

Nidderdale Group Practice

Quality Report

Feastfield Medical Centre
Pateley Bridge
Harrogate
HG3 5AT

Tel: 01423 711369

Website: www.nidderdalegrouppractice.co.uk

Date of inspection visit: 4 November 2016

Date of publication: 03/03/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	13
Background to Nidderdale Group Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nidderdale Group Practice on 4 November 2016. We visited the main surgery Feastfield Medical Centre and the branch sites, Spring Gables Surgery and the Grange Medical Centre during the inspection. The practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The practice had implemented GP succession planning. One partner had retired in 2016 and one was due to retire in 2017. Two salaried GPs had been employed before the partners retired to ensure continuity of care for patients.

Summary of findings

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

Importantly the provider should:

- Monitor that chaperones record their attendance in patient records.
- Review the frequency of controlled drugs checks in line with the practice Standard Operating Procedure.
- Implement a process for checking and recording expiry dates for medicines at the Grange and Spring Gables sites in accordance with current guidance.
- Review the management of blank prescription forms at all sites.
- Review actions plan templates so they include all required information.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.
- 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 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015/2016 showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP survey regarding aspects of care showed that patients rated the practice above or comparable to the local CCG and national average for questions about the GPs and nurses.
- 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 GP services available was easy to understand and accessible.

Good



Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice worked with local services to respond to the needs of individual patients, providing access to food bank vouchers, Carers' Resource and the Red Cross.
- There was a carer's register and information was available in the waiting room for carers on support services available for them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day however some patients said it could be difficult to get appointments in advance.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- 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 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.

Good



Summary of findings

- 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 had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%, compared to the local CCG average of 100% and England average of 98%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic 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 80%, compared to the local CCG average of 81% and England average of 80%.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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 or who failed to attend hospital appointments.
- Immunisation rates for 2015/2016 were comparable to or slightly below the local CCG and England average for all standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 83% to 93% compared to 91% to 96% for the local CCG area and 73% to 95% for England.
- 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.
- Chlamydia testing kits were available in the patient toilets.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 83%, compared to the local CCG average of 83% and the England average of 81%.
- Joint appointments were available so new mums and babies could have their eight week check and immunisations together.
- 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. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Good



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 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.

Good



Summary of findings

- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Early morning appointments with GPs, nurse practitioner and practice nurses were available on Fridays at Spring Gables and on Saturday mornings once a month at the The Grange. Early morning appointments were available on Fridays twice a month with nurses for contraception advice and cervical smears.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.

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.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice 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.
- Staff had completed training in the identification of potential exploitation and female genital mutilation and how to identify patients that may be a risk of radicalisation.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

Good



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).

Good



Summary of findings

- Nationally reported data from 2015/2016 showed 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months, compared to the local CCG average of 85% and England average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out advanced care planning for patients with dementia.
- Staff had completed dementia training to increase their understanding of what it is like to live with dementia and turn that understanding into action.
- When required receptionists telephoned patients who were living with dementia to remind them about their appointments.
- 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 97%, compared to the local CCG average of 92% and the England average of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 219 survey forms were distributed for Nidderdale Group Practice and 133 forms were returned, a response rate of 61%. This represented 1% of the practice's patient list. The practice was performing above the local CCG and national average in 14 of the 23 questions and similar to the local CCG and national average in the remaining nine questions. The practice score was 10% or more above the local CCG and national average in 11 of the 23 questions. For example:

- 92% were satisfied with their GP practice opening hours compared with the local CCG average of 78% and national average of 76%.
- 96% stated that they were able to get an appointment to see or speak to someone the last time they tried compared the local CCG average of 89% and national average of 85%.
- 93% described their experience of making an appointment as good compared to the local CCG average of 81% and national average of 73%.
- 96% described the overall experience of their GP surgery as good compared with the local CCG average of 91% and national average of 85%.

- 95% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 86% 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 and questionnaires to be completed during the inspection day. We received 98 completed comment cards that patients completed before the inspection and 41 questionnaires from patients that were completed during the inspection day. They were all extremely positive about the standard of care received. Feedback on 44 of the 98 comment cards completed described the service as excellent. Patients said staff were friendly, caring, listened to them, provided advice and support when needed and treated them with dignity and respect.

