

The Danby Practice

Quality Report

Briar Hill

Danby

Whitby

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Date of inspection visit: 13 and 14 October 2016

Date of publication: 23/01/2017

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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Danby Surgery on 13 and 14 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care and treatment was consistently positive. Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- 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).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and made improvements as a result.
- High standards were promoted and owned by all practice staff, and teams worked together across all roles.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.

Summary of findings

- The staff demonstrated a strong collaboration, commitment and a common focus on improving quality of care and people's experiences.
- The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels within the practice.

We saw three areas of outstanding practice including:

- The practice provided a weekly GP clinic at a local residential care service for people with a learning disability. At the time of our inspection the practice had 93 adults on their learning disability register (4% of the practice population), 89 of whom lived at this service. Appointments for people with a learning disability were between 15 and 30 minutes long dependent on individual need.
- The practice was proactive in engaging with the local community. Several members of staff attended local community events where they spoke about a range of initiatives. For example the senior administrator had attended and spoke about the benefits and availability of flu vaccines which resulted in an increased uptake. The community practice nurse had attended and

spoken about falls and how to reduce them. This had resulted in a number of patients being identified who would benefit from a personalised care plan as part of the admissions avoidance project.

- To support independence and the safe use of medicines for many elderly patients who often lived alone, the practice dispensed medication into blister-packs (medication dosing systems). This included electronic dosing systems for patients with complex medication and special needs so they could maintain their independence whilst taking medication safely. Depending on their needs, patients received a medication administration chart or a large-print list of medication with information on their purpose and dosing.

However there was one area of practice where the provider should make improvements:

- Review the current procedures in relation to near misses to cover all aspects of the dispensing process.

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.
- There was an effective system in place for reporting, recording and reviewing significant events. Events were reviewed one year after the incident to review whether the changes introduced had been embedded into practice over time.
- 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 good for providing effective services.

Good



- At the time of the inspection the most recent published QOF results (2014/2015) were 99.5% of the total number of points available compared to the England average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Data from the national GP patient survey showed patients rated the practice higher than the national average for all aspects of care. For

Summary of findings

example 100% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85% and 98% of patients said the GP was good at listening to them compared to the national average of 89%.

All of the 73 CQC comment cards we received from those who used the service, those who were close to them and stakeholders were continually positive about the service they received from the practice. People told us that staff went the extra mile and the care they received exceeded their expectations. Patients said they felt the practice offered an exceptional service and that staff were helpful, caring and treated them with dignity and respect.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were extremely positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision with quality and safety as its top priority.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice had an overarching governance framework which supported the delivery of the practice mission statement and business plan. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The staff demonstrated a strong collaboration, commitment and a common focus on improving quality of care and people's experiences. There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- 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 within the practice.

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.
- The practice was responsive to the needs of older people. For example, to support independence and the safe use of medicines for many elderly patients who often lived alone, the practice dispensed medication into blister-packs (medication dosing systems). This included electronic dosing systems for patients with complex medication and special needs so they could maintain their independence whilst taking medication safely.
- Home visits and urgent appointments were offered for those with enhanced needs.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the five diabetes related indicators was in all but one area higher 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 (01/04/2014 to 31/03/2015) was 96% compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- 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.
- Patients were signposted or referred to support services. For example the practice had an agreement with a nearby practice that they could signpost their patients to 'Living well with long-term conditions' courses held at nearby Sleights Surgery.

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.
- Childhood immunisation rates for the vaccinations given were comparable for under two year olds and slightly lower than the England averages for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 95% compared to the England average which was 73% to 95% and five year olds which was 75% to 92% compared to the England average which was 81% to 95%.
- The practice's uptake for the cervical screening programme was 82%, which was equal to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided a full range of contraceptive services, including provision of implants to other local practices. IUD intrauterine device (IUD) or intrauterine system (IUS) services were provided by a nearby surgery or Teesside Sexual health service.

