

Glebe House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Glebe House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glebe House Surgery on 5 November 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. The data was mostly above the national average but mostly below the CCG average in this area. People we spoke with on the day were able to get appointments although some said it was difficult to get through on the telephone and waiting times for pre-arranged appointments was sometimes lengthy, up to 45 minutes.
- Extended hours surgeries were offered by one or two GPs two evenings per week from 6.30pm to 8pm, normally on Mondays or Thursday or on occasion the extended hours take place on other weekdays or a Saturday.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the PPG had been influential in arranging for the installation of new more accessible front door. The group had also published an

Summary of findings

information leaflet including how to book an appointment and how to order repeat prescriptions. The two PPG members we met with told us the practice listened and acted.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

- The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of locally negotiated 'out of hospital services bundle'. These services meant patients could be treated closer to home and this was of significant benefit to the patients.

- The practice demonstrated their commitment to working collaboratively, and they explored and implemented innovative and efficient ways to deliver more joined up care to people who used services. A recent example of this was the work the practice had carried out as part of the Primary Care Nursing Development Project (nursing project). The aim of the project was to develop primary care nursing, improve access of housebound patients to services and break down barriers between practice, community and nursing home nurses.

The areas where the provider should make improvements are:

- Ensure systems are in place to reduce patient waiting times for pre-booked appointments.
- Review access to appointments via the telephone system.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to national averages.
- The practice demonstrated their commitment to working collaboratively, and they explored and implemented innovative and efficient ways to deliver more joined up care to people who used services. A recent example of this was shadowing community nursing staff as part of the work to deliver the CCG Primary Care Nursing Development Project. The aim of the project is to develop primary care nursing, improve access of housebound patients to services and break down barriers between practice, community and nursing home nurses.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect. Some people raised confidentiality at the reception desk as an issue.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The importance of flexibility, choice and continuity of care was reflected in the services offered by the practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. The data was mostly above the national average but mostly below the CCG average in this area. People we spoke with on the day were able to get appointments although some said it was difficult to get through on the telephone and waiting times for pre-arranged appointments was sometimes lengthy, up to 45 minutes. The practice was aware of these issues and exploring ways to address them.
- Extended hours surgeries were offered by one or two GPs two evenings per week from 6.30pm to 8pm, normally on Mondays or Thursday or on occasion the extended hours take place on other weekdays or a Saturday.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were 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.

Good



Summary of findings

- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 years had a named GP.
- There was an accountable GP for the local care homes with regular weekly visit for non-urgent matters.
- As part of the nursing project the practice had developed new practice guidelines on chronic disease management specific for older patients; an assessment process for identifying frailty and improved ready access to aids.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- QOF data for patients with long term conditions was above the national and CCG average.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was comparable to other practices at 80% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. For example, cases discussed quarterly at clinical governance meeting attended by GPs, Health Visitor and Healthy child service, district nurses and practice nurses.
- Staff had received safeguarding training and proactively managed safeguarding.
- The practice provided a range of contraceptive, pre-conceptual, maternity and child health services.

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



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered a 'commuters clinic' between 6.30pm to 8pm twice a week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- It offered longer appointments for people assessed as needing them.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them which was of particular importance due to the rural location of the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 had maximum QOF scores in dementia. Records showed the practice had achieved a 69.43% dementia diagnosis rate, compared to the current CCG average of 60.08% rate in relation to dementia diagnosis against a government target of 67%.
- 94% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 90% of patients had had a health check for mental illness and 99% had an assessment of depression severity
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey published in July 2015 showed that of the 23 questions directly related to the practice, all but three were above the national average. There were 255 surveys sent out and 121 surveys returned which represents 1.3% of the practice population.

- 90% describe their overall experience of this surgery as good compared with a CCG average of 95% and national average of 85%.
- 94% would recommend this surgery to someone new to the area compared to the CCG average of 91% and national average of 78%.
- 76% found it easy to get through to this surgery by phone compared with a CCG average of 90% and a national average of 73%.
- 70% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 70% and a national average of 60%.
- 76% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 84% and national average of 75%.
- 93% found the receptionists at this surgery helpful compared with a CCG average of 93% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 92% and a national average of 85%.
- 88% said the last appointment they got was convenient compared with a CCG average of 96% and a national average of 92%.

