

Beech House Surgery

Quality Report

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Date of inspection visit: 25 April 2016
Date of publication: 31/05/2016

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

Ratings

Overall rating for this service

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 an announced comprehensive inspection at Beech House Surgery on 25 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a new system in place for reporting and recording significant events.
- The practice mostly had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were mostly assessed and managed in a timely way which resulted in some areas that required improvement.
- 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.
- The majority of patients said they could access appointments in a timely way. The practice had responded to feedback regarding appointments and had recently introduced changes to improve appointment availability.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. We identified some areas that required improvement and further oversight and many

Summary of findings

initiatives that were in their infancy that needed to be embedded moving forward. Despite this, it was evident from the partners and practice manager we met that they had experience, capacity, commitment and capability to run the practice to deliver these improvements.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff, patients and attached staff, which it acted on.
- The patient participation group (PPG) was extremely active and committed.

We saw two areas of outstanding practice:

- The PPG was a well structured, active and committed. Their work clearly benefited patients and the practice.
- The practice's case management of vulnerable people.

The areas where the provider should make improvement are:

- Monitor the new process of signing repeat prescriptions before they are issued to patients. This is in order to demonstrate these improvements become embedded into practise in the long term.

- Ensure all the patient group directions (PGDs) and patient specific prescription (PSDs) are up to date and used appropriately.
- Monitor the improved infection control arrangements. This is in order to demonstrate these improvements become embedded into practise in the long term.
- Monitor the new secured access to patients paper records.
- Address the confidentiality of patient conversations outside of the nurses rooms.
- Ensure that systems are in place so the practice has full oversight of staff training completed, due and outstanding.
- Ensure arrangements are in place for the health care assistants (HCA) competencies to be formally assessed.
- Ensure systems are in place so the practice has full oversight of both clinical and non-clinical alerts received by the practice.
- Ensure systems are in place to monitor the allocation, actioning and follow up of letters received into the practice that are allocated to GPs.

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



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

The areas where the provider should make improvement are:

- Monitor the new process of signing repeat prescriptions before they are issued to patients. This is in order to demonstrate these improvements become embedded into practise in the long term.
- Ensure all the patient group directions (PGDs) and patient specific prescription (PSDs) are up to date and used appropriately.
- Monitor the improved infection control arrangements. This is in order to demonstrate these improvements become embedded into practise in the long term.
- Monitor the new secured access to patients paper records in order to demonstrate these improvements become embedded into practice in the long term.
- Ensure systems are in place so the practice has overall oversight of both clinical and non-clinical alerts received by the practice.
- Ensure systems are in place to monitor the allocation, actioning and follow up of letters received into the practice that are allocated to GPs.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to other practices and the 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 other health care professionals to understand and meet the range and complexity of patients' needs.

The area where the provider should make improvement is:

- Ensure arrangements are in place for the health care assistants (HCA) competencies to be formally assessed.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

The area where the provider should make improvement is:

- Address the confidentiality of patient conversations being heard by patients waiting on the small bench outside the nurses room.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Partners from health and social care in Harrogate and District have been chosen following a successful Vanguard bid to take a national lead on transforming health and social care for local people. The aim of the Vanguard

Summary of findings

will be to provide support to people to remain independent, safe and well at home with care provided by a team that the person knows and they can trust. This service will be provided by an integrated care team from community based hubs which include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector. Beech House Surgery had committed to be part of this and was in the early stages of new projects. For example working with a new short term care facility with vanguard beds for the interim and rehabilitation of people.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and above national averages. Most patients were satisfied with access to appointments and where they were not satisfied there was evidence the practice had acted on this to try and improve access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff but there was not evidence of sharing with other stakeholders.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. We identified some areas that required improvement and further oversight and many initiatives that were in their infancy that needed to be embedded moving forward. Despite this, it was evident from the partners and practice manager we met that they had experience, capacity, commitment and capability to run the practice to deliver these improvements.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff, patients and attached staff, which it acted on.
- The patient participation group was extremely active.
- There was a strong focus on continuous learning and improvement at all