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 extended opening hours were offered every Tuesday from 7.30am to 8am and 6.30pm to 7.15 pm when patients could see a GP. During this time a health care assistant worked alongside the GP.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including housebound and those with a learning disability.
- The practice provided a weekly GP clinic at a local residential care service for people with a learning disability. At the time of our inspection the practice had 93 adults on their learning disability register (4% of the practice population), 89 of whom lived at this service. Appointments were between 15 and 30 minutes long and patients could attend at the practice or be seen by the GP at the residential care service.
- In response to the special needs of many patients with learning disabilities, the lead GP regularly provided training to carers and patients in the administration of emergency medication for epilepsy, adrenal crisis and hypoglycaemia. Due to the large number of carers involved in supporting the various patients with learning disabilities, carers were able to make direct contact with GP's via e-mail. The lead GP had regular peer review meetings with local consultant colleagues in order to ensure best care for the complex needs of these patients.
- The practice employed a health care assistant to offer phlebotomy and, in response to an increasing prevalence in obesity, to offer weight management for the patients with learning disabilities in an easily accessible way. The health care assistant at the practice undertook special training to provide this.
- The practice had a Carers Champion and visits at the practice from both Carers Resource and the Alzheimer's society.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example as part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the Practice would receive a home visit by the practice's community practice nurse.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for the three mental health related QOF indicators was higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the national average of 84%.
- The practice employed a counsellor who worked at the practice one day a week improving access to one to one counselling, including bereavement counselling and Eye Movement Desensitization and Reprocessing (EMDR).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 210 survey forms were distributed and 129 were returned. This represented 5% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the local CCG average of 90% and the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 92% and the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the local CCG average of 94% and the national average of 85%.

- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 90% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 73 completed comment cards. They were all extremely and consistently positive about the standard of care received. Patients described the exceptional care they received from all staff at the practice. They referred to staff going the extra mile. Practice staff were described as 'the best', 'excellent', 'amazing', 'supportive' and 'empathetic'. Patients described their experience at the practice using words such as 'the best in the world', 'first class' and 'safe in their care'.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the current procedures in relation to near misses to cover all aspects of the dispensing process.

Outstanding practice

We saw three areas of outstanding practice including:

- The practice provided a weekly GP clinic at a local residential care service for people with a learning disability. At the time of our inspection the practice had 93 adults on their learning disability register (4% of the practice population), 89 of whom lived at this service. Appointments for people with a learning disability were between 15 and 30 minutes long dependent on individual need.
- The practice was proactive in engaging with the local community. Several members of staff attended local community events where they spoke about a range of initiatives. For example the senior administrator had attended and spoke about the benefits and availability of flu vaccines which resulted in an increased uptake. The community practice nurse

had attended and spoken about falls and how to reduce them. This had resulted in a number of patients being identified who would benefit from a personalised care plan as part of the admissions avoidance project.

- To support independence and the safe use of medicines for many elderly patients who often lived alone, the practice dispensed medication into blister-packs (medication dosing systems). This included electronic dosing systems for patients with complex medication and special needs so they could maintain their independence whilst taking medication safely. Depending on their needs, patients received a medication administration chart or a large-print list of medication with information on their purpose and dosing.

The Danby Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Danby Practice

The Danby Surgery, Briar Hill, Danby, Whitby, YO21 2PA is a rural practice situated in Danby mainly serving this area and the Upper Esk Valley. The registered list size is approximately 2,300 and predominantly white British background. The practice is ranked in the sixth least deprived decile (one being the most deprived and 10 being the least deprived). The practice age profile differs from the national average with the highest age range above the national average being 45 to 79 years and the lowest being zero to nine years and 25 to 39 years. The practice is a dispensing practice and dispenses to approximately 96% of their patients.

The practice is managed by two GP partners (one male and one female). The practice employs one practice nurse, three health care assistants and a counsellor who works one day a week. There is a dispensary manager, eight dispensary/reception staff, one senior administrator, one secretary, one administrator and a practice manager who manages this and another two practices. The practice also benefits from CCG funded roles. A community practice nurse is shared between The Danby Surgery and two other local practices as part of the nursing workforce project. They also receive pharmacist support from the CCG for half

a day once a month and additional support from a prescribing pharmacist one day every three weeks who works between The Danby Surgery and two other local practices.

The practice is a teaching practice. The practice, at the time of our inspection, has a GP registrar. This means the GP registrar is currently on a three year GP registration course.

The practice is open between 8am and 6.30pm daily except for Thursday when the practice closes at 12pm. During this time calls are managed by a nearby practice, Egton Surgery. Extended hours are offered every Tuesday from 7.30am to 8am and 6.30pm to 7.15 pm when patients can see a GP. During this time a health care assistant works alongside the GP.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the NHS 111 service.

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

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 and 14 October 2016.

During our visit we:

- Spoke with a range of staff and received feedback from patients who used the service and members of the PPG.
- Observed how staff interacted with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and reviewing 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. An annual review of each event was programmed and reviewed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a medication being prescribed to a patient with the same name the practice had arranged for a 'same name' alert to be installed on the patient's records to enable extra checks to be made.