82% describe their experience of making an appointment as good compared with a CCG average of 88% and a national average of 73%. Three results were below the national average. This showed:

- 88% said the last appointment they got was convenient compared with a CCG average of 96% and a national average of 92%.
- 56% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%.
- 56% felt they don't normally have to wait too long to be seen compared with a CCG average of 68% and a national average of 58%.

Results from the last nine months of the Friends and Family test showed that of the 130 responses, 110 were extremely likely and 10 likely to recommend the practice. Four were unlikely and two were extremely unlikely to recommend the practice, with four recording neither.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards and one e-mail (which is 0.3% of the practice patient list size). We also spoke directly with six patients and two members of the PPG who were also patients. They were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care. Patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion, dignity and respect. One comment card and four patients referenced some difficulty in being able to get through to the practice via the telephone and appointments running to time.

We also received feedback from one external professional who delivered care to patients who received a service from Glebe House. The feedback was extremely positive about the service they received.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Ensure systems are in place to reduce patient waiting times for pre-booked appointments.
- Review access to appointments via the telephone system.

Outstanding practice

- The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of locally negotiated 'out of hospital services bundle'. These services meant patients could be treated closer to home and this was of significant benefit to the patients.
- The practice demonstrated their commitment to working collaboratively, and they explored and implemented innovative and efficient ways to deliver more joined up care to people who used services. A recent example of this was the work the practice had carried out as part of the Primary Care Nursing Development Project (nursing project). The aim of the project was to develop primary care nursing, improve access of housebound patients to services and break down barriers between practice, community and nursing home nurses.

Glebe House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Glebe House Surgery

Glebe House Surgery is located in Bedale and offers services to people living in the rural area of Bedale and 27 surrounding villages. There are approximately 9,600 on the practice list. The area deprivation is significantly lower than the national average. The largest percentage of patients are in the 45 to 49 age range. Ethnicity is 98% white British.

There are six GP partners, one salaried GP (one male and five female), four practice nurses, three phlebotomists and one health care assistant (all female). There is also a practice manager, a deputy practice manager, a patient record/note summariser and reception and administrative staff. The practice is open between 8am and 6.30pm Monday to Friday offering pre-booked appointments, a daily morning open surgery and home visits. Extended hours surgeries are offered by one or two GPs two evenings per week from 6.30pm to 8pm, normally on Mondays or Thursday or on occasion the extended hours take place on other weekdays or a Saturday. The practice advertises the extended hours within the practice and on their website. In addition to pre-bookable appointments, urgent appointments are also available for people that need them.

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

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

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

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

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

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 November 2015
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and systems in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice had systems in place so that all staff could easily report incidents. Learning was based on a thorough analysis and investigation of things that go wrong. All incidents were reviewed at weekly clinical meetings and formally at quarterly significant event meetings. Records showed the events were acted on accordingly. Examples included, following an incident of a breach of confidentiality, a training/learning session was arranged for staff and following a mercury spill from sphygmomanometer, new mercury free models were purchased. Opportunities to learn from external safety events were identified. For example soft intelligence shared by the CCG was shared within the practice and used to identify learning and the practice demonstrated they actively submitted soft intelligence to the CCG.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Evidence showed alerts were circulated to staff. Alerts featured on the next weekly practice meeting and were reviewed again at the quarterly clinical governance meeting ensuring that all necessary actions had been taken.

Overview of safety systems and processes

There was a proactive approach to anticipating and managing risks to people who used services and was recognised as the responsibility of all staff. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children and adults. All staff had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and all had received

training relevant to their role. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Records showed the practice was proactive in making safeguarding referrals and monitored their involvement with those involved.

- Notices were displayed throughout the practice and on each treatment room door advising patients that a chaperone service was available, if required. All staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were effective procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice manager had been trained in health and safety. The practice had up to date fire risk assessments and regular fire drills were carried out. Information on what to do in the event of a fire was displayed in patient waiting areas. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a wide variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, asbestos and legionella. A range of other risk assessments were in place, for example risks associated with gaps in training due to training availability.
- The practice had comprehensive and effective systems in place for the management of infection control. Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an identified infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had effective and well-structured systems in place for managing this area. Infection control audits in a range of areas, such as handwashing and sharps bins were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had a time bound action plan in place for addressing some infection control issues relating to the environment, such as the replacement of flooring

Are services safe?

