

Tollerton Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a first announced comprehensive inspection at Tollerton Surgery on 4 December 2014. The overall rating for the practice was good with the key question of safe rated as requires improvement. As a result of our findings at that inspection we issued the provider with a requirement notice for the safe recruitment of staff.

Following the inspection on the 4 December 2014 the practice sent us an action plan that explained what action they would take to meet the regulation in relation to the breach of regulation we identified.

We carried out a further comprehensive inspection of Tollerton Surgery on 7 June 2017 to check whether the practice had made the required improvements. Overall the practice remains rated as good but improvements are required and the practice remains requires improvement for the key question of safe. The practice are now following procedure and recruiting staff safely.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice did not always have embedded systems in place to minimise risks to patient safety. For example, arrangements were not always in place to safely manage medicines
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with 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 building was small and in need of upgrading to meet the needs of the growing population. The practice had been granted planning permission to build a new purpose built surgery in the village.
- There have been recent changes in the staffing structure due to unforeseen circumstances. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the Duty of Candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- The provider must improve the arrangements for the proper and safe management of medicines to ensure that care and treatment is provided in a safe way for patients.

The provider should:

- Improve the system for identifying carers so they are offered relevant support if appropriate.
- Review the process for monitoring the environment and infection control.

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 requires improvement for providing safe services.

Requires improvement



- The practice are now following their procedure and recruiting staff safely.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 some systems and processes in place to minimise risks to patient safety however we found concerns regarding medicines management. Procedures within the dispensary carried risks to patients and staff due to Standard Operating Procedures (SOPs) not being robust enough and some policies and procedures were not fully embedded.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local CCG and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to or higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was accessible. We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them. The percentage of carers on the register was below that expected for size of the practice population

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice worked with community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone. The practice also used a telephone triage system operated by the advanced nurse practitioner (ANP) and GP.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings where governance was discussed.
- The governance framework supports the delivery of good quality care. However there were areas identified that required improved arrangements to monitor and improve quality and identify risk. Examples of these were issues identified in the dispensary, infection control and the environment.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the investigation reports we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient representation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to local support services such as Dementia café, the unplanned care practitioners and other community teams.
- The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. We saw record summaries were shared with the out of hours service.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had admission rights to the local community hospital that provided rehabilitation and palliative care.
- There was a named clinician for each care home the practice provided care to in the area.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 87%. This was above the local CCG average of 81% and the England average of 80%.

Summary of findings

- The practice had increased reviews for diabetic patients from annual to every six months and the local lead nurse for diabetes visited the practice to jointly review patients with the advanced nurse practitioner (ANP).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and there was a system to recall patients for a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs and nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosted retinal screening clinics for patients with diabetes.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Uptake rates for the vaccines given were comparable to CCG/national averages. Childhood immunisation rates for the vaccinations given up to age two were above the 90% national target at 94% scoring 9.4 out of 10 compared to the national average of 9.1. Vaccinations for five year olds ranged from 92% to 100% compared to the England average of 88% to 94%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The premises was suitable for children and babies. However space was limited in the practice and access to baby changing and breast feeding depended on a room being available.
- The practice used a traffic light system to identify acutely ill children.

Good



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

- The needs of these populations 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.
- Telephone consultations were available daily with a call back appointment arranged at a time to suit the patient. There was early morning appointments available with the nurse on Wednesday mornings with the last appointment available with the GP at 5.50pm.

Good



People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability. The practice offered longer appointments for people with a learning disability and there was a named GP.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and . They 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.
- Telephone interpretation services were available and information in different languages was provided when required.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advanced care planning for patients living with mental health needs, including dementia.
- Nationally reported data from 2015/2016 showed 87% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local CCG of 85% and England average of 84%.
- Nationally reported data from 2015/2016 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 92%. This was comparable to the local CCG average of 91% and the England average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.
- The practice experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff were aware of patients with severe mental health problems and were at risk and alerted the clinician if they were concerned.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 212 survey forms were distributed for Tollerton Surgery and 106 forms were returned, a response rate of 50%. This represented 3% of the practice's patient list. The practice was performing comparable to the CCG and national average. For example:

- 80% found it easy to get through to this surgery by phone compared with the local CCG average of 75% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 87% and national average of 85%.
- 74% described their experience of making an appointment as good compared with the local CCG average of 75% and national average of 73%.
- 89% described the overall experience of their GP surgery as good compared with the local CCG average of 88% and national average of 85%.
- 78% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 27 completed comment cards which were positive about the standard of care received. Patients said staff were polite, friendly, and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, and professional and they listened to them and provided advice and support when needed.

