

# Dr. Jackson and Partners

## Quality Report

Mayford House Surgery  
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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 Dr Jackson and Partners on 10 May 2016. The overall rating for the practice was requires improvement. We undertook a further announced focused inspection on 24 January 2017. The overall rating for the practice remained at requires improvement. The full comprehensive reports on the May 2016 and January 2017 inspections can be found by selecting the 'all reports' link for Dr Jackson and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive carried out on 16 November 2017 to check whether the provider was now 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.

**This practice is rated as Good overall.** (Previous inspections May 2016 and January 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

Consideration should be given to whether specific complaints need to be recorded as significant events.

Review the systems in place for reviewing changes introduced overtime for significant events and complaints to assess whether the changes have been effective and embedded into practice.

Consider the arrangements in place to support non--clinical staff to be aware of patients at risk of sepsis.

Review the process for regular monitoring of prescriptions that have not been collected.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Dr. Jackson and Partners

## 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 second CQC inspector, a GP specialist adviser and a member of the CQC medicines team.

## Background to Dr. Jackson and Partners

Dr Jackson and Partners (also known as Mayford House Surgery), Boroughbridge Road, Northallerton, North Yorkshire, DL7 8AW is situated in Northallerton serving patients in Northallerton and the outlying smaller villages.

The registered list size is 9773 and predominantly of white British background. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The practice age profile is comparable to the England average, the largest percentage above the England average being 65 years plus. The practice is a dispensing practice and dispenses to approximately a 3,400 patients of the patients.

There has been a change in the partnership arrangement and clinical staffing since the last inspection. The practice is managed by four partners (three female and one male) and two salaried GPs (one male and one female). The practice employs an advanced nurse practitioner (ANP), a practice nurse manager, two practice nurses and two health care

assistants. They also employ a pharmacist, a dispensary manager and two dispensers. The team is supported by a new full time practice manager and assistant practice manager and a range of secretaries, IT staff and a reception team.

The practice is a training practice for qualified doctors who are progressing to their chosen speciality both in primary and secondary care. The practice occasionally has medical students attached to the practice. The practice is part of the 'Heartbeat Alliance' a federation of other practices in the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG).

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours are offered one evening a week from 6.30pm to 8pm. In addition to this, as part of the local Federation 'Better Access' pilot, extended opening hours appointments are also offered every Monday and Wednesday and every other Friday from 6.30pm to 8pm. General appointment times for GPs are from 8.40am to 11.30am, 2pm until 4pm and either 3pm to 5pm or 4pm to 6pm. There is a sit and wait clinic at 11.30am daily for urgent and non-urgent appointments. Standard appointments are 10 minutes for face to face and five minutes for telephone calls. A phlebotomy service is available daily.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the NHS 111 service. The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England.

# Are services safe?

## Our findings

### What we found at our previous inspections in May 2016 and January 2017

At our previous inspection on 10 May 2016, we rated the practice as inadequate for providing safe services. When we undertook a follow up inspection on 24 January 2017 these arrangements had improved in some but not all areas. The practice was rated as requires improvement.

The system and processes in place for reporting, recording and reviewing significant events had improved in some but not all areas. We identified that significant events were still not always being recorded and actioned, and in some cases there was insufficient information recorded to allow adequate investigation. There were still gaps in the safeguarding adults and children training completed by clinical and non-clinical staff. The overall recruitment process remained unstructured. There remained gaps in the completion of staff training in areas such as fire safety, health and safety and cardio pulmonary resuscitation (CPR).