The Friends and Family Test (FFT) results from April 2016 to September 2016 showed 51 of the 54 respondents were extremely likely or likely to recommend the practice.

Feedback on the comments cards, the questionnaires and from the FFT reflected the results of the national survey. Patients were extremely satisfied with the care and treatment received.

Areas for improvement

Action the service SHOULD take to improve

- Monitor that chaperones record their attendance in patient records.
- Review the frequency of controlled drugs checks in line with the practice Standard Operating Procedure.
- Implement a process for checking and recording expiry dates for medicines at the Grange and Spring Gables sites.
- Review the management of blank prescription forms at all sites.
- Review actions plan templates so they include all required information.

Outstanding practice

We saw an area of outstanding practice:

Summary of findings

- The practice had implemented GP succession planning. One partner had retired in 2016 and one was due to retire in 2017. Two salaried GPs had been employed before the partners retired to ensure continuity of care for patients.

Nidderdale Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC Inspector, a GP Specialist Advisor and a CQC Pharmacy Technician Medicines Inspector.

Background to Nidderdale Group Practice

Nidderdale Group Practice, Feastfield Medical Centre, Pateley Bridge, Harrogate HG3 5AT is located in the market town of Pateley Bridge and serves surrounding villages. There are two branch sites: The Grange Medical Centre, Dacre Banks, Harrogate HD3 4DX and Spring Gables Surgery, Birstwith, Harrogate HG3 3AJ. All three sites were visited during the inspection. There is car parking available including disabled parking at all three sites. All sites are in a purpose built building with disabled access and consulting and treatment rooms on the ground floor.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team. The registered practice population is approximately 10523, covering patients of all ages. 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 practice dispenses medicines for 77% of its patients from all three sites.

The proportion of the practice population in the 65 years and over age groups is similar to the local CCG and England average. In the under 18 age group the proportion of the practice population is similar to the local CCG and England average. The practice scores nine 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 five GP partners and four salaried GPs, one full time and eight part time. There are six female and three male GPs. There are three GP registrars, all full time, two male and one female. There are two nurse practitioners, four practice nurses and four health care assistants, all part time and all female. There is a practice manager, a reception manager, dispensing manager and a team of administrators, secretaries, receptionists, dispensers and cleaners.

The three sites are open between 8am and 6pm Monday to Friday. GP appointments at Feastfield and The Grange Medical Centre are available from 9am to 11am and 4pm to 6pm Monday to Friday. Appointments at Spring Gables surgery are available between 8am to 10.30am and 4pm to 6pm Monday to Friday.

Extended opening hours are available between 7am and 8am on Fridays at Spring Gables and between 8am and 1pm on Saturdays once a month at The Grange.

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

The practice, along with all other practices in the NHS Harrogate and Rural District CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the NHS 111 service to contact the

Detailed findings

OOHs provider. 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.

The practice is a training practice for GP Registrars; doctors who are training to become GPs.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 Nidderdale Group Practice and asked other organisations 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 4 November 2016 and visited the Feastfield Medical Centre, Spring Gables Surgery and the Grange Medical Centre. During our visit we:

- Received feedback from a range of staff including two GP partners, a salaried GP and a GP Registrar, a nurse practitioner, a practice nurse and a health care assistant. We also spoke with the practice manager, reception manager, dispensary manager and dispensing, administration, secretarial and reception staff.
- Reviewed questionnaires from non clinical staff that they completed and returned to CQC prior to the inspection.
- We received completed questionnaires from 41 patients who used the service.
- Reviewed 98 comment cards from patients and members of the public who shared their views and experiences of Nidderdale Group Practice.
- Spoke with seven patients including two members of the virtual Patient Participation Group.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with staff involved in incidents to make sure action was taken to improve safety in the practice.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, an appointment was booked in the wrong patients' record as two patients had the same name. This was identified by the GP during the consultation. No breach of confidentiality occurred and both patients were informed of the incident. The practice reiterated its' policy to all staff that they should check other identifiers such as date of birth when booking appointments or entering information into patient records. This was discussed at team meetings and the lessons learned were shared with staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice safeguarding meetings were held quarterly with the health visitor, school nurse, social worker, GPs and the GP registrar.