We received six questionnaires that were completed during the inspection from patients who used the service. They were also positive about the care and treatment received. There was one comment received that stated that the surgery needed new premises.

Results from the Friends and Family test (FFT) for May to June 2017 showed of 15 responses, 10 were extremely likely and two likely to recommend the practice, two were neither likely nor unlikely to recommend and one was unlikely to recommend the practice to friends and family.

Feedback on the comments cards, the questionnaires and from the FFT reflected the results of the national survey.

Areas for improvement

Action the service **MUST** take to improve

- The provider must improve the arrangements for the proper and safe management of medicines to ensure that care and treatment is provided in a safe way for patients.

Action the service **SHOULD** take to improve

- Improve the system for identifying carers so they are offered relevant support if appropriate.
- Review the process for monitoring the environment and infection control.

Tollerton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a CQC Medicines Inspector, and a GP Specialist Advisor.

Background to Tollerton Surgery

Tollerton Surgery, 5-7 Hambleton View, Tollerton, North Yorkshire, YO61 1QW is situated in a rural area outside York. There is a small car park available to the rear of the practice and road side parking. The practice is a converted bungalow with disabled access. Consulting and treatment rooms available are on the ground floor.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 3330, covering patients of all ages. The practice covers a rural population in a village outside of the city of York. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 45 years and over age group is slightly above the local CCG and England average and in the under 39 age group is slightly below the local CCG and England average with the exception of the 10 to 14 age group which is slightly higher. The practice scored ten on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has two GP partners and two salaried GP. The lead GP has been on long term sick since November 2016 and will not be returning to work. There are currently three female GPs and one male GP. There are two practice nurses and one nurse practitioner. All the nurses are female. There is a practice manager, dispensary manager and dispensary staff, secretaries and receptionists.

Tollerton Surgery is a teaching partner with Hull and York Medical School providing placements and teaching for fifth year medical students. The practice does not currently have a student working at the practice.

Tollerton Surgery is open between 8am to 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 4pm. GP appointments are available from 9am to 10.30am and 3.30pm to 5pm Monday to Friday. When the practice closes early on a Thursday patients calling the practice are advised to contact the out of hour's provider. The out of hours provider has the details of the on call GP providing cover from the practice.

Information about the opening times is available on the website and in the patient information leaflet.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed the OOHs care is provided by Vocare. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions 4 December 2014. The practice was rated good overall. They were rated requires

Detailed findings

improvement for providing safe services. We issued a requires improvement notice in respect of pre-employment checks not being completed before staff commenced work. The full comprehensive report on the 4 December 2014 inspection can be found by selecting the 'all reports' link for Tollerton Surgery on our website at www.cqc.org.uk.

We undertook a comprehensive inspection on 7 June 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 7 June 2017 inspection can be found by selecting the 'all reports' link for Tollerton Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

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

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, the local CCG and NHS England to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 7 June 2017 and visited the Tollerton Surgery. During our visit:

- We spoke with a range of staff including one GP partner and one salaried GP the advanced nurse practitioner, one practice nurse, the dispensary manager and dispensary staff. We also spoke with the practice manager, administration, secretarial and receptionist staff.
- We spoke with the chair of the patient participation group (PPG) and received completed questionnaires from six patients who used the service.
- Reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 4 December 2014, we rated the practice as good overall with the key question of 'safe' rated as requires improvement as the arrangements in respect of staff recruitment did not assure that risks had been minimised. We also identified several areas relating to the safe management of medicines and infection control that the practice 'should' improve.

These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. However we saw some areas of concern in relation to the governance of medicines.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a positive and open culture with regard to incident reporting.
- From the sample of investigation reports we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. The practice monitored trends in significant events and evaluated any action taken. Safety alerts were disseminated to staff and available on intradoc.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a recent incident when a patient's medicine was changed and the patient continued to take the old and new medicines. This led to the practice developing a form that was handed to the patient and specified their medication changes. This

incident was discussed at staff meetings and it was reiterated to all staff to ensure they always use the relevant form and patients understand the significance of changes in medicines. Following another incident it was identified that non-clinical staff were unsure about the names of certain pieces of emergency equipment. Action was taken to address this with equipment now clearly labelled.

Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consulting rooms. Staff who acted as chaperones were trained for the role. Staff had received a Disclosure and Barring Service check (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 did not always maintain appropriate standards of cleanliness and hygiene.

- We observed the clinical areas of the practice to be clean and tidy. The practice had developed programmes to clean clinical areas daily and clinical equipment after use. We saw evidence of cleaning and audits of the clinical rooms. However in the toilets and corridor areas we saw dust on the skirting boards and pipes. We saw that soap dispensers and paper towels were not wall mounted; some taps did not have elbow levers and there was lime scale around the taps. We saw wet mops stored on the corridor causing stains on the wall paper. We spoke with the practice who provided written assurance that these issues would be addressed immediately.

Are services safe?

- A practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received training. The IPC lead had received some training but has further been enrolled onto a two day IPC course.
- Other staff planned to complete further IPC online training.

Some risks to patients in relation to the safe management of medicines were not always assessed and well managed

- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at Tollerton surgery for patients on the practice list who did not live near a pharmacy.
- A system was in place to ensure relevant staff had read and understood the Standard Operating Procedures (SOPs) within the dispensary. We were told that when a GP was not onsite there was a rota indicating which available GP was available. It was unclear from the dispensary staff if this process was included in the SOPs.
- There was a process in place to ensure that repeat prescriptions were signed before being dispensed.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and annual appraisals. The practice had signed up to the Dispensary Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary. We saw evidence of audits relating to the dispensary.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had a standard operating procedure (SOP) in place to govern this. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. However, we found no evidence of regular stock balance checks of controlled drugs. This is seen as standard good practice in all GP practices, hospitals and care homes to undertake a regular (preferably weekly) documented balance check of all Controlled drugs stored on the premises. There were appropriate arrangements in place for the destruction of controlled drugs.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was a procedure to govern this activity. There was a system in place for the management of high risk drugs.
- Dispensary staff explained the procedure for regular monitoring of dispensed prescriptions that had not been collected on a monthly basis. However, we found uncollected dispensed prescriptions which were greater than four weeks old, including one from December 2016.
- A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent reoccurrence.
- There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents and review dispensing practices to prevent reoccurrence.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. Fridge temperatures were being recorded in line with national guidance. Vaccines were administered by nurses using directions which had been produced in line with legal requirements and national guidance.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, some of these were overdue a review in February 2016 and were not signed by an authorising manager.
- The surgery held adequate stocks of emergency medicines, and processes were in place to ensure they were within the expiry date.
- Blank prescription pads were recorded upon receipt into the practice and stored securely: however, prescriptions for use in printers were not tracked through the practice in accordance with national guidance. Following the inspection we received reassurance from the practice that this issue raised have been addressed.

Are services safe?

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a poster with details of responsible people.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients'

needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff provided cover for sickness and holidays and locums were engaged when required. The practice was active in employing and training administrative apprentices. The practice had applied for back fill to enable one of the practice nurses to complete training as an advanced nurse practitioner.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises, emergency medicines and oxygen, with adult and children's masks. There were adequate stocks of oxygen and emergency medicines and there was a procedure in place to ensure these were fit for use.
- There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had involved all staff in a review of the business continuity plan at a protected learning session.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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). The most recent published results for 2015/2016 showed the practice achieved 100% of the total number of points available compared to the local CCG average of 97% and national average of 95%. The practice had 10% exception reporting equal to the local CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 87%. This was above the local CCG average of 80% and the England average of 80%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 80%. This above was the local CCG at 75% and England average of 76%.

- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 97%. This was above the local CCG and national average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 87%. This was comparable to the local CCG average of 85% and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. Two of these audits were a completed audit cycle and where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, an audit was undertaken on testosterone syndrome to determine the correct use of treatments. The practice developed guidelines for testosterone replacement which was shared with the team. The second audit looked at recommendations that everyone who was prescribed more than one month of continuous steroids per year, or three individual courses of high dose steroids per year, should be considered for bone protection. The audit was repeated in January 2016 and showed a marked improvement with patients identified and receiving prescribed medicines for bone protection.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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.
- One nurse had recently been supported and mentored during her training to become an advanced nurse practitioner. All nurses confirmed that they were supported and had access to training.