### What we found at this inspection in November 2017

**At this inspection we rated the practice, and all of the population groups, as good for providing safe services.**

#### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect,

harassment, discrimination and breaches of their dignity and respect. There was evidence the practice had taken action to report safeguarding concerns in respect of services they engaged with.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff and, where required for new recruits. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including audits and action plans.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

#### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Clinical staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Non-clinical staff also understood their responsibilities and were mostly supported by systems and processes to enable them to recognise those in need of urgent medical attention. However, non-clinical staff had not received specific training information/advice to assist them in easily identifying patients identified 'at risk' of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. Examples of this included a new practice manager had

# Are services safe?

been employed in the last six months and a new member of the administration team had recently been recruited. This had enabled the practice to review and implement improved systems and processes to maintain safety for staff and patients.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. GPs randomly reviewed each other's entries in patient notes to ensure appropriate completion.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. A wide range of multi-disciplinary meetings took place with attendance from community staff such as school nurses, community matrons, district nurses and palliative care staff.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We identified a small number of uncollected prescriptions which were greater than four weeks old, including two from April 2017.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. (antimicrobial stewardship is a system to monitor the appropriate prescribing of antibiotics).

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines with the practice's clinical pharmacist.
- Arrangements for dispensing medicines at the practice kept patients safe.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements. The practice had recently received a positive health and safety review from the company they commissioned to support them with the management of health and safety.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The practice had carried out a significant event audit from July 2017 to September 2017 which identified that many of the significant events that were reported should have been reported as a near miss rather than a significant event. Training had been undertaken with staff to address this.
- Leaders and managers supported staff to manage significant events and near misses appropriately.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example the practice had introduced the use of two sharps boxes to dispose of needles when administering vaccines following a needle stick injury.
- The practice did not have a structured system to review changes introduced overtime for significant events and complaints to assess whether the changes had been effective and embedded into practice.

## Are services safe?

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### What we found at our previous inspections in May 2016 and January 2017

At our previous inspection on 10 May 2016, we rated the practice as requires improvement for providing effective services. When we undertook a follow up inspection on 24 January 2017 these arrangements had improved in some but not all areas. The practice remained at being rated as requires improvement.

### What we found at this inspection in November 2017

**We rated the practice as good for providing effective services overall and across all population groups.**

#### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided evidence of using technology and/or equipment to improve treatment and to support patients' independence. For example patients could access a range of online services such as booking appointments via the practice website. The practice was also part of a Clinical Commissioning Group (CCG) pilot for 24 hour ECG monitoring for patients at home. Electrocardiogram (ECG) is a test that can be used to check patient's heart rhythm and electrical activity.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication with the practice's clinical pharmacist.
- A GP partner at the practice was part of a CCG led working group looking at how to best manage patients identified as frail.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 681 patients a health check. 273 of these checks had been carried out.
- Patients aged over 80 with no contact from a health care professional for 12 months were contacted by the practice and invited for a review.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long term conditions

- The practice had in the last four months introduced a 'One Stop' long term conditions clinic for patients with three long term conditions with the aim of reducing the number of appointments patients needed to attend. At the clinic each patient saw three separate clinicians for various checks. This included the clinical pharmacist, advanced nurse practitioner and the practice nurse. The practice was looking to introduce the same principle for patients with two long term conditions.
- Patients with less than three long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines working in conjunction with a midwife who was based at the practice twice a week.
- 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.

# Are services effective?

## (for example, treatment is effective)

- Adult and child safeguarding multi-disciplinary team (MDT) meetings took place monthly at the practice with attendance from school nurses and health visitors.
- Sexual health services and promotion was available for patients. Chlamydia self-test kits were available in the patient toilets.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had adjusted the services it offered to ensure services were accessible, flexible and offered continuity of care. For example the practice was part of the local Federation Better Access Pilot, with clinics available every Monday and Wednesday evening and every other Friday from 6.30pm to 8pm as well as evening physiotherapy appointments. A daily in house phlebotomy service was also available.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. A GP had undertaken additional training in palliative care.
- The practice held a register of patients living in vulnerable circumstances such as refugees, homeless patients, patients registered in a women's refuge and those with a learning disability.
- The practice held a meeting with the local Learning Disability Consultant bi-annually as well as other MDT meetings.
- The practice offered a medicines home delivery service for specific patients.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (practice 94%; CCG 94%; national 91%) and the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (practice 97%; CCG 96%; national 95%).

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example the practice was now reviewing all new cancer diagnosis to assess the management of the patient prior to diagnosis. The practice had a programme of audit and re-audit in place. We reviewed four completed audits in detail. 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.

