

Dyneley House Surgery

Quality Report

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Date of inspection visit: 28 June 2016

Date of publication: 06/09/2016

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Dyneley House Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dyneley House Surgery on 28 June 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

We saw many areas of outstanding practice that impacted on all population groups including people with dementia, people with mental health problems, isolated

Summary of findings

people and young people.: The practice proactively worked in partnership with the local community and several organisations to support patients' health and social care needs. For example;

- facilitating a variety of drop-in session for patients who had mental health issues and holding regular dementia and stroke support group sessions for patients and their carers
- educational and peer group support sessions for diabetes, multiple sclerosis and Parkinson's disease.
- facilitating events and being involved in a 'well-being' café to engage and support patients who were socially isolated
- GPs gave health related talks at educational sessions in the local community
- provided a young person sexual health and self-care education event at the local college
- provided healthy eating information and advice sessions for young children and staff at the local primary school
- support of homeless and travelling people to access the health care facilities at the practice and being a collection point for Skipton food bank
- There was a proactive well planned approach to 'self-care' reaching out to patients of all ages offering focused self-help programmes and information sessions.
- The practice has a health promotion officer to support weight management, alcohol reduction and smoking cessation and could demonstrate this had a positive impact for patients using this service.
- The educational and self-care programmes were a contributory factor in a reduction in emergency hospital admissions for those patients who had a long term condition. The practice could evidence a reduction in hospital emergency admissions and at 17% per 100 patients were the lowest for the local CCG and compared to 21% nationally.
- The practice had also been awarded 'highly commended' in the 2015 national self-care awards, in recognition of the work they had undertaken in encouraging patients in the self-management of their condition. They were short-listed in the top five and were the only GP practice to receive the award.
- The practice worked proactively with the patient participation group (PPG), which had a good representation from their community, including patients aged 18 years and under. The PPG were active in the self-care management programme to improve outcomes for patients.
- The practice had invited NHS health checks in 97% of eligible patients, which was the highest figure achieved within all the Craven area practices.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- The practice provided health education sessions supported by the health promotion officer which linked patients to a variety of different support groups.
- facilitating a variety of drop-in sessions for patients who had dementia or mental health issues
- holding regular dementia and stroke support group sessions for patients
- facilitating events and being involved in a 'well-being' café to engage and support patients who were socially isolated
- The educational and self-care programmes were a contributory factor in a reduction in emergency hospital admissions for those patients who had a long term condition. At 17% per 100 patients had the lowest rate as compared to both the CCG and national averages
- In recognition of a significant programme of education and self care groups held at the practice they had been awarded 'highly commended' in the 2015 national self-care awards. This reflected the work undertaken in encouraging patients in the self-management of their condition.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- The prescribing rate for antibiotics was the lowest in the local CCG which and significantly below the national rate.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had appraisals and personal development plans in place.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had invited NHS health checks in 97% of eligible patients, which was the highest figure achieved within all the Craven area practices and higher than the 50% nationally.
- In 2015, the practice had won a national Dementia Care award for their 'outstanding contribution to dementia friendly communities'.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked proactively with a variety of organisations and local the community in planning and providing services for patients.
- The practice implemented suggestions and made improvements following feedback from the PPG, Family and Friends surveys and GP surveys.
- Flexible access to appointments with urgent appointments available the same day. Extended opening was available in the evening and on a Saturday and telephone consultations meant all patients received contact from a GP the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There were innovative approaches to providing integrated person-centred care. We saw that patients were well supported with their health promotion and long-term conditions. Additional services based at the practice were provided to patients to support needs, such as a Health Promotion Officer (who also worked with two other practices in the area). They provided regular education sessions to encourage self-care and health promotion.
- It was responsive to the needs of older people, and offered extended home visits and urgent appointments and priority telephone access to their named GP for those with enhanced needs.
- End of life care was delivered in a coordinated way, using regular reviews, multidisciplinary working and the Gold Standard Framework.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- It was evident that high standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice worked strategically in line with the NHS moving forward strategy to motivate self-care for patients and actively secured new partnerships with local agencies for the benefit of all patients in the community.
- 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. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice management had evaluated information and data from a variety of sources to inform decision making
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Outstanding