- The practice had comprehensive and effective systems in place for the management of medicines. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out or acted on medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice was acting on their high prescribing rates for certain anti-biotics. Prescription pads were securely stored and there were robust systems in place to monitor their use. For example, when a prescription was used, the serial number was noted for each individual script. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. This included checks for locum GP's.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff were multi-skilled so that they could provide cover in the event of planned and unplanned staff absences.

Arrangements to deal with 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. There were also panic buttons in rooms within the practice. All staff received the required training to enable them to respond to a medical emergency. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult but not children's pads. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Robust systems were in place for ensuring that all medicines were in date and replenished when used. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was available in a number of locations both within and outside of the practice to ensure it was easily accessible in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through regular clinical meetings, audits and learning events. For example, records showed the practice had carried out a review of all diabetes clinic consultations carried out by the new nurse prescriber over a month period to informally assess performance and to monitor prescribing in these clinics.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, with 11.3% exception reporting. The reasons for the exception reporting were clearly described and understood by the practice and felt the exception reporting reflected proactive monitoring of their patients. This practice was an outlier in one area of QOF which related to the high prescribing of certain anti-biotics. Evidence reviewed showed the practice was aware of this and had put measures in place to monitor and reduce prescribing of these medicines. Data from QOF showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2013 to 31/03/2014) was 99% compared to a national average of 87%
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example, the percentage of

patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 92% compared to the national average of 84%.

- Performance for mental health related indicators was better than the national average in all but one of the areas.
- Records showed the practice had achieved a 69.43% dementia diagnosis rate, compared to the current CCG average of 60.08% rate in relation to dementia diagnosis against a government target of 67%.
- The practice had maximum QOF scores in almost all clinical areas such as heart failure, epilepsy, asthma, atrial fibrillation, chronic kidney disease, hypertension and dementia. The exceptions related to diabetes and mental health and the practice demonstrated they were managing these areas well. For example, specific actions in respect of diabetes had been taken.
- The practice participated in ambulance triage whereby they worked with ambulance crew to triage cases which may be more suitably managed in primary care. Accident and emergency attendance was below the national average – 235.98 compared to 328.27.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Evidence was seen for two recently completed 2-cycle audits - one on atrial fibrillation and the other on prescribing of a certain anti-biotic medicine. Both audits led to improved patient outcomes. Other audits had been carried out but these were not completed 2-cycle audits. These audits demonstrated improved care and treatment and improved outcomes for patients. For example, following a testosterone replacement audit the practice had added patients in this category to a recall system and also added it to the 'high risk drug monitoring' list.

The practice participated in applicable local audits, national benchmarking, accreditation and peer review. They practice demonstrated they were aware of their performance when compared to other practices in the CCG area. They reviewed their performance against other practices in the CCG. For example, following a CCG wide diabetes audit in 2015 the practice had taken a number of steps to further improve their management of diabetes. For example the upskilling of some of the nursing staff to support the existing diabetic nurses.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice.

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. New staff shadowed existing staff and where appropriate was allocated a mentor.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The health care assistant was appraised but did not have a formal competency assessment in place. All staff had had an appraisal within the last 12 months. The practice made effective use of mentoring both amongst the staff group and with professionals outside of the practice. For example, nurses had been given the opportunity to shadow community nurses as part of the nursing project.
- Staff received training that included: safeguarding, fire safety and emergency first aid. Staff had access to and made use of e-learning training modules and in-house training. The practice attended CCG 'target days'. Staff told us the practice was generous with training and supported them to develop.
- The practice had a broad ranging staff skill mix with a wide range of qualifications. For examples, the practice had four practice nurses, two of which were prescribers, a health care assistant who was working towards a formal healthcare qualification, phlebotomists and GPs who had a wide range of specialisms. We noted the practice nursing team did not have a lead nurse which some staff felt would benefit the practice. The practice had direct daily access to a physician at the Friarage Hospital.

Coordinating patient care and information sharing

The systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for people who used services. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services or to weekend services which was particularly important for their vulnerable patients. For example, the practice notified the health visitor of all children under five years of age registering with the practice and any children on the register leaving the practice.