Overview of safety systems and processes

The practice had comprehensive, clearly defined and embedded systems, processes and practices in place to keep patients safe. The whole team was engaged in reviewing and improving safety and safeguarding systems, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were comprehensive and 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. The practice notified CQC when they had made safeguarding referrals in respect of patients they had concerns about. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and well organised. The practice nurse was the infection control clinical lead who was supported by the practice manager. They liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place and all staff had received up to date training. Comprehensive annual infection control 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 drugs and vaccinations, in the practice kept patients safe. Prescriptions were dispensed at The Danby Surgery for patients who did not live near a pharmacy. The practice had robust standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process. Vaccines were administered by the nurse using Patient Group Directions (PGDs) and Health Care Assistants using Patient Specific Directions (PSDs). PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription.
- A system was in place for checking PGDs and PSDs and for ensuring all documentation was appropriately signed and authorised. The expiry dates of medicines were checked on a monthly basis using the dispensary

Are services safe?

computer system and this was recorded appropriately. Expired and unwanted medicines were disposed of in accordance with waste regulations. All medicines checked on the day of the inspection were in date.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs were carried out on a regular basis. There was a system in place for the monitoring of high risk medicines and we saw how this kept patients safe.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewarded practices for providing high quality services to patients of their dispensary. We were shown a near miss (a record of dispensing errors that have been identified before medicines have left the dispensary) folder which demonstrated learning points and discussion after near misses had been identified. However the practice, at the time of our inspection, did not record near misses involving their accuracy checker scanner. This is a system used within dispensaries.
- National patient safety alerts and medicines recalls were appropriately managed.
- All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We were told how staff managed medicines which had not been collected however we found three prescriptions which had not been removed from stock since June 2016. On further investigation we found letters had been sent to the patient but no further action had been taken.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.
- Prescription pads were stored securely and there were rigorous systems in place to monitor their use.
- The dispensary had recently completed audits with their patients on the re-ordering and collection of prescriptions. Feedback from these audits led to changes in processes in the dispensary to improve patient service within the dispensary.

- We reviewed three personnel files and found comprehensive 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 comprehensive procedures, risk assessments and action plans in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. Personal evacuation plans (PEEPS) were in place for those staff that needed them. All staff were trained in fire safety and specific staff were trained as fire wardens.
- 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).
- The practice carried out a regular premises standard audit which covered a wide range of areas, examples of which included suitability of access, storage of prescriptions, suitability of consultation rooms and fire safety.
- Paper patient records were stored securely. The practice had a risk assessment in place in respect of the management of information governance. This showed no areas of concerns.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were systems in place to ensure there was enough staff on duty. A system of staff members being on 'standby' was in place for dispensing staff.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Hard copies of the plan were kept off-site.

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

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). At the time of the inspection the most recent published results were 99.5% of the total number of points available compared to the England average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 QOF showed:

- Performance for the five diabetes related indicators was in all but one area higher 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 (01/04/2014 to 31/03/2015) was 96% compared to the national average of 88%.
- Performance for the three mental health related indicators was higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been at least six clinical audits completed in the last year, all of which were completed audits where the improvements made were implemented and monitored. We looked specifically at two full cycle clinical audits completed in the last year. Both these audits showed that improvements made were implemented and monitored. An example of this related to the practice evaluating its antibiotic prescribing for sore throat symptoms against the NICE guidelines. This audit resulted in the practice moving from good to excellent compliance levels.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had surveyed patients to see how often they were able to pick up their prescription on their first attempt and if not why. As a result of the feedback the practice had calculated the amount of time staff spent looking for prescriptions that were not yet ready. The practice had taken steps using information in the practice newsletter, within the practice and on the website to remind staff to allow 48 hours for their prescription to be processed which would ensure staff and patient time was not wasted.

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.

- The practice had robust systems in place for managing and monitoring training due and completed. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- 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)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice also sought out training to further enhance staffs skills and knowledge which was of benefit to the patient.
- 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 staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- 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. The practice had strong links with the primary care mental health worker who saw patients at the practice. They also worked closely with the consultant psychiatrist, Community Mental Health Team and with the learning disability consultant psychiatrist.
- Staff also worked together and with other professionals 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. All clinical and all but one non clinical staff had received training in this area. All clinical and non-clinical staff currently at work had received training in this area.
- 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.
- We received feedback from staff at a nearby regulated service that provided care for patients with a learning disability. We were provided with multiple examples to demonstrate the GPs at the practice were actively involved in best interest decision making meetings for patients. They told us the patient was involved at all times throughout this process where possible.
- The process for seeking consent was monitored through patient records audits. For example the practice had identified shortfalls in recording consent for the removal of a certain contraceptive along with the reasoning. Action had been taken to implement new systems to ensure this information was recorded.

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 and those at risk of developing a long-term condition were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG average of 79% and equal to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

Are services effective?