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a positive relationship with the patient participation group which influenced practice development. The PPG met regularly with the management of the practice and worked closely on the self-care health promotion agenda.
- The practice had a comprehensive understanding of the needs of their patient population and local community and worked proactively with others in the provision of health care and support services.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- The practice works within the Gold Standard Framework to help meet the needs of patients who are at the end of their lives.
- In house bereavement counselling is provided at the practice.
- The practice worked in partnership with Horton Housing in providing the 'Well Being Café' for patients who may be socially isolated.
- The practice provided support to local nursing and care homes for those with a high need for medical care.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Specialist clinics were provided in areas such as diabetes and asthma.
- 78% of patients diagnosed with asthma had received an asthma review in the last 12 months compared to 77% locally and 75% nationally.
- 92% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received a review in the last 12 months, compared to 90% both locally and nationally.
- Longer appointments and home visits were available when needed.
- Patients were provided with individual health coaching via the services of the health promotion officer.
- Support groups and education talks were provided by the practice for patients with diabetes, dementia, stroke and multiple sclerosis. These were open to and attended by people beyond the Dyneley House patient group.

Outstanding



Summary of findings

- The practice had hosted a comprehensive programme of patient education events to support patients with; coeliac disease, Parkinson's disease, arthritis and several areas of cancer support such as breast, prostate and lung cancer.
- Emergency admissions for people who had a long term condition (LTC) had reduced following the introduction of the education programme of patient support and educational events. LTC admission rates were 17% (per 100 people) the lowest in the local CCG and compared with the national average of 22%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 74% of eligible patients had received breast screening in the last 36 months, compared to 70% both locally and 72% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence that regular meetings were held with midwives and health visitors.
- Safeguarding meetings were held at the practice and regular contact with community nursing staff, social services and mental health services were maintained.
- Teenage health sessions, 'Wellbeing and Teen Health' master classes, had been held at the local college to promote self-care and sexual health.
- The practice worked regularly with the local primary schools hosting visits to Dyneley House vegetable garden to help educate children in healthy food choices.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours services were in place to meet the needs of the working population and telephone consultations were offered to all patients as needed.
- The practice had invited NHS health checks in 97% of eligible aged 40-74 years and upwards , which was the highest in all the Craven practices.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Homeless patients were supported to use the facilities at the practice and health support was made available to them as required. The practice works in partnership with a local community group in supporting homeless individuals. The practice is also the local collection hub for the Skipton food bank.
- The practice offered longer appointments and regular health checks for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held regular GP led educational sessions to support patients who had a diagnosis of cancer. These events have included, breast, prostate, lung and bowel cancer.
- 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.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 90% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, compared to 89% locally and 84% nationally. Advanced care planning was in place for these patients
- 91% of patients who had a severe mental health problem had received an annual review in the past 12 months and had a comprehensive, agreed care plan documented in their record. This was comparable to the local 93% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. These patients were supported to access various support groups and organisations as needed.
- The practice had re designed the surgery to be more 'dementia friendly' and had won a national award recognising their 'outstanding contribution to dementia support'. Staff had completed training in how to support patients with dementia.
- The Practice held regular support groups for patients with dementia and their carers.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs or dementia.
- The practice employed two mental health counsellors who held regular sessions at the practice.
- Local Improving Access to Psychological Therapies programme (IAPT) services are held at the practice for patients in the practice and other practices in the area.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages 258 survey forms were distributed and 108 (42%) were returned. This represented nearly one per cent of the practice's patient list.

- 83% of respondents said they could get through easily to the surgery by phone (local CCG 72%, nationally 73%).
- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried (local CCG 75%, nationally 85%)
- 88% of respondents described their overall experience of the practice as fairly or very good (local CCG 87% and national average of 85%).

- 81% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 67 comment cards which were all extremely positive about the standard of care received from the staff at the practice.