- Staff demonstrated they understood their responsibilities and most staff had received training on safeguarding children and adults relevant to their role. All GPs were trained to child protection or child safeguarding level 3 and all nurses were trained to level 2. Not all non clinical staff had completed safeguarding adults training. Clinical staff had also completed training in the identification of potential exploitation and female genital mutilation and how to identify patients that may be a risk of radicalisation.
- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consulting rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Use of chaperones was recorded in patients records however the staff member who chaperoned did not always their record their attendance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Weekly and monthly monitoring of infection control was carried out and an annual infection control audit was undertaken. Improvements identified as a result of the monitoring and audits had been actioned.
- The arrangements for managing medicines, including vaccinations and medicines used in emergencies, kept patients safe. Prescriptions were dispensed at Feastfield, The Grange and Spring Gables for patients who did not live near a pharmacy.

Are services safe?

- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.
- All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. Staff told us how they managed medication review dates and how prescriptions were monitored, including those that had not been collected and we saw evidence of how this worked.
- There was a procedure in place to check dispensary stock was within expiry date, although this did not meet with the recommendations in current guidance at The Grange and Spring Gables. Expiry dates for medicines dispensed at The Grange and Spring Gables were checked when the medicine was given to a patient. However there was no systematic process of physical checks in place and staff did not record when checks were made. All medicines we checked were in date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- 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 operating procedures that set out how they were managed however these were not always followed by practice staff. For example the surgery standard operating procedure stated checks were to be carried out monthly however this was not the case at all three sites. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted.
- We were shown the incident/near miss record (a record of dispensing errors that have been identified before medicines have left the dispensary) which showed some examples of how errors had been looked at and the changes made. There was a process in place to review errors and they were discussed at the dispensary clinical governance team meetings and were minuted.
- We checked medicines stored in the dispensary and treatment rooms and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were stored at the required temperatures however this was not always followed by practice staff. For example temperatures were not always recorded on a daily basis and no action taken when temperatures exceeded the recommended temperature of 8 degrees. The practice had identified these problems through means of an audit and put actions in place to rectify the issues. We saw evidence of this audit and the actions which had been put in place during the inspection.
- Blank prescription forms at one site were not stored in accordance with national guidance and the system in place for tracking prescription forms being received into The Grange and Spring Gables did not meet national guidance.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and on-going assessments of competency.
- Vaccines and injections were administered by nurses using Patient Group Directions (PGDs) and by Health Care Assistants using Patient Specific Directions (PSDs). PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. This was effectively managed by the practice.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken, 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had completed a fire risk assessment and carried out fire drills. Staff were aware of what action to take in the event of a fire and there were fire wardens in place.
- There was a designated health and safety (H&S) officer who had set up the practice Health & Safety Committee, this consisted of the H&S Officer, the CQC Lead Partner,

Are services safe?

the Infection Control Lead and the Practice Manager. There were also local H&S site representatives who carried out routine weekly monitoring checks at all three sites.

- 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 variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required. Bank staff were also available to cover for the health care assistants, administration and dispensary.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had defibrillators available at all three sites and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of all three practices and staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- NICE guidelines were discussed at the monthly Journal Club meeting which was attended by the GPs and nursing staff.
- 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 98% and England average of 95%. The practice had 7% exception reporting compared to the local CCG average of 7% and national average of 10%. (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 for 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 80%, compared to the local CCG average of 81% and 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 79%, compared to the local CCG and England average of 75%.
- 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 92%, compared to the local CCG average of 89% and the 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 85%, compared to the local CCG average of 85% and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audit completed in the last two years, four were completed audit cycles where the improvements made were implemented and monitored. Other audits and quality assurance had also been completed. These included monitoring of patients on specific medicines to check if required blood tests were being carried out.
- The practice participated in applicable local audits, national benchmarking and accreditation.

Findings were used by the practice to improve services. For example, an audit had been done to check if the practice was compliant with national guidelines for patients who were on dual medicines for thinning the blood. The first audit identified four patients who should not have been taking both medicines. The audit was repeated and showed there had been improvement and no patients were on the dual treatment.

Effective staffing

Staff had the skills, knowledge and experience 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. Details for infection prevention and control needed to be role specific for clinical and non clinical staff.

