Dr CM Parker, Dr EM Chappelow and Dr RS Doswell

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	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 Topcliffe Surgery on 16 November 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care, their involvement in planning and making decisions about their care and treatment was overwhelmingly positive. We were provided with many examples to demonstrate the caring approach of the practice. The examples came from patients, CQC comment cards and staff. This feedback was aligned with feedback from the national GP patient survey results which were consistently significantly higher than the national averages for the areas above.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly high, being above the CCG and significantly above the national averages. The data was significantly higher than the national average in respect of how well appointments ran to time, convenience and suitability of making appointments and getting through to the practice via the telephone. These results were aligned with the patient feedback we received.
- 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

Summary of findings

- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

- The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of locally negotiated 'out of hospital services bundle'. These services meant patients could be treated closer to home and this was of significant benefit due to the population of the area in their rural location. They also offered other additional services such as acupuncture and minor operations.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly high, being above the CCG and significantly above the national averages. The data was significantly higher than the national average in respect of how well appointments ran to time, convenience and suitability of making appointments and getting through the practice via the telephone. These results were aligned with the extremely positive patient feedback we received.
- We were provided with many examples to demonstrate the caring approach of the practice. The examples came from patients, CQC comment cards and staff. This feedback was aligned with feedback from the national GP patient survey results which were consistently significantly higher than the national averages for the areas above.
- Flu vaccination rates for the over 65 year olds were higher than the national average at 86% compared to 73%. Flu vaccination rates for those patients at risk were higher than the national average at 68% compared to 53%.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider should:

- Have a programme of audit in place in order to ensure they complete full cycle audits.
- Act on their plan to address outstanding health and safety items such as the replacement of the fire alarm system and the upgrading of the downstairs patient toilet.

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?

Good

The practice is rated as good for providing safe services.

- 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 there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement although the practice did not demonstrate that full cycle audits had been completed.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice considerably higher than the national average for almost all aspects of care. Patients responded extremely positively to questions about their involvement in planning and making decisions about their care and treatment and about being treated with compassion,

Summary of findings

dignity and respect. For example 100% had confidence and trust in the last GP and nurse they saw or spoke to. Ninety six percent said the last GP and 99% said the last nurse they spoke to was good at treating them with care and concern.

- We observed a strong patient-centred culture. Feedback from all but one patient about their care and treatment was consistently and strongly positive. We were provided with many examples to demonstrate the caring approach of the practice. The examples came from patients, CQC comment cards and staff.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff recognised and respected the totality of people's needs. They took account of peoples personal, cultural, social and religious needs. We found many positive examples to demonstrate this. Examples included: a member of staff attending a regular social event with a patient; arranged appointments to ensure patients were not out in the dark, arranged appointments at the end of the day for one patient so a member of staff could escort them home; funding transport where finances were difficult, allowing the practices address to be used as a postal address for a traveller, taking medicines to isolated patients where transport was an issue and supporting patients who were experiencing difficult personal circumstances.
- Patient's emotional and social needs were viewed by staff to be as important as their physical needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. They demonstrated that they worked towards reducing inequalities in healthcare for patients.
- There were innovative approaches to providing integrated person-centred care.
- Data for this area was significantly above the CCG and national average for accessing services. Patient feedback was extremely positive about access to appointments. Feedback showed appointments could be accessed in a timely way, in respecting of getting through to the practice via the telephone, obtaining on the day appointments and appointments running to time.

Summary of findings

- 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.
- People could access services in a way and at a time that suited them. The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of locally negotiated 'out of hospital services bundle'. These services meant patients could be treated closer to home and this was of significant benefit due to the population of the area in their rural location.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Monthly liaison meetings were held with the extended primary health care team, elderly mental health, voluntary and Social Services.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 years had a named GP.
- Flu vaccination rates for the over 65 year olds were higher than the national average at 86% compared to 73%.

People with long term conditions

Good

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and regular reviews to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patient self-management was promoted and supported.
- A holistic approach to managing patients with long-term conditions was adopted.
- QOF data for patients with long term conditions was good.
- Admission rates to secondary care for patients with long term conditions were below the national average.

Summary of findings

Families, children and young people

Good

The practice is rated as good 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 high for all standard childhood immunisations and for pregnancy related immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was comparable to other practices. The practice performance was 83% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Staff had received safeguarding training and proactively managed safeguarding.
- The practice provided a range of contraceptive, pre-conceptual, maternity and child health services with reminders sent to patients when certain contraceptives were due. The practice also offered STD/HIV testing for patients not wishing to use 'Yoursexualhealth' service.
- Staff demonstrated an acute awareness of the isolation of army personnel wives when they made contact with the practice.

