training such as infection control, information governance and basic life support. The requirement for staff to complete training in a timely way was not appropriate with training planned for completion in one staff record we viewed for 2018. The lack of mandatory training was also highlighted at the previous inspection as being an area in which the practice should improve.

What we found at this inspection in October 2017

The practice was rated as effective for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not have a formal system for monitoring that these guidelines were seen by staff. However there was evidence that new guidance was followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 95%. Unpublished QOF data for 2016/2017 showed the practice had achieved 100% of the total number of points available.

The practice's overall exception reporting rate was 4%, lower than the England average of 6%. 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). Unpublished QOF data for 2016/2017 showed the practice had achieved 100% of the total number of points available.

Data from NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) showed the practice was an outlier in one area. This related to the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (01/07/2015 to 30/06/2016).

Prescribing at the practice was 10% compared to the local CCG of 7% and the England average of 5%. The practice could not demonstrate what action was taken to reduce this figure.

Data from QOF 2015/2016 showed:

- Performance for diabetes related indicators was similar to the local CCG and national averages. For example 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 (01/04/2015 to 31/03/2016) was 87% compared to the England average of 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 89% compared to the national average of 80%.
- Performance for mental health related indicators was higher than the CCG and national averages in two out of the three indicators and similar in the other. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the national average of 89%.

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been eight clinical audits commenced in the last twelve months, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, audits relating to the way patients with coeliac disease and patients using the mirena coil were managed. The audits demonstrated that areas identified for improvement had been addressed with new processes put in place and ongoing monitoring implemented to monitor the changes introduced were effective and sustained.

Information about patients' outcomes was used to make improvements. The practice was the only practice in the local CCG to participate in a 'de-prescribing in frailty project'. The aim of the project was to review medications of 64 elderly, frail patients with a view to reducing their medicine load and therefore improving their compliance and wellbeing. The day after the inspection the practice was presenting their findings to the CCG and planned to be involved in engaging other practices and services defining/developing the spread model for the Safer Prescribing for Frailty programme.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff 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 including access to face to face and on line training and face to face 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 ongoing support, one-to-one meetings, coaching and mentoring, collaborative working with other practice staff, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff were remunerated for any training completed outside of their core hours. All staff were in the process of having their annual appraisal.

- Two of the GP partners worked in the local GP Out of Hours (OOH). This provided the practice with a good insight into the local OOH provision. Nurse practitioners were also mentored in OOH by one of the GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support 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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We noted that urgent referrals were made as appropriate but that no system was in place for checking with the patient whether they had received an appointment following the referral.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Are services effective?

(for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. All staff had completed mental capacity act training.
- 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 monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice demonstrated innovative community engagement. At the time of the last inspection the practice had supported the local Brownies group to achieve their healthy eating badge. Two representatives from the practice attended the group and ran a healthy eating session. Due to the success of the session the practice had offered the same session to a newly established Beavers and Cubs group in the Hawes area. The practice nurse had

attended a local school and trained the teachers and staff how to use an Epi-Pen in the case of an emergency. This offer had been extended to other local practices, playgroups and a local child-care setting free of charge. More recently the practice had run a competition with local schools to design posters to raise awareness of the importance of handwashing. Each pupil was awarded a prize for their drawings, many of which were displayed throughout the practice. The practice had also offered local gamekeepers to attend free of charge the basic life support training planned for December 2017. The practice also used the practice social media site to raise awareness of healthy living and the range of support services available to patients.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 83% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to LOCAL CCG/ national averages. Childhood immunisation rates for the vaccinations given up to age two was above the 90% national target at 96% scoring 9.6 out of 10 compared to the national average of 9.1. Vaccinations for five year olds ranged from 82% to 100% compared to the England average of 88% to 94%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was always available. There were failsafe systems 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Are services caring?

Our findings

What we found at our previous inspection in March 2017

The practice was rated as good for providing caring services in March 2017.

What we found at this inspection in October 2017

The practice was rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were supported and treated with care, dignity and respect.

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

- 95% of patients said the GP was good at listening to them compared with the local clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the local CCG average of 91% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 97% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 91% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the local CCG average of 95% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the local CCG average of 95% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the local CCG average of 99% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 95% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared with the local CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

For example young patients could request appointments via secure social media if they felt uneasy about contacting the main reception.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the local CCG average of 92% and the national average of 86%.

Are services caring?

- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 90% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the local CCG average of 93% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local 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 interpretation services were available for patients who did not have English as a first language. Staff were aware of the small number of patients whose first language was not English and were able to describe the methods used for communication.
- If requested, information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

A wide range of 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 and promoted on the practice's social media site.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients (2% of the practice list). The practice had increased their number of carers by 1% in the last six months and had been working with the local Carers Centre to help raise carers support awareness and was opportunistically asking patients if they offered care to someone and also promoted it on their website and social media page. The practice also now had two young carers on their register as a result of close working relationships with schools and the carers centre.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support

service. A palliative care post-death questionnaire had been developed by the practice and was previously used by the GPs to collect feedback on how the practice supported the family during the palliative care period. Due to the consistent positive feedback the practice received they had ceased using the questionnaire in order to focus on other areas that may need improvement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in March 2017

The practice was rated as good for providing responsive services in March 2017.