(for example, treatment is effective)

screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable for under two year olds and slightly lower than the England averages for five year olds. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 95% compared to the England average which was 73% to 95% and five year olds which was 75% to 92% compared to the England average which was 81% to 95%.

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



Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff was strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice was a 'Dementia Friendly' practice with all staff having received dementia friendly awareness training by the Alzheimer's Society.
- Staff had received Customer Services training.
- The practice was proactive in engaging with the local community and voluntary groups. Several members of staff attended local community events where they spoke about a range of initiatives. For example the senior administrator had attended and spoke about the benefits and availability of flu vaccines which resulted in an increased flu vaccine uptake. The community practice nurse had attended and spoken about falls and how to reduce them. This had resulted in a number of patients being identified who would benefit from a personalised care plan as part of the admissions avoidance project.
- The practice had an arrangement whereby they could sign post patients to a Living with long term illness initiative which was led by a neighbouring GP and psychologist. The practice had received positive patient feedback in respect of being able to access this service.
- The practice 'purchased' a seat on a small bus driven by volunteer drivers as part of a local voluntary initiative.

This service had helped reduce social isolation and improve wellbeing for the community and patients at the practice. We were provided with specific examples of patients this service had benefited.

- Feedback from those who used the service, those who were close to them and stakeholders was continually positive about the service they received from the practice and the way they were treated. People told us that staff went the extra mile and the care they received exceeded their expectations. Patients said they felt the practice offered an exceptional service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the local CCG average of 92% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 98% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 91% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 95% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.



Are services caring?

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Staff demonstrated a commitment to working in partnership with patients and other professionals and showed determination and creativity to overcome obstacles to delivering care. For example the practice provided an unfunded bespoke enhanced dispensing service for two patients in the community who were experiencing difficulty with their previous arrangements provided external to the practice. They had worked extensively with the patients and external stakeholders, involved a considerable amount of research, time and resources to ensure the delivery of this service was correct which enabled the patients to stay at home.

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 better than local and national averages. These results were aligned with our findings on the day of the inspection. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 88% and the national average of 82%.
- 100% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 91% and the national average of 85%.

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

- Staff told us that information in a particular form would be made available to patients. For example a large print sign was displayed in reception advising patients they could request literature in large print.
- The practice used literature in an appropriate format for patients with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Staff recognised and respected the totality of people's needs. They recognised people's emotional and social needs were as important as their physical needs.

Appointments were managed flexibly to support patients to cope emotionally with care and treatment. For example patients at a local residential care service could be seen at the service or in the practice at a time of their choosing. One GP was involved in social activities at this service raising their profile in the community.

The practice had a member of staff who had taken on the role of 'Carers Champion' over five years ago. They had well established relationships with carers and were regularly contacted by carers for advice. They actively promoted their role within the practice. They had attended community events where they signposted patients to local services and had also handed out information about support services to patients who may be socially isolated. The practice had a designated 'carers' area at the entrance of the practice where a photograph of the carers coordinator was displayed along with a wide range of other information. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (2.1% of the practice list).

Evidence showed the practice provided a personal and holistic service to patients. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Feedback we received was aligned with what we were told. We received specific feedback about the way the practice interacted and responded to patients at a local residential care service taking account of their personal, cultural, social, spiritual and religious needs. They told us the end of life care provided by the practice for their patients was 'amazing' and was continued through to support the bereaved families and care workers. They told us that when a patient was receiving end of life care that the GPs were contactable and attended to the patient out of normal practice hours.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a wide range of support groups and organisations. Information about support groups was also available on the practice website. The practice had identified any patients that needed accessible information and actioned this appropriately. The practice was aware of those patients that needed communication adjusted.

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 benefited from CCG funded roles. A community practice nurse was shared between The Danby Surgery and two other local practices as part of the nursing workforce project. They also received CCG pharmacist support for half a day once a month and additional support from a prescribing pharmacist one day every three weeks who worked between The Danby Surgery and two other local practices.

- The practice offered a 'Commuter's Clinic' every Tuesday from 7.30am to 8am and 6.30pm to 7.15 pm when patients could see a GP. During this time a health care assistant worked alongside the GP.
- The practice provided a weekly GP clinic at a local residential care service for people with a learning disability as an adjustment to improve access.
- Flu clinics were offered on a Saturday morning.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities including a lift, a hearing loop and translation services were available.
- The practice offered a range of services aimed at providing care closer to the patient's home. For example deep vein thrombosis diagnosis and treatment, management of stable prostate cancer patients within the community and routine ring pessary fitting and replacement and warfarin monitoring. The practice also provided other in house procedures including minor injury and minor surgery. Where safe to do so, home alcohol detoxification was provided. Basic medical acupuncture was also provided. The practice hosted a range of external stakeholders at the practice. Some of the services included midwife, health visitor, chiropody, retinal screening and physiotherapy clinics.