Working age people (including those recently retired and students)

Good

The practice is rated as good 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 reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice was aware of patients living in vulnerable circumstances including homeless people, travellers, families of army personnel and those with a learning disability.
- It offered longer appointments for people assessed as needing them.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them which were of particular importance due to the rural location of the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Flu vaccination rates for those patients at risk were higher than the national average at 68% compared to 53%.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice QOF scores in dementia were slightly above the CCG and national average.
- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 75% of patients had received a health check for mental illness which was below the national average of 86%. Ninety one percent had had an assessment of depression severity which was slightly higher than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.
- Counselling services were facilitated from the practice which patients could access.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey published in July 2015 showed that of the 23 questions directly related to the practice, 17 were above 95% and all but two above 90%. All were significantly above the national average. There were 255 surveys sent out and 124 surveys returned which represents 4% of the practice population.

- 90% describe their overall experience of this surgery as good compared with a CCG average of 90% and national average of 73%.
- 96% would recommend this surgery to someone new to the area compared to the CCG average of 91% and national average of 78%.
- 99% found it easy to get through to this surgery by phone compared with a CCG average of 90% and a national average of 73%.
- 88% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 70% and a national average of 60%.
- 92% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 84% and national average of 75%.
- 97% found the receptionists at this surgery helpful compared with a CCG average of 93% and a national average of 87%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 92% and a national average of 85%.
- 97% describe their experience of making an appointment as good compared with a CCG average of 88% and a national average of 73%.
- 100% said the last appointment they got was convenient compared with a CCG average of 96% and a national average of 92%.
- 90% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%.
- 90% felt they don't normally have to wait too long to be seen compared with a CCG average of 68% and a national average of 58%.

Results from the last three months of the Friends and Family test showed that of the 203 responses, 86% were extremely likely and 9.3% likely to recommend the practice. 0.8% was unlikely and 1.7% was extremely unlikely to recommend the practice, with 2.1% recording neither.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards and one e-mail from patients (which is 1.3% of the practice patient list size). We received a comment card and a letter from community professionals. We also spoke directly with six patients including one member of the PPG who was also a patient. They were all extremely positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care. Patients said they felt listened to and involved in decisions about their treatment. Patients provided multiple examples to demonstrate how they were treated with compassion, dignity and respect. Patients and staff provided examples of staff 'going the extra mile'. We received one piece of negative feedback in relation to the clinical care they received.

Areas for improvement

Action the service SHOULD take to improve

- Have a programme of audit in place in order to ensure they complete full cycle audits.
- Act on their plan to address outstanding health and safety items such as the replacement of the fire alarm system and the upgrading of the downstairs patient toilet.

Summary of findings

Outstanding practice

- The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of locally negotiated 'out of hospital services bundle'. These services meant patients could be treated closer to home and this was of significant benefit due to the population of the area in their rural location. They also offered other additional services such as acupuncture and minor operations.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly high, being above the CCG and significantly above the national averages. The data was significantly higher than the national average in respect of how well appointments ran to time, convenience and suitability of making appointments and getting through the practice via the telephone. These results were aligned with the extremely positive patient feedback we received.
- We were provided with many examples to demonstrate the caring approach of the practice. The examples came from patients, CQC comment cards and staff. This feedback was aligned with feedback from the national GP patient survey results which were consistently significantly higher than the national averages for the areas above.
- Flu vaccination rates for the over 65 year olds were higher than the national average at 86% compared to 73%. Flu vaccination rates for those patients at risk were higher than the national average at 68% compared to 53%.

Dr CM Parker, Dr EM Chappelow and Dr RS Doswell

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr CM Parker, Dr EM Chappelow and Dr RS Doswell

Topcliffe Surgery is located in the village of Topcliffe. There are approximately 2,900 patients on the practice list. The area deprivation is significantly lower than the national average. The largest percentage of patients is in the 0 - 4 age range. Ethnicity is 98% white British. The practice is open between 8am and 6.30pm Monday to Friday (except Thursday) with a closure for lunch between 12.30pm and 1.30pm. On Thursdays the practice opens in the morning only from 8am to 12.30pm.

The practice is a dispensing practice. The dispensary is open from 8am to 12.30pm and 1.30pm to 6.15pm Monday to Friday but closed on Thursday afternoon. When the practice is closed on a Thursday afternoon, the telephones are diverted to Primecare telephone answering service and any calls directed to an on- call GP from Topcliffe.