The latest Friends and Family Test (May 2016) showed that 95% would be extremely likely or likely to recommend the practice to others.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Dyneley House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dyneley House Surgery

Dyneley House Surgery is based in the centre of Skipton and is part of the NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). It provides a service to patients in the Skipton and surrounding areas and is located in an area of low deprivation. The building was constructed in 1982 and consists of consulting rooms, reception, two large waiting areas, disabled toilet and baby changing and breast feeding facilities. There is easy access into and throughout the building with automatic doors at the entrance of the building. There is a car park at the back of the practice. There is also the Dyneley Barn building adjacent to the car park which houses additional rooms used by the practice for health promotion and support sessions and by local community groups.

The practice has a patient list size of 11,803 with a higher than national average of patients who are aged between 50 to 85 years. The patient list is made up of approximately 87% White British, 3.8% South East Asian, 3.1% Polish

The practice was open Monday to Friday 8 am to 6:00pm. Appointments were from 08.00 am each day and the last at 6pm. Extended hours appointments were offered Wednesday 6:30pm to-8:30pm and Saturday 8am to-10 am.

When the practice is closed out-of-hours (OOH) services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

There are seven female GPs and three male GPs (eight of whom are partners). There are also four female practice nurses and two female health care assistants. The practice is supported by the practice manager and a team of administration and reception staff.

The practice is also a GP training practice, providing support and guidance to trainee GPs.

General Medical Services (GMS) are provided under a contract with NHS England.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, health care assistants, health promotion officer, practice manager, administrative staff and health promotion partners. We also spoke with the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a medical emergency had occurred on the premises the practice reviewed the ease of access to emergency equipment.

When there were unintended or unexpected safety incidents, we were informed that patients received reasonable support, truthful information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The staff told us the practice had a 'no blame' culture that encouraged staff to be open and transparent with colleagues and patients when things go wrong.

The practice was also aware of their wider duty to report incidents to external bodies such as NHS Airedale, Wharfedale and Craven CCG.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

Each GP led in different areas of the Quality and Outcomes Framework (QOF) for the practice (QOF is a system intended to improve the quality of general practice and reward good practice). Information collected for QOF was used to monitor outcomes for patients. We saw minutes from meetings which could evidence QOF was discussed within the practice and any areas for action were identified.

The most recent published results (2014/15) were 100% of the total number of points available, with 9% exception reporting (7% local CCG and 9% nationally). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data showed:

- 83% of patients with diabetes had an HbA1C result which was within normal parameters, compared to 83% locally and 77% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- 85% of patients with diabetes had received a foot examination and a risk classification for potential problems, compared with 83% locally and 88% nationally.
- 81% of patients with hypertension had a blood pressure reading which was within normal parameters, compared to 78% both locally and nationally.

- 90% of patients with dementia had received a face to face review of their care, compared to 89% locally and 84% nationally.
- The practice held regular Dementia group sessions to support engagement and had refurbished and redesigned their practice to be 'Dementia friendly' by the use of contrasting colours using contrasting paintwork and using familiar objects and pictures.

The educational and self-care programmes were a contributory factor in a reduction in emergency hospital admissions for those patients who had a long term condition. At 17% per 100 patients this was the lowest rate in the CCG and below the national average of 21%.

The practice had invited patients for NHS health checks achieving 97% of the invite target (September 2015) with the highest number of assessments performed in the locality from April- November 2015 compared to below 50% nationally.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We looked at five clinical audits completed in the last two years. These included; anticoagulation audit and steroid joint injection audit. Findings were used by the practice to improve services. For example in the review of steroid joint injections the GPs changed their advice given to patients after they gave the injection.
- We also looked at the antibiotic prescribing audit and saw that the practice had continually reviewed their prescribing rate and had the lowest prescribing rates in the local CCG which were also significantly below the national rate.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff were also supported to attend role specific training and updates, for example medicines management and learning disabilities awareness.
- Staff felt well supported and able to talk to any of the management team if they had any concerns
- We saw that all staff clinical and administrative staff had annual appraisals in the preceding 12 months.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All the GPs were up to date with their revalidation.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, and investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings regularly took place and that care plans were routinely reviewed and updated.