- As part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the practice would receive a home visit by the practice community practice nurse.
- In response to the special needs of many patients with learning disabilities, the lead GP regularly provided training to carers and patients in the administration of emergency medication for epilepsy, adrenal crisis and hypoglycaemia. Due to the large number of carers involved in supporting the various patients with learning disabilities, carers were able to make direct contact with GP's via e-mail. The lead GP had regular peer review meetings with local consultant colleagues in order to ensure best care for the complex needs of these patients.
- The practice employed a health care assistant to offer phlebotomy and, in response to an increasing prevalence in obesity, to offer weight management for the patients with learning disabilities in an easily accessible way. The health care assistant at the practice undertook special training to provide this.
- The practice employed a counsellor who worked at the practice one day a week improving access to one to one counselling, including bereavement counselling and Eye Movement Desensitization and Reprocessing (EMDR).
- One GP partner worked at Whitby community hospital one day a week, providing a link and continuity of care for patients in hospital.

Access to the service

The practice was open between 8.am and 6.30pm daily except for a Thursday when the practice closed at 12pm. During this time calls were managed by a nearby practice. Extended hours were offered every Tuesday from 7.30am to 8am and 6.30pm to 7.15 pm when patients could see a GP. During this time a health care assistant worked alongside the GP offering services such as phlebotomy and other appropriate tests. The extended hours offered by the practice went beyond the GMS direct enhanced services requirements.

In addition to pre-bookable appointments that could be booked in advance, 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 above local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 87% of patients were satisfied with the practice's opening hours compared to the local CCG average of 83% and the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the local CCG average of 90% and the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 92% and the national average of 85%.

The practice had reviewed the GP patient survey data. They had put actions in place in an attempt to increase patient satisfaction in respect of opening hours despite the data, at the time of our inspection, showing the practice was above the local CCG and national average. For example, the practice had arranged for a weekly 7.30am clinic run by a health care assistant.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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 a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received one complaint in the last 12 months. Our review of this complaint his showed it was dealt with in a timely, open and transparent way. Action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and aims which were displayed in the waiting area. Staff knew and understood these values.
- The practice had a newly established business plan and ongoing risk/action plan which reflected the vision and values of the practice. This was regularly monitored and maintained.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice mission statement and business plan. Governance and performance management arrangements were proactively reviewed and reflected best practice. This outlined the

structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Clinical and non-clinical leads had been identified for a wide range of lead roles.
- A wide range of meetings took place examples of which included regular full staff meetings, significant events, complaints, safeguarding and palliative care. Additional meetings were held regularly within practice teams.
- The practice was flexible with their meetings and adjusted meeting timings so that all staff could attend.
- 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. The practice was committed to engaging with the community.
- Electronic communication updates as well as minutes of meetings were available to staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

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

Leadership and culture

On the day of inspection the partners and practice manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. They demonstrated an acute understanding of their population and adjusted their services accordingly.

There were high levels of staff satisfaction. Staff were proud of the practice as a place to work and spoke highly of the culture. There were constructively high levels of staff engagement.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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. There was evidence of strong collaboration and support across all staff and a common focus on improving quality of care and peoples experiences. For example working closely with two other local practices to share resources and test new ideas.

Weekly staff meetings took place at the practice. Whole team practice meetings were held every three months. 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. Staff said they felt respected, valued and supported by each other and the management team. Where appropriate

Are services well-led?

Good 

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

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.

As part of the inspection the practice had invited a range of people involved with the practice to be part of the practice presentation demonstrating their open culture. This included a patient from a local residential care service and their care worker, a member of the PPG and a member of a local community service.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in place for over 10 years. They met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice was actively involved in reviewing survey results and making suggestions for change. The PPG had recently been instrumental in designing a booklet that

provided patients with 'Out of Hours' information in the area. Once a year all patients were invited into the practice to meet with practice staff and the PPG to hear about the work they had been involved in.

- The practice had gathered feedback from staff through quarterly whole staff meetings and generally through staff meetings, appraisals and discussions. For example a more effective way for managing patient recalls had been implemented following staff suggestion for improvement. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated a commitment to achieving excellence. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Some examples of this were the services and commitment to the patients at a local residential care service, putting in place actions as a result of the GP patient survey results even though the results were above the national average, working with two other practices to share resources and being in the initial stages of exploring the possibility of setting up a walking group for patients.