There are three GPs (two female and one male), two practice nurses (female), a phlebotomist, dispensers and dispensing assistants, a practice manager and administration/reception staff.

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

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

Why we carried out this inspection

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

How we carried out this inspection

How we carried out this inspection

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

• Is it safe?

Detailed findings

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People whose circumstances may make them vulnerable

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 16 November 2015
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Good

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. They had recently introduced a process of undertaking an annual review of events to identify trends.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.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children and adults. Staff were trained to the required level and they demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Notices were displayed in each clinical room advising patients that a chaperone service was available, if required although these were not always displayed in a prominent area for patients to see. All staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. Information on what to do in the event of a fire was displayed throughout the practice. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a wide variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, asbestos and legionella. The practice had a plan in place to address outstanding health and safety items such as the replacement of the fire alarm system and the upgrading of the downstairs patient toilet.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an identified infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had robust and well-structured systems in place for managing this area. Infection control audits were carried out and actions monitored through to completion. We saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Prescriptions were signed before being dispensed and there was a robust process in place to ensure that this occurred.

We saw records showing all members of staff involved in the dispensing process had received appropriate training. Staff also had their competence checked annually by the GP responsible for the dispensary.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there

was a named GP who provided leadership to the dispensary team. A barcode scanning system was in use for dispensing providing additional dispensing accuracy assurances. There was a system in place for the management of high risk medicines.

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 the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs had been carried out regularly, and there were appropriate arrangements in place for their destruction.

Processes were in place to check medicines were within their expiry date and this was routinely recorded. Expired and unwanted medicines were disposed of in line with waste regulations. Staff told us about procedures for monitoring prescriptions that had not been collected.

We saw evidence of the recording and reporting of medicines errors and there was an open culture throughout the practice for incident reporting. Errors were reviewed regularly and discussed with dispensary staff. We saw examples of changes to practice following medicines errors, for example the procedure for dispensing insulin.

We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines, oxygen, and a defibrillator, and there was a procedure in place to manage these.

The ordering and storage of vaccines was well managed, and a cold chain policy was in place to ensure medicines were kept at the correct temperature. Vaccines were administered by nurses using Patient Group Directions (PGDs). PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. We checked the PGDs in use at the practice and found that one did not meet legal requirements because it had not been checked by a pharmacist and additional healthcare professional or authorised by the local clinical commissioning group (CCG) or NHS England area team. The PGD was removed from use during our visit.

Blank prescription forms were handled in accordance with national guidance and the practice kept them securely. A procedure was in place to track prescription forms through the surgery.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. This included checks for locum GP's.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff were multi-skilled so that they could provide cover in the event of planned and unplanned staff absences.

Arrangements to deal with emergencies and major incidents

All staff received the required training to enable them to respond to a medical emergency. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Systems were in place for ensuring that all medicines were in date and replenished when used. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through regular clinical meetings, audits and learning events.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 91% of the total number of points available, with 6% exception reporting. This practice was not an outlier in any QOF areas. Data from QOF 2014 to 2015showed that 13 out of the 19 clinical indicators were 100%. For example:

- Performance for chronic kidney disease (CKD) related indicators was 100% which was higher than the local CCG and England average being 2.3% percentage points above CCG average and 5.3% above England Average.
- Performance for Chronic obstructive pulmonary disease (COPD) was 100% which was higher than the local CCG and England average being 1% above CCG average and 4% above England Average
- Performance for Asthma was 100% which was higher than the local CCG and England average being 0.2% above CCG average and 2.6% above England Average
- Four clinical indicators were below the England average; atrial fibrillation, diabetes mellitus, mental health and osteoporosis: secondary prevention of fragility fractures. The practice was aware of and managing this.
- The practice had achieved a 67.6% dementia diagnosis rate, compared to the current CCG average of 60.08% rate in relation to dementia diagnosis against a government target of 67%.
- The practice participated in ambulance triage whereby they worked with ambulance crew to triage cases which may be more suitably managed in primary care. Accident and emergency admissions were significantly below the national average at 185 compared to the national average of 329. Emergency admissions were also below the national average. Emergency admissions for long term conditions were below the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a range of annual surveys relating to monitoring infection and consent issues in minor surgery and contraceptive implant and coil procedures. There was also formal auditing of patients without a spleen and how to prevent future infections. We were not provided with evidence to demonstrate that two, full cycle audits had been completed.