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. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during staff meetings, appraisals, peer supervision and support for the revalidation of the GP and nurses. For example, one of the nurses had completed a minor injuries course. Staff told us that their most recent appraisal had included anonymous feedback from three of their peers. This had been introduced to enhance the appraisal process by identifying any areas for development and providing feedback to staff from their colleagues.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We saw that the practice received consistently high feedback from GP Registrars regarding the standard of training provided at the practice. The registrar we spoke with confirmed that the training and support they received was excellent.

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.

- The practice shared relevant information with other services in a timely way, for example when people were referred 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place monthly and that care plans were routinely reviewed and updated.

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. 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. Minor surgery audits had been completed however the process for seeking consent had not been monitored through these audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

Are services effective? (for example, treatment is effective)

The practice had a comprehensive screening programme. Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 83% compared to the local CCG average of 83% 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 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.

Immunisation rates for 2015/2016 were comparable to or slightly below the local CCG and England average for all standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 83% to 94% compared to 91% to 96% for the local CCG area and 73% to 95% for England.

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 for the practice 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 92%, compared 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated with dignity and respect.

- Curtains were available in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private.
- There were offices available where staff could answer telephones so that confidential calls were not overheard at the reception desk.
- One person approached us to tell us about how well they and their partner had been supported when one of them had cancer. They said all the staff had gone 'over and above' and they had received the very best care.

Feedback from the CQC comment cards and from the questionnaires completed was very positive about the service experienced. Patients were extremely positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Feedback on 44 of the 98 comment cards completed described the service as excellent. Patients said staff were friendly, caring, listened to them and provided advice and support when needed.

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

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

- 95% said the last GP they saw or spoke to was good at listening to them compared to the local CCG average of 92% and national average of 89%.
- 93% 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 90% and national average of 85%.
- 99% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 97% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% 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 93% and national average of 91%.
- 96% 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 93% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 99% and national average of 97%.
- 99% said they found the receptionists at the practice helpful compared to the local CCG average of 91% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 1%; this was below the local CCG average of 2% and national average of 4%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 0%; this was below the local CCG average of 1% and below the national average of 2%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

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

- 94% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 90% and national average of 86%.
- 95% 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 87% and national average of 82%.
- 96% 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%.
- 94% 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 88% and national average of 85%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at explaining tests and treatments was 1%; this was below the local CCG average of 2% and national average of 3%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at explaining tests and treatments was 1%; this was the same as the local CCG average of 1% and below the national average of 2%.

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. There was a notice in the reception area informing patients this service was available. A web cam based sign language service was available.

Patient and carer support to cope emotionally with care and treatment

The practice had a carers register and had identified 49 carers, this was 0.5% 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. There was information available in the waiting room to direct carers to the various avenues of support available to them. The practice encouraged patients to inform them if they were a carer. The practice made referrals to food banks for patients that required this.

A representative from the local carers resource centre came to the practice on a Friday morning. Red Cross Volunteers came on a Monday to offer advice and support to patients who might be carers and had attended flu clinics.

When required receptionists telephoned patients who were living with dementia to remind them about their appointments.

Staff told us that if families had suffered bereavement the practice contacted the patient/family and a visit would be arranged or a letter sent. Staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on local and national bereavement services available in the waiting room and on the practice website. In the past year 71% of the practice's patients that received palliative care died in their preferred place of death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the 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. In conjunction with the local GP Federation and local CCG the practice had increased the number of at risk patients who had a care plan developed from 2% to 4%.

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

- Appointments could be made on line, via the telephone and in person.
- Twelve minute appointments were provided as standard with the GPs.
- Urgent access appointments were available for children and those with serious medical conditions. All requests for urgent appointments were triaged by a nurse practitioner and then a same day appointment was given or advice given if appropriate.
- 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.
- Early morning appointments with GPs were available on Fridays at the Spring Gables site and Saturday mornings once a month at the The Grange site. Early morning appointments were available on Fridays twice a month with nurses for contraception advice and cervical smears.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The Practice nurse visited patients at home to do long term conditions reviews.
- There were longer appointments available for people with a learning disability.

- A text messaging service was available to remind patients about their appointments and to give them health care information.
- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs.
- Consulting and treatment rooms were accessible and there was an accessible toilet. There were high chairs with arms available in the waiting room.
- There was a hearing loop for patients who had a hearing impairment. Staff told us they would take patients into a private room if they were having difficulty communicating.
- There was a facility on the practice website to translate the information into different languages.
- Patients were able to receive travel vaccinations available on the NHS and those available privately.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.
- Following a request from patients physiotherapy services were now hosted at the practice.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to travel to hospital to access these services.