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.
- 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 these learning needs and to cover the scope of their work.
- The practice employed and supported administrative apprentices. One of the apprentices had been awarded apprentice of the year 2016 in the York area.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. Information such as NHS patient information leaflets was also available.
- From the sample of five documented examples we reviewed we found that 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 services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had an open door policy where members of the

multidisciplinary teams could drop into the practice on a Wednesday lunch time to discuss patients and raise any concerns. The practice had regular multidisciplinary case review meetings where all patients on the palliative care register were discussed.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff had completed MCA training.
- 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, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and sign posted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 87% compared to the local CCG average of 82% and the England average of 81%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice 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

Are services effective?

(for example, treatment is effective)

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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. Childhood immunisation rates for the vaccinations given up to age two were above the 90% national target at 94% scoring 9.4 out of 10 compared to the national average of 9.1. Vaccinations for five year olds ranged from 92% to 100% compared to the England average of 88% to 94%.

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. Nationally reported data from 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 93%, this was comparable to the local CCG and England average of 91%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There was health information available for patients including information leaflets on health and social issues.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could normally be treated by a clinician of the same sex. However due to unforeseen circumstances the male GP partner was currently absent from the practice.

Feedback from the 27 patient CQC comment cards we received was positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We received feedback from one member of the patient representation group (PRG) and received six questionnaires that were completed during the inspection from patients who used the service. They were also positive about the care and treatment received. Patients said staff were friendly, caring, and professional and they listened to them and provided advice and support when needed.

Results from the national GP patient survey published in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were similar to the local CCG and national average. For example:

- 92% said the last GP they saw was good at giving them enough time compared to the local CCG average of 88% and national average of 87%.
- 93% said the last GP they saw was good at listening to them compared to the local CCG average of 91% and national average of 89%.

- 88% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 97% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 96% and national average of 95%.
- 92% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 91% and national average of 92%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 91% and national average of 91%.
- 95% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 90% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 96% and national average of 97%. A question about how patients were treated by practice receptionists was below the CCG and national average. For example 82% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and 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. Patient feedback from the comment cards and questionnaires we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local CCG and national average for questions about GPs and nurses. For example:

- 92% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.

Are services caring?

- 86% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 83% and national average of 82%.
- 98% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 92% and national average of 90%.
- 92% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 89% and national average of 85%.
- The practice and the PPG had also completed a patient survey in January 2017. The survey explored patient satisfaction with the service, access and the dispensary. On the whole the responses were positive

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had a system for referrals which included patient choice. The practice had developed an audit and checking system to ensure referrals and appointments were not missed.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. A member of the PPG also held an awareness raising session for practice staff explaining what support services were available locally.

The practice had identified 26 patients as carers, this was 0.7% of the practice list. The practice's computer system alerted staff if a patient was also a carer. Staff sign posted carers to local services for support and advice and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice staff contacted and would arrange a visit if requested. Staff also attended funerals when possible. The staff offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice worked with community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- There were longer appointments available for people with a learning disability or those who required them.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The advanced nurse practitioners visited patients at home to do long term conditions reviews and monitor patients where necessary.
- Urgent access appointments were available for children and those with serious medical conditions.
- Consulting and treatment rooms were accessible and there was an accessible toilet.
- The practice did not have a hearing loop for patients who had hearing difficulties staff told us they would take patients to a private room if they had difficulty communicating.
- There was a facility on the practice website to enable all information to be translated into different languages.
- Patients were able to receive travel vaccinations available on the NHS and privately.
- There was a named GP for each care home and they did regular reviews in conjunction with the care home staff and the district nurses.
- Midwife clinics were held at the practice and staff provided contraceptive services.
- The practice provided mother and baby six week checks together.
- Minor surgery and joint injections were provided on site, reducing the need for patients to travel to hospital in York.
- The practice provided Dermatoscopy screening. Dermatoscopy is the examination of skin for lesions using a dermatoscope. The pictures may be sent electronically to be reviewed by a dermatology consultant which can reduce the need for the patient to attend an outpatient appointment at all as well as offer fast track appointments for more worrying lesions
- The practice hosted retinal screening clinics for patients with diabetes. The lead nurse for diabetes in the area also visited the practice to jointly review complex patients with the ANP.
- The practice nurses introduced an improved urinalysis system in the practice with allocated time for staff to review and contact patients when indicated. Urinalysis is a testing of urine. Urinalysis is used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes
- The practice nurses had developed forms for patients to complete before travel. This was to enable the nurses to check their vaccination needs prior to an appointment to allow sufficient time to vaccinate.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with the service was positive; results were similar to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 89% described the overall experience of their GP surgery as good compared to the local CCG average of 88% and national average of 85%.
- 78% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