The practice participated in applicable local audits, national benchmarking, accreditation and peer review. They practice demonstrated they were aware of their performance when compared to other practices in the CCG area. For example they reviewed data received by the medicines management support from the CCG to ensure they were prescribing in line with guidance.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. New staff shadowed existing staff and where appropriate was allocated a mentor.
- The practice used a small number of regular locum GPs. In house cover was used where possible to ensure GP availability and continuity of care.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support

during sessions, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. For example a member of the dispensing team was being supported to obtain an additional dispensing qualification and was being mentored by a GP.

- Staff received training that included: safeguarding, fire safety and emergency first aid. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a wide ranging staff skill mix. Two GPs had special interests in dermatology and ophthalmology. All the dispensers were trained and competency assessed and nurses were trained and had areas of special interest.

Coordinating patient care and information sharing

The systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for people who used services. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services or to weekend services which was particularly important for their vulnerable patients.

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

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Not all staff clearly demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance in respect of the Mental Capacity Act 2005 (MCA). Some staff had received training on the MCA and Deprivation of Liberty Safeguards. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

The practice's uptake for the cervical screening programme was comparable to other practices. The practice performance was 83% compared to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer as well as NHS health checks or annual reviews for regular medications.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% for the practice compared to the local CCG which ranged from 91% to 96% and five year olds from 92% to 100% for the practice compared to 91% to 96% for the CCG average. The flu vaccination rate for the over 65s was 86% compared to the national average of 73% and at risk groups was 68% compared to the national average of 53%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practices uptake for these checks was low. The practice was exploring ways of trying to improve

Good

Are services effective?

(for example, treatment is effective)

the uptake of this health check and had already taken steps to review the invite letter sent to patients. The practice provided a range of contraceptive, pre-conceptual, maternity and child health services.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The main reception check- in and dispensary desk were in the same room as the main waiting area but discreetly positioned to manage patient confidentiality. The desks also had sliding glass partitions. We did not observe confidentiality to be an issue and no patients raised confidentiality as an issue. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

With the exception of one, all of the patient feedback we received was incredibly positive about the service experienced. The feedback came from patients we spoke with and CQC comment cards. Patients said they felt the practice offered an excellent service. Staff were praised for the service they provided. Dignity and respect was a common positive theme in the feedback we received. An example of this was preparing large print medicine charts for patients who were partially sighted. Feedback highlighted that staff responded compassionately when patients needed help and provided support when required. We received a wide range of examples to demonstrate how patients were supported during time of bereavement, diagnosis of mental ill health, isolation and personal trauma. It was evident staff recognised and respected the totality of people's needs. They took account of peoples personal, cultural, social and religious needs. We found many positive examples to demonstrate this. Examples included: a GP attending a regular social event with a patient to support them; arranging appointments to ensure some patients were not out in the dark, arranging appointments at the end of the day for one patient so a member of staff could escort them home; funding transport where finances were difficult, allowing the practices address to be used as a postal address for a traveller, taking medicines to isolated patients where transport was an issue and supporting a patient who was experiencing particularly difficult personal circumstances.

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

- 96% said the GP was good at listening to them compared to the CCG average of 95% and national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 99% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and national average of 90%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

Outstanding ☆

Are services caring?

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 81%.
- 98% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 90%.
- 97% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. We noted that some information leaflets had been translated into other languages pertinent to the population. A large print practice leaflet was also readily available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had a specific area designated for information for carers.

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

The practice had a system in place to notify practice staff and any healthcare services of bereaved patients. Bereaved families or patients were contacted or offered advice on how to access support services. The practice had a system in place to ensure that all staff were aware of bereaved families. We were provided with examples to demonstrate how families had been treated with compassion and supported during times of bereavement. For example, attending and speaking at funeral service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. They demonstrated that they worked towards reducing inequalities in healthcare for patients. For example, the practice was part of a CCG led nursing integration project in the area with the aim being to enhance integration between all nurses in the local area. The project aimed for smarter team working, house bound patients receiving equivalent chronic disease reviews and more patients having access to advanced care planning. The project was in the early phases of implementation and involved in much closer multi-disciplinary working involving two other local GP surgeries, district and practice nurses and community matrons. The practice demonstrated it also delivered joined up working with other practices outside of the nursing project. For example, the practice worked with another local practice to allow patients from Topcliffe to access a diabetic service in another local practice as Topcliffe staff were not trained to deliver this service currently.