The practice demonstrated their commitment to working collaboratively, and they explored and implemented innovative and efficient ways to deliver more joined up care to people who used services. Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital and patients in care homes. The practice was working on joint assessment of patients in care homes by practice and nursing home staff. We were provided with many other examples to demonstrate how the practice worked with community services. For example, due to capacity issues the practice did not formally provide a complex wound service. However, the practice had ensured that staff were trained to deliver a service of equal standard whilst patients were waiting to be accepted in the district nursing complex wound clinic. The practice also provided shared care for patients who needed to be seen more than twice a week, which was the most the district nurse complex wound clinic could offer. The practice also supported district nursing during staffing shortages. The same principles were evident, with the practice prescribing, when required, for the smoking cessation nurse at the smoking cessation clinic at Bedale Health Centre.

We saw evidence that a wide range of multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. For example, Gold Standards Framework meetings which involved district nurses, community matrons, and the Macmillan

Are services effective?

(for example, treatment is effective)

nurse. Other meetings included nurse meetings, administration meetings, and clinical meetings which included reviewing safeguarding with attendance from the health visitor and liaison healthy child service nurse.

Consent to care and treatment

Patients' consent to care and treatment was sought 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 (MCA). Some staff had received training on the MCA and Deprivation of Liberty Safeguards. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, cancer reviews and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice and known to all staff. These patients were given priority access to the practice. The practice had a range of health promotion literature throughout the practice and on the practice website. For example, chlamydia screening kits were available throughout the practice. The practice had developed

practice guidance on care planning for acute exacerbations of chronic pulmonary disease (COPD) with rescue packs and patient-held anticipatory care plans. They had also developed new practice guidelines on chronic disease management specific for older patients; an assessment process for identifying frailty and improved ready access to aids.

The practice's uptake for the cervical screening programme was comparable to other practices. The practice performance was 80% compared to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening as well as annual health checks.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two-year-olds ranged from 90% to 99% compared to the local CCG which ranged from 91% to 96% and five-year-olds from 87% to 98% compared to 91% to 96%. The flu vaccination rate for the over 65s was 74% compared to the national average of 73% and at risk groups was 53% compared to the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice provided a range of contraceptive, pre-conceptual, maternity and child health services.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The main patient waiting area was in a separate room away from the reception desk and the phone lines situated in a back office away from the main reception desk which helped to manage confidentiality. Most of the patients we spoke with said that conversations could sometimes be overheard at the reception desk as two patients could be seen at the desk at any one time. We also observed this. We were told the practice staff were acutely aware of maintaining and respecting patient confidentiality. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the patient feedback we received was positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We received a wide range of examples to demonstrate how patients were supported. For example during time of bereavement and through mental ill-health.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Results were comparable to the CCG average and higher than the national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 95% and national average of 89%.

- 93% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 99% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and national average of 90%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to the CCG average and higher than the national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 81%
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice actively supported carers. They had recently identified a carers lead within the practice, had a carers register and carers policy in place. The practice had plans to improve the way they opportunistically identified carers. Carers were offered additional support. For example, they were offered an annual health check and influenza vaccine.

The practice had a system in place to notify practice staff and any healthcare services of bereaved patients. Bereaved families or patients were contacted or offered advice on how to access support services. The practice had a system in place to ensure that bereaved families were added to the practice 'extra care list'.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was part of the Primary Care Nursing Development project led by the CCG. The aim of the project was to develop primary care nursing, improve access of housebound patients to services and break down barriers between practice, community and nursing home nurses. The practice had in place an action plan to deliver this project and had already made early gains. For example, Community nurses involved in chronic disease reviews; care planning for acute exacerbation of COPD and process for joint assessment of patients in care homes by practice and nursing home staff.

The practice was part of a federation of other practices in the CCG known as the Heartbeat Alliance. They met regularly and explored collectively how they could improve outcomes for patients.

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

- The practice offered a 'Commuter's Clinic' two evenings per week from 6.30pm to 8.00pm for working patients who could not attend during normal opening hours. They also offered a daily open surgery.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them which was of particular importance due to the rurality of the practice.
- Alternative arrangements were made for patients who had difficulty attending fixed clinics.
- Urgent access appointments were available for those patients that needed them.
- Disabled facilities and translation services were available.
- The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of locally negotiated 'out of hospital services bundle'. For example, anticoagulation, acute retention catheterisation, DVT diagnosis, fitting and replacing ring pessaries, minor injuries, monitoring of selected stables

cases of cancer prostate, insulin initiation and near patients testing/high risk/amber drug monitoring. 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. In addition to this, other clinics were offered such as the management of chronic diseases.