All patients who attended accident and emergency (A&E) and had an unplanned hospital admission were reviewed and coded on the electronic records, to alert other clinicians should a follow up be required.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and patients with mental health needs. Patients were then signposted to the relevant service, for instance patients with mental health needs were referred to local mental health services. Carers who may be in need of extra support were also identified by the practice and signposted to the carer's resource support group.



Are services effective?

(for example, treatment is effective)

- The practice promoted and ran the 'X-PERT' six week educational programme for newly diagnosed diabetics. This aimed to provide patients with the knowledge and skills to understand their condition develop self-management skills and promote a healthy life style.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Services were provided at the practice for patients to measure their own blood pressure and BMI to promote self-care and health promotion.
- The practice provided health education sessions supported by the health promotion officer which linked patients to a variety of different support groups.
- facilitating a variety of drop-in session for patients who had dementia or mental health issues
- holding regular dementia and stroke support group sessions for patients
- facilitating events and being involved in a 'well-being' café to engage and support patients who were socially isolated
- providing a young person sexual health and self-care education event at the local college

- providing healthy eating information and advice sessions for young children and staff at the local primary school
- being a collection point for Skipton food bank
- the employment of two mental health counsellors who held regular sessions at the practice

The practice encouraged its patients to attend national screening programmes. The uptake rate for cervical screening was 80%, compared to 77% locally and 74% nationally. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 95% to 98% and for five year olds they ranged from 90% to 98%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients could book appointments online, by telephone or by visiting the practice. SMS text reminders were sent to remind patients of their appointments and also if they did not attend. This was to ensure effective use of the appointment system.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, there was a private room to discuss their needs.

All of the 67 patient Care Quality Commission comment cards we received were positive about the care they received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and their dignity and privacy was respected. Comment cards highlighted that staff were professional and responded with care and compassion when they needed help and support.

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

- 88% of respondents described their overall experience of the practice as fairly or very good (local CCG 87%, nationally 85%)
- 81% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local CCG 82%, nationally 80%)
- 72% of respondents described their experience of making an appointment as good (local CCG 69%, nationally 73%)

- 80% of respondents said they found the receptionists at the practice helpful (local CCG 85%, nationally 87%)
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke to (local CCG 95%, nationally 95%)
- 97% of respondents said they had confidence and trust in the last nurse they saw or spoke to (local CCG 98%, nationally 95%)

Care planning and involvement in decisions about care and treatment

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

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

- 85% of respondents said the last GP they saw or spoke to was good at listening to them (local CCG 90%, nationally 89%)
- 91% of respondents said the last nurse they saw or spoke to was good at listening to them (local CCG 92%, nationally 91%)
- 87% of respondents said the last GP they saw or spoke to was good at giving them enough time (local CCG 89%, nationally 87%).
- 87% of respondents said the last nurse they saw or spoke to was good at giving them enough time (local CCG 92%, nationally 92%)
- 87% of respondents said the last GP they spoke to was good at treating them with care and concern (local CCG 87%, nationally 85%).
- 83% of respondents said the last nurse they spoke to was good at treating them with care and concern (local CCG 92%, nationally 91%).

Are services caring?

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.
- Information leaflets were available in different languages, large print and easy read format.
- Sign language interpretations were available for patients and three staff were trained in the use of sign language to further assist patients in reception.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. We noted that a translation services was available on the web site.

The practice's computer system alerted GPs if a patient was also a carer. The practice invited carers to the carers

support group and other services in the area. Written information was available to direct carers to the various avenues of support available to them. All carers were offered a health check and influenza vaccination. Additional support was provided either by the practice or signposted to other services as needed.

At the time of our inspection the practice had identified 249 carers, which equated to just above 2% of the practice population.