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

The practice continued to provide two services that were unfunded as the practice felt these services were a benefit for patients to be able to access these services at the practice. These services were acupuncture and unfunded minor operations. They practice also continued to provide cryotherapy services on a monthly basis.

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

- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them which were of particular importance due to the rurality of the practice.
- Alternative arrangements were made for patients who had difficulty attending fixed clinics.
- Urgent access appointments were available for those patients that needed them.
- Disabled facilities and translation services, hearing loops and access to signers were available.
- The practice delivered medicines to patients if they were unable to collect them.
- GPs provided out of hours terminal care if available.
- The practice provided numerous in house services and tests that would normally be undertaken in hospital as part of a locally negotiated 'out of hospital services bundle'. For example, anticoagulation, acute retention catheterisation, DVT diagnosis, fitting and replacing ring pessaries, minor injuries and near patients testing/high risk/amber drug monitoring. These services meant patients could be treated closer to home and this was of significant benefit due to the population of the area in their rural location. In addition to this, other clinics and services were offered such as the management of chronic diseases, blood testing, spirometry and ECG's. The practice also offered STD/HIV testing for patients not wishing to use 'Yoursexualhealth' service.
- The practice had good facilities and was well equipped to treat patients.
- The practice kept a list of patients and their relatives who were reaching the end of their life so staff were aware of and sensitive to their needs. They ensured that anticipatory drugs were available for patients at the correct time.
- A member of the Citizens Advice Bureau attended the practice once a week offering services to patients and the wider community.
- The practice provided room access for external mental health practitioners or drug and alcohol workers to see the practices' patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday (except Thursday) with a closure for lunch between 12.30pm and 1.30pm. On Thursdays the practice opened in the morning only from 8am to 12.30pm. The dispensary was open from 8am to 12.30pm and 13.30 to 6.15pm Monday to Friday but closed on Thursday afternoon. When the practice was closed on a Thursday afternoon, the telephones were diverted to Primecare telephone answering service and any calls directed to an on- call GP from Topcliffe. The practice had recently participated in the Prime Ministers Challenge Fund led by The Heartbeat Alliance. The pilot ran from January to June

Good

Are services responsive to people's needs?

(for example, to feedback?)

2015. As part of this pilot the practice was grouped with seven other practices in the CCG and between them extended opening hours were available Monday to Friday with Topcliffe having a nominated day when they were open from 6.30pm-8.00pm. Appointments were also made available on Saturday and Sunday at the Northallerton and Catterick Out of Hours bases.

Patients were able to book an appointment at any of the practices/bases in the cluster. The pilot did not continue due to lack of uptake from patients and therefore extended hours are not currently offered by the practice.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly high, being above the CCG and significantly above the national averages. The data was significantly higher than the national average in respect of how well appointments ran to time, convenience and suitability of making appointments and getting through the practice via the telephone. These results were aligned with the extremely positive patient feedback we received.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 90% and national average of 73%.
- 100% said the last appointment they got was convenient compared to the CCG average of 96% and national average of 92%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 92% and a national average of 85%.
- 90% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 83% feel they don't normally have to wait too long to be seen compared to the CCG average of 68% and national average of 58%.

The practice appointment system showed that on the day of the inspection, routine appointments were available with GPs and nurses on that same day. The practice adjusted its services to meet demand, for example by providing additional same day appointments following bank holidays.

Listening and learning from concerns and complaints

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

The practice had not received any written complaints in the last 12 months and therefore there were no records to review. The practice had received one verbal complaint. We saw the practice had recorded this as a significant event and records of significant event reviews showed this had been managed appropriately and changes to practice processes put in place to prevent a similar recurrence. The response to the one complaint demonstrated an open and transparent approach when dealing with the complaint and an apology was offered.

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 a recently developed business plan. The practice did not promote their mission statement on the practice website or within the practice.
- Staff were clear they wanted to deliver high quality care.

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
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice.
- Clinical and internal audit was used to monitor quality and to make improvements although the practice did not have a programme of continual audit in place.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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.

- Records showed and staff confirmed the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported both personally and professionally. All staff were consulted with in respect of changes to 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out and reviewed patient surveys and submitted proposals for improvements to the practice management team. For example, the group had proposed and the practice had implemented sound insulation changes to address the issue of confidentiality in the upstairs consulting room.
- "The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff told us they had been consulted with following in respect of a new procedure that needed to be introduced to meet a new national reporting procedure. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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 working with two other practices as part of the nursing integration project.