- The practice had good facilities and was well equipped to treat patients.
- The practice kept a list of patients requiring extra care. The list identified patients who needed timely access to the service. This list was reviewed weekly and included for example, patients who were newly diagnosed with cancer and bereaved patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday offering pre-booked appointments and home visits. Extended hours surgeries were offered by one or two GPs two evenings per week from 6.30pm to 8pm, normally on Mondays or Thursday or on occasion the extended hours take place on other weekdays or a Saturday. The practice advertised the extended hours and the dates of the services in advance within the practice and on their website. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. The data was mostly above the national average but mostly below the CCG average in this area. People we spoke with on the day were able to get appointments although some said it was difficult to get through on the telephone and waiting times for pre-arranged appointments was sometimes lengthy, up to 45 minutes. Some also said that by enhancing the use of booking on-line meant that there were limited appointments available when booking over the telephone which could pose a difficulty for patients without online access. Records showed the practice was aware of the issue relating to the phone lines and was exploring options for alternative arrangements to be considered. On the day of the inspection, we saw that a routine appointment was available on the same day with a nurse and two days later with a GP. Patients could attend the surgery daily for the open surgery where they could sit and wait to be seen.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 90% and national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations

for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. They demonstrated an open and transparent approach when dealing with the complaint and where appropriate, an apology was offered. Responses were person centred and informed the complainant of any learning outcomes.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Each complaint recorded the nature of the complaint, action taken, learning and outcome. Records showed that a root cause analysis was carried out following each complaint which was discussed at the weekly practice meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategic plan in place with short, medium and long term goals that were monitored and understood by staff. There was clear evidence the practice was acutely aware of current and future challenges and was exploring ways to manage these as part of their strategy. As part of the strategic plan the practice ensured it kept up to date with community related matters. For example, the practice manager had attended meetings with councillors to gain further information on the development of additional houses within the practice boundaries.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The GPs had clearly defined leadership roles. The nursing staff did not have a defined nurse lead which some staff said they would benefit from.
- Practice specific policies were implemented and were available to all staff. A 'policy of the week' was circulated staff weekly as part of a process to remind staff of policies in place. Policies were available in the staff area. Records showed policies were regularly reviewed.
- A comprehensive understanding of the performance of the practice.
- Clinical audit was used to monitor quality and to make improvements. However, the practice did not have a programme of scheduled audit in place.
- A regular programme of clinical and non-clinical meetings to review practice.
- The practice had robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The management at the practice had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice and deputy

manager were visible in the practice and staff told us they were approachable, supportive and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty and there were systems in place to demonstrate this. Whistleblowing was promoted and managed appropriately within the practice.

Regular team meetings were held. Staff said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and supported if they did. Staff said they felt respected, valued and supported. 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.

The practice manager sent staff a weekly e-mail to summarise key information from the week and key information for the forth coming week. This also included a policy of the week. Staff told us they found this update useful.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys in paper and electronic form, suggestion boxes displayed within the practice, complaints, the Friends and Family Test and the patient participation group (PPG). The practice published 'You said – we did' within the practice waiting area. The results clearly demonstrated the practice considered all feedback from patients and responded to all issues raised, either by making changes or stating why changes could not be made. The practice demonstrated they also consulted with specific patients and professionals on the delivery of specific projects. For example, as part of the Primary Care Nursing Development project, the practice had held two public consultation meetings. They also consulted with a wide range of local professionals such as district nursing teams, community teams, peers and care home managers to seek their views on how the project would be run to best meet patients' needs.

There was an active PPG which met on a regular basis. The practice had signed up to the PPG directive enhanced service (DES) in 2011 and actively recruited members to the group. For example, earlier this year members of the PPG

Are services well-led?

Good 

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

attended morning surgery at the practice to try and recruit further PPG members. The group was an integral part of the practice and was involved in reviewing survey results and had input into action plans for improvements to the practice. For example, the group had been influential in arranging for the installation of new more accessible front door. The group had also published an information leaflet including how to book an appointment and how to order repeat prescriptions. The two PPG members we met with told us the practice listened and acted.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any

concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had an appointed staff liaison lead.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice demonstrated they worked with other professionals to overcome barriers to care to provide the best possible outcome for patients. The practice set itself challenging goals to deliver improvement. For example, the plan in place for the Primary Care Nursing Development Project.