Where appropriate, clinicians took part in local and national improvement initiatives. For example the senior partner at the practice was part of a group of GPs working with the CCG on identifying the best way of managing patients identified as frail. They were also part of the NHS England course "releasing time to care". The course offered to practices was aimed at spreading actionable learning about new ways of working that released staff time, particularly GPs.

The most recent published Quality Outcome Framework (QOF) results from 2016/2017 showed the practice achieved 98% of the total number of points available compared with the local CCG average of 99% and national average of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 6% compared with a national average of

# Are services effective?

## (for example, treatment is effective)

10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the practice had funded and trained one of the nurses to train as an Advanced Nurse Practitioner (ANP) and funded a prescribing course for the Clinical Pharmacist.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. For example, we saw regular competence assessments had taken place in respect of the clinical pharmacist undertaking medicines reviews with patients.
- We received positive feedback from staff about the support and time they received to train and develop.
- The practice demonstrated a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, chlamydia screening kits in patient toilets, condom distribution, and advertising for flu and pneumonia vaccinations.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Practice staff had recently received training on consent and confidentiality from an external company that provided them with specific advice. They also had a visit arranged in the very near future for the company to review the way the practice managed consent.

# Are services caring?

## Our findings

### What we found at our previous inspections in May 2016 and January 2017

At our previous inspection on 10 May 2016, we rated the practice as good for providing caring services. We therefore did not inspect this area during the follow up inspection on 24 January 2017.

### What we found at this inspection in November 2017

**We rated the practice, and all of the population groups, as good for caring.**

#### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients emphasised being treated with respect, being listened to and being given plenty of time during their consultation. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. We noted two patients stated appointments did not always run to time and one patient stated they were not informed if appointments were running late.

Results from the July 2017 annual national GP patient survey were mixed when asking patients if they felt they were treated with compassion, dignity and respect. 222 surveys were sent out and 126 were returned. This represented about 1% of the practice population.

- 87% of patients who responded 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%.
- 86% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 86%.

- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 91%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 95%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 95%; national average - 91%.
- 77% of patients who responded said they found the receptionists at the practice helpful; CCG - 91%; national average - 87%.

#### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- The practice had taken steps to provide information about the Accessible Information Standard on their website. The website asked patients to inform the practice if they had any communication needs they needed assistance with.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They made use of support from Age UK, utilised nurse wellbeing assessments and signposting to support agencies. The practice made a carer's resource file available to patients and proactively identified carer's via a

## Are services caring?

patient information leaflet, at flu clinics and by clinicians being trained to ask during appointments. The practice had 122 patients registered as carers, an increase of 32 in the last 12 months. This equated to 1% of the practice population.

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

Results from the national GP patient survey published in July 2017 showed patients mostly responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local CCG average for all questions and comparable to national averages for three of the four questions. For example:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the local clinical commissioning group (CCG) average of 92% and the national average of 86%.

- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 90%; national average - 82%.
- 83% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 90%; national average - 85%.

All of the feedback we received as part of the inspection process was positive about patients' involvement in planning and making decisions about their care and treatment.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. For example the practice provided a sanitary waste bin in the male toilets to accommodate transgender patients.
- The practice complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### What we found at our previous inspections in May 2016 and January 2017

At our previous inspection on 10 May 2016, we rated the practice as good for providing responsive services. We therefore did not inspect this area during the follow up inspection on 24 January 2017.

### What we found at this inspection in November 2017

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

#### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, phlebotomy service, clinical pharmacist, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice offered a sit and wait clinic at 11.30am daily for urgent and non-urgent appointments. All patients who attended at this time were seen. The practice offered extended opening hours one evening a week from 6.30pm to 8pm. In addition to this the practice was part of the local Federation 'Better Access Pilot' which meant the practice offered extended hours every Monday and Wednesday and every other Friday between 6.30pm and 8pm. The pilot did not have a definitive end date. A phlebotomy service was available daily.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients were assisted by the practice to access and manage their medicines.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Baby changing and breast feeding facilities were available and the practice was an accredited breast feeding friendly premises.
- Family Planning trained practice nurses and GPs provided a range of contraceptive services.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- GP telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