The practice worked jointly with palliative care and district nursing teams to ensure patients who required palliative care, and their families, were supported as needed. At the time of our inspection there were 88 patients on the palliative care register. It was noted the practice also provided a dedicated telephone line to support patients and families during the provision end of life care.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on a Wednesday evening and on every Saturday morning for working patients who could not attend during normal opening hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for disabled people, a hearing loop and sign language and other translation services available.
- The practice had redesigned the patient waiting area, to incorporate contrasting paintwork colours between walls and doorways and displayed a dementia-friendly clock with clear numbers.

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. For instance they had responded to the PPG recommendations by reviewing the appointment system and privacy concerns in the waiting area by providing a separate privacy room.

Services were planned and delivered by the practice to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

For example;

- Proactively worked in partnership with the local community and organisations to support patients' health and social care needs.
- Worked in close partnership with mental health and alcohol support groups in the area.
- There were longer appointments available for vulnerable people with mental health needs or a learning disability.
- The practice provide memory tests at the practice.

- two mental health counsellors were employed by the practice and held regular weekly sessions
- Facilitated a 'learning how to control stress' 6 week course in conjunction with IAPT.
- GP's allocated extended time for longer Home visits for older patients and patients with long term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- Were a collection point for Skipton food bank
- worked closely with a homeless charity and the local churches
- Several facilitated self-care educational sessions including, a diabetes education group. .
- Provided support to local nursing and care homes for those with a high need for medical care.
- Offered longer appointments available for vulnerable people with mental health needs or a learning disability
- Home visits were available for older patients and patients with long term conditions. Urgent access appointments were available for children and those with serious medical conditions.

The practice had also been awarded 'highly commended' in the 2015 national self-care awards, in recognition of the work they had undertaken in encouraging patients in the self-management of their condition. The awarding body recognised the practice's commitment to care and commented on their well-planned programme of events. They were short-listed in the top five and were the only GP practice to receive the award.

- Facilitated a variety of drop-in session for patients who had dementia or mental health issues
- Held regular dementia, multiple sclerosis, Parkinson's disease and stroke support group sessions for patients and carers.
- Facilitated events and being involved in a local 'wellbeing' café to engage and support patients who were socially isolated. Sessions include debt management and benefit advisors.



Are services responsive to people's needs?

(for example, to feedback?)

- Had access to the services of a health promotion officer to support weight management, alcohol reduction and smoking cessation and could demonstrate this had a positive impact for patients using this service.
- Facilitated several self-care educational sessions, including a diabetes education group
- Provided a young person sexual health and self-care education event at the local college
- Staff maintained a healthy eating garden at the practice and provided healthy eating information and advice sessions for young children and staff at the local primary school.

The outcomes from this work are reflected in the lower levels of admissions to emergency care for patients who are vulnerable due to their age, long term condition or other circumstances.

Access to the service

The practice was open Monday to Friday 8 am to 6:00 pm with OOH cover in place from 6pm. Appointments were from 08.00 am each day and the last at 6pm. Extended hours appointments were offered Wednesday 6:30pm to 8:30pm and Saturday 8am to 10 am. Appointments could be booked six weeks in advance with same day appointments available for people that needed them. A duty GP provided a triage support to the reception team and initially provided a telephone consultation to the patient to assess the patient's needs. All patients would speak to a GP on the same day as they contacted the service. The practice continually monitored the waiting times for routine appointments and looked at demand and capacity on a regular basis.

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

- 73% of respondents were fairly or very satisfied with the practice opening hours (local CCG 74%, nationally 75%). 83% of respondents said they could get through easily to the surgery by phone (local CCG 72%, nationally 73%).
- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried (local CCG 75%, nationally 85%)

The practice had a system in place to assess:

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

Patients we spoke with on the day of inspection told us they were always able to get appointments when they needed them; parents confirmed that they got an appointment for their child on the day.

In 2015, as a result of re-designing patient areas, the practice had won a national Dementia Care award for their 'outstanding contribution to dementia friendly communities'. We saw that the practice had improved access for patients with Dementia and redesigned the patient areas, which included using contrasting paintwork between walls and doorways, specialised light switches, lighting and displaying dementia-friendly local photographs and clock with clear figures. Feedback from patients with dementia confirmed that they feel the environment was now 'calm and comfortable'.