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

- 96% described the overall experience of their GP surgery as good compared to the local CCG average of 91% and national average of 85%.
- 95% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 86% and national average of 78%.

Access to the service

The three sites were open between 8am and 6pm Monday to Friday. GP appointments at Feastfield and The Grange

Are services responsive to people's needs?

(for example, to feedback?)

were available from 9am to 11am and 4pm to 6pm Monday to Friday. Appointments at Spring Gables were available between 8am to 10.30am and 4pm to 6pm Monday to Friday.

Extended opening hours were available between 7am and 8am on Fridays at Spring Gables and between 8am and 1pm on Saturdays once a month at The Grange.

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

Pre-bookable appointments that could be booked up to one month in advance were available for GPs and nurses. Urgent appointments were also available for people that needed them. All urgent requests were triaged by the nurse practitioner and seen the same day if necessary.

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

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was very positive. Results were more than 10% above the local CCG and national average for three of the four questions. This reflected the feedback we received on the day. For example:

- 92% of patients were satisfied with the practice's opening hours compared to the local CCG average of 78% and national average of 76%.
- 97% found it easy to get through to this surgery by phone compared to the local CCG average of 87% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the local CCG average of 81% and national average of 73%.
- 96% stated that they were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 89% and national average of 85%.

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 in the complaints leaflet which was available in the waiting room. Information was also available on the practice website.

We looked at nine complaints received in the 12 months prior to the inspection and found the practice had dealt with them in a timely way and been open and transparent when reviewing them. Lessons were learnt from individual complaints and action was taken as a result to improve the quality of care. For example, a complaint was received after a patient was told a referral had been sent but when the patient checked the referral hadn't been received. The practice apologised and revised the referral process to minimise the risk of a recurrence.

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 which was displayed in the waiting areas and on the practice website. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and this was regularly monitored. The GP Partners had an annual away day to discuss future plans and the vision for the practice. Outcomes from the away day were shared at whole practice meetings which occurred bi-monthly.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide 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 policies were implemented and were available to all staff on the intranet.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements. However action plans for audits, significant events analysis (SEA) and complaints did not always state who had responsibility for ensuring actions were completed, dates for completion and review dates to confirm actions had been completed.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high

quality and compassionate care. The GPs 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 in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- 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.

- Staff told us the practice held regular team and clinical meetings were held. We noted there was a full staff meeting held every two months.
- 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 felt confident in doing so and felt supported if they did.
- Staff were given protected time, for example to undertaken administration and stock taking tasks.
- Staff said they felt respected, valued and supported, by the GPs and the practice manager. Staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- GP leads had been identified for clinical areas, for example; mental health, diabetes and sexual health.
- The practice had implemented succession planning. For example, one partner had retired in 2016 and one was due to retire in 2017. Two salaried GPs had been employed before the partners retired to ensure continuity of care for patients.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through patient surveys, suggestions and complaints received. Members of the Virtual Patient Participation Group (PPG) told us the practice involved them and they felt valued and respected. For example they had been asked for their input with the patient survey questionnaires and the GPs also e-mailed PPG members asking for their opinions on different things. Following suggestions from patients raised chairs with arms had been provided in the waiting areas at all three sites for patients with mobility issues and a hand rail had been installed in the corridor at the Feastfield site. TV screens had also been installed in all the waiting areas to provide information for patients.
- There was information in the waiting room about the virtual PPG and this encouraged other patients to join the PPG.
- There was a practice newsletter which was available in the waiting area and on the practice website. The newsletter provided information on various issues, for example, staff changes, opening times and the virtual patient participation group.

- The practice also gathered feedback from 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. For example, nursing staff had identified that communication within the team could be improved and there was now a weekly meeting to share information and discuss any issues required.

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 was a member of the Yorkshire Health Network which was the local GP federation and worked closely with them. For example, the practice had been involved and committed to providing care plans to 4% of their adult at risk patient population. This was an extension of the National Enhanced Service for 2% of the adult at risk population to have care plans and had been brought in by the Federation working together with the local CCG.