# Are services responsive to people's needs?

## (for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances such as refugees, homeless patients, patients registered in a women's refuge and those with a learning disability.
- Services were adjusted to meet the needs of these patients. For example all patients from a local women's refuge were offered a specific new patient health check to identify their different often more complex needs and to help them access early support. They were invited to the practice at specific times.
- Patients living in nursing and residential homes were visited weekly by a named GP. Patients with more complex needs received a three monthly review.
- Patients were supported to access and manage their medicines.
- Mencap and the Alzheimers Society had provided positive feedback following a visit to the practice in respect of accessibility for patients who used their service following an invitation by the practice to review this area.

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

- Staff we interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had well established links with local dementia services and staff at the local memory team.
- Staff had received dementia training from a local memory team consultant.
- The practice had regular contact with the local community psychiatric nurse.
- Patients who failed to attend were proactively followed up by the practice.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- The appointment system was mostly easy to use. A new phone system was planned for installation at the end of November 2017 which would improve access to the practice via the telephone.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed. 222 surveys were sent out and 126 were returned. This represented about 1% of the practice population.

- 79% of patients who responded 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%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG - 89%; national average - 71%.
- 74% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 86%; national average - 76%.
- 86% of patients who responded said their last appointment was convenient; CCG - 91%; national average - 81%.
- 78% of patients who responded described their experience of making an appointment as good; CCG - 86%; national average - 73%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG - 66%; national average - 58%.

We reviewed the appointment system which showed routine appointments for GPs and nurses were available on the day of the inspection or the following day.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 27 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. We

# Are services responsive to people's needs?

(for example, to feedback?)

saw the practice used lessons learned to improve the quality of care. Examples included staff attendance at a customer care course and the introduction of a new cancer diagnosis meeting.



# 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 inspections in May 2016 and January 2017

At our previous inspection on 10 May 2016, we rated the practice as requires improvement for being well led. When we undertook a follow up inspection on 24 January 2017 these arrangements had improved in some but not all areas. The practice remained at being rated as requires improvement.

### What we found at this inspection in November 2017

**We rated the practice as good for providing a well-led service.**

#### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

#### Vision and strategy

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

- There was a clear vision and set of values. The practice had recently put in place a business plan.
- The practice developed its values jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The business plan was in line with health and social priorities across the region.
- The practice planned its services to meet the needs of the practice population.

- The practice had started to monitor progress against delivery of the business plan. There was clear evidence of achievement in delivering some of the short term goals. For example the planned installation of a new telephone system in the next few weeks.

#### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. All significant events and complaints were discussed in a whole staff meeting. 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).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

#### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

# Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were now clearly set out and understood. The practice demonstrated the new governance arrangements in place allowed them to assure themselves that they were operating as intended.
- Leaders demonstrated 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.
- Practice leaders had established new policies, procedures and activities to ensure safety. The practice was clear the systems they had in place were effective in allowing them to monitor the sustainability of the wide range of policies and procedures they had recently put in place.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities, including in respect of safeguarding and infection prevention and control.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice had invited the Alzheimers Society and Mencap to the practice to obtain their views on the accessibility of the practice for patients they worked with. The practice management team had carried out a staff survey following the last inspection to assist leaders in identifying some areas staff felt needed improvement. Another survey was planned for the end of the year when all the new recruits were in post.
- The practice focused on the needs of patients.
- The patient participation group had recently been re-established and configured. There was clear evidence the practice was exploring ways of increasing membership to the group.
- The practice was transparent, collaborative and open with stakeholders about their performance.

# Are services well-led?

Good 

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

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. Examples included the practice nurse manager updating their mentorship training with a view to taking nurse students at the practice from the end of the year; a GP at the practice being involved with NHS England course “releasing time to care” and the practice working with a neighbouring practice and the CCG to explore the possibility of establishing a befriending scheme. The

practice also planned to launch a volunteer led community bus service to support the practices’ frail and rural patients to attend appointments. The practice had recently advertised this to gather interest in this service.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.