What we found at this inspection in October 2017

The practice was rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered a mixture of open access appointments and booked appointments daily at both practices. Appointments on a Tuesday were coordinated to coincide with the local events in the area.
- The practice list increased from 4200 to approximately 6000 patients in the summer months through temporary residents (due to rural location) for which the practice did not receive additional funding. The practice planned in advance for this increase to ensure patients visiting the practice could be seen in a timely way.
- There were longer appointments available for patients identified as needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice did not currently send text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop.

Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice had previously led a pilot within the local CCG for a 'Step up Step down bed' at a local extra care housing scheme. This had now been rolled out across the local CCG. This service allowed patients to rest and be rehabilitated in a local bed once the patient no longer needed extensive medical care in a hospital setting but was not quite ready to go home, under the supervision of the GPs. In addition GPs could step a patient up into the bed rather than admit to hospital, where appropriate. This was particularly beneficial due to the nearest hospital being over an hour away and no local residential or nursing homes in the area.
- The practice provided numerous in house services and tests that in some practices would need to be undertaken in hospital. For example, warfarin monitoring, acute retention catheterisation and Deep Vein Thrombosis diagnosis management. These services meant patients could be treated closer to home and this was of significant benefit due to the population of the area in their rural location and the nearest hospital being 34 miles away and nearest hospital with specialist services being 54 miles away. The practice also provided other in house services including minor surgery and minor injury assessment and treatment which were particularly useful as the practice saw transient patients during certain times of the year.
- The practice offered an unfunded service to a local extra care housing scheme by visiting most days. Counselling services were offered at both practices once a fortnight. Patients were able to see the counsellor at neighbouring practices and vice versa for patients who preferred to be seen outside of the area they lived within.
- The practice worked jointly with the paramedic service whereby if a person was assessed by the paramedic as not needing admission to hospital they contacted the GP direct who then took over the care of the patient.
- The practice was aware of the NHS England Accessible Information Standard. The aim of the Standard was to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate. The practice had started to take action to implement this Standard.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open at Hawes on a Monday to Friday between 8.45am to 6.00pm (phone lines open from 8.30am to 6.00pm). The branch practice at Aysgarth was open Monday to Friday 9.00am to 6.00pm (phone lines open 8.30am to 6.00pm). The practice offered a mixture of open access appointments and booked appointments daily at both practices. Open access appointments were available every weekday morning at the main practice from 8.45am to 10.15am and at the branch practice from 9am to 10.30am. These appointments were on a first come first serve basis. Pre-booked appointments were available every weekday afternoon at the main practice from 5pm to 6pm and at the branch practice from 4pm to 5.30pm. The practice did not provide extended hours after a previous trial period with zero take up. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared with the local clinical commissioning group (CCG) average of 83% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the local CCG average of 89% and the national average of 71%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the local CCG average of 91% and the national average of 84%.
- 96% of patients said their last appointment was convenient compared with the LOCAL CCG average of 91% and the national average of 81%.
- 97% of patients described their experience of making an appointment as good compared with the local CCG average of 86% and the national average of 73%.

- 74% of patients said they don't normally have to wait too long to be seen compared with the local CCG average of 66% and the national average of 58%.

Patient feedback commended ease of access to appointments.

The practice had a system to assess:

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

All requests for a home visit were passed to the GP who contacted the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at the two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Responses to patients were apologetic, open and transparent. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in March 2017

The practice was rated as requires improvement for being well-led in March 2017.

Although the practice had a wide ranging governance framework and staff were, in the majority of cases, aware of roles and responsibilities within the practice; there was insufficient attention paid to identifying, recording and managing risks. The governance arrangements were ineffective which undermined the practice's aim to provide consistently high quality safe care. The practice's approach to continuous improvement was mixed. We saw evidence of a focus on continuous learning and improvement in some but not all areas of the practice. A comprehensive understanding of the performance of the practice was not maintained in all areas and the practice had not addressed all the areas we identified at the previous inspection.

What we found at this inspection in October 2017

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

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. Staff had been involved in developing the mission statement.
- The practice had a clear strategy and supporting business plan which reflected the vision and values and were regularly monitored. The business plan demonstrated the practice considered short and long term development/improvement.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as information governance, infection prevention and control and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained through ongoing monitoring in a range of areas. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice maintained a governance risk log that was reviewed by the practice managing partner and discussed at the governance meetings that were held bi-monthly.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Regular staff meetings were held in the evenings so that all staff could attend. Staff were paid to attend these meetings to encourage attendance. Minutes were comprehensive and were available for practice staff to view.
- The partners at the practice had supported practice staff following the issues that had been identified at the last inspection. For example they had funded the input from a consultant pharmacist to assist in addressing the medicines issues previously identified and to work with and support staff in implementing changes.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The practice regularly hosted staff social evenings to thank staff for their work. They also had an initiative in place where staff provided feedback about members of staff and the person with the most amount of feedback each month received a gift from the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had suggested involving the local schools in the handwashing competition which the practice had taken on board.
- the NHS Friends and Family test, complaints and compliments received
- staff through social events, staff meetings, appraisals and discussion. 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 was the only practice in the local CCG to participate in a 'de-prescribing in frailty project'. The practice manager had undertaken a MSc in Healthcare Leadership with an aim to help support and improve the leadership within the practice.

The practice demonstrated significant improved leadership since the last inspection. The governance arrangements had improved significantly. There was a greater understanding of how governance needed to work across the practice to enable the practice to deliver their vision of high quality care and promote good outcomes for patients in all areas.