Listening and learning from concerns and complaints

The practice had an effective 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 information displayed in the waiting area to help patients understand the complaints system and available in the patients information brochure and on the practice web site.
- A designated GP led on complaints and handled all complaints in the practice.
- All complaints and concerns were discussed on a regular basis, including fortnightly team leader meetings.
- The practice kept a register for all written complaints.

There had been ten complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

Are services well-led?

Outstanding



(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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice vision was, 'to provide safe, timely and effective patient care'. There was a strong patient centred ethos amongst the practice staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care. It was evident that staff and people who use the service were involved in the development of the vision, values and strategy.

Governance arrangements

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

There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Clinical leads had been identified for key areas, and this helped to ensure staff were kept up-to-date with changes to best practice guidelines, and changes to the Quality and Outcomes Framework.

Staff told us the practice held regular team meetings. Minutes were kept and there was a structured agenda. The range of meetings encompassed full staff meetings, significant events, palliative care and monthly meetings with the community nursing teams. Additional meetings were regularly held with team leaders, partners, clinical team and nursing team and the practice also met monthly with the local pharmacist.

These promoted good staff communication and helped to ensure patients received effective and safe clinical care.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A significant number of audits had been carried. All of the clinical audits we looked at were relevant, detailed and showed learning points and evidence of changes to practice. There was an audit programme in place.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

The staff group worked together on the 'healthy eating garden' based at the practice, which school groups visited as part of their health education. Social events and charity fund raising events were organised by the practice including the Santa fun run to promote wellbeing and raise funds for the local community.

The practice had a comprehensive understanding of the needs of their patient population and local community and worked proactively with others in the provision of health care and support services.

Are services well-led?

Outstanding



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

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Staff used comments consistently such as 'inclusive management', 'reflective' and 'open' and told us they felt involved and engaged to improve how the practice was run. We saw evidence of staff meetings and contributions to the agenda and discussion from staff. For instance staff ideas and recommendations had been included into the 'Dignity Day' held by the practice to promote better understanding of how to support patients in a dignified way.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had actively been engaged in driving improvements to the practice appointment system. To do this they commissioned a patient survey specifically to look in depth at improvement that could be made. The PPG members told us that the practice were responsive to patient needs, supportive and worked with them to engage with the community to promote good health, such as through the series of public health information sessions. We also saw the PPG had good representation from their community, including patients aged 18 years and under.

The latest Friends and Family Test (May 2016) showed that 95% recommend the practice to others.

The PPG in partnership with the practice had conducted their own surveys and confirmed that significant changes to the appointment system and telephone access had been reviewed following their recommendations. The practice had also gathered feedback from staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

colleagues and. Staff gave examples of shared learning in meetings and explained that complaints were discussed openly and if areas could be managed better. For instance changes to appointments system for patients and the need for GP referral letters to be clearer for patients.

A quarterly newsletter was published and available on the web site and in the reception area. This informed patients of important events at the practice and sign posted patients to local support and self-help groups running at the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were;

- forward thinking and had a robust governance framework which delivered and supported good quality care.
- working strategically in line with the NHS moving forward strategy to motivate patients about self care and actively secured new partnerships with local agencies for the benefit of all patients in the community.
- proactive and well planned in their approach to 'self-care' and the health promotion agenda, reaching out to patients of all ages offering focused self-help programmes, support groups and extensive information sessions.
- responsive to GP surveys, family and friends, in house surveys and had taken positive action to improve the service provided to patients. For instance in response to the GP surveys additional nursing staff had been recruited to provide a skilled and stable team.
- proactively updated web and waiting room information about health links and services in the area and produced a regular newsletter informing the public of what patients and other members of the community could access in the community

protective of staff learning time and encouraged personal development, for instance, three staff were undertaking British Sign Language course to assist patient communication.