Access to the service

Tollerton Surgery was open between 8am to 6.30pm Monday to Friday with the exception of Thursday when the practice closed at 4pm. Between 4pm and 6.30pm there

Are services responsive to people's needs?

(for example, to feedback?)

was a GP on call. Appointments were available from 9am to 10.30am and 3.30pm to 5.50pm Monday to Friday. There were early morning nurse appointment's available Wednesday morning at 7.45am.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment the same day.

Information about the opening times was available on the website and in the patient information leaflet.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below the local CCG and national average. This reflected the feedback we received on the day. For example:

- 73% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 80% found it easy to get through to this surgery by phone compared to the local CCG average of 75% and national average of 73%.
- 74% of patients described their experience of making an appointment as good compared to the local CCG average of 75% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 87% and national average of 85%.The practice were working to improve access and had recently employed another salaried GP.

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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. 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 a system in place for handling complaints and concerns.

- The practice 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.
- Information was available to help patients understand the complaints system. This was available in the waiting area and on the practice website.

The practice had received four complaints in the last 12 months. We found they were dealt with in a timely way and changes were implemented to address issues raised. Lessons were learned from individual concerns and complaints and an analysis of trends, and action was taken as a result to improve the quality of care. For example, it was reinforced to the practice reception staff how to access the complaints procedure on the electronic intra doc system. Any additional learning points identified were disseminated to all staff.

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 staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision. The practice had plans to build a new purpose built practice in the village and with the support of patients and the PPG had secured planning permission. There were plans in place to secure funding for the development.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, lead GPs had been identified for governance, safeguarding and information governance.
- Practice specific policies were mostly implemented and were available to all staff. These were updated and reviewed regularly.
- In the dispensary there were some standard operating procedures not in place which potentially placed some patients at risk. Stock balance of controlled drugs kept on the premise where not regularly carried out. Uncollected dispensed medicine was not monitored and some PGDs were out of date and had not been signed by authorising manager
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Due to the small size of the building daily communication was possible.
- A programme of continuous clinical and internal audit and monitoring was used in some but not all areas of the practice to monitor quality and to make

improvements. We found that that regular checks of the environment, infection control and some aspects of the operational management of the dispensary monitoring were not embedded into practice procedures.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we saw that the computer control cupboard on the corridor was accessible to the public and several areas of risk were identified in the management of medicines.

Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Unfortunately the lead GP has been on long term sickness for the past seven months, leaving only one GP partner. The GP partner and practice manager told us they prioritised safe, high quality and compassionate care. The partner and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of investigation reports we reviewed we found the practice had systems to ensure that when things went wrong with care and treatment that:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable

Are services well-led?

Good 

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

patients. The practice offered a Wednesday open door policy encouraging staff from the multi- disciplinary teams to drop in at lunch time to discuss issues or concerns with the team.

- Staff told us the practice held regular team meetings.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in discussions about how to run and develop the practice. The partners and practice manager 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 feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Feedback was very positive about being involved in the discussions and the PPG had been proactive in supporting the planning application. The practice manager told us they also had a virtual group.

- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. The practice had recently purchased a new on line training package to improve access to training for staff.

The practice recently obtained planning permission to build a purpose built practice within the village. This would provide a modern environment and meet the growing needs of the practice.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.</p> <p>Specifically:</p> <ul style="list-style-type: none">• The standard operating procedures for the dispensary were not being regularly reviewed to ensure they covered all aspects of the dispensing process.• There was no lone working policy for the dispensary.• The procedure for following up uncollected dispensed prescriptions was not effective.• The system for recording dispensary stock checks regarding controlled drugs was not effective.• Some Patient Group Directives were out of date and some had not been signed by authorising manager <p>This was a breach of Regulation 12(1) of the Health and Social Care Act (Regulated Activities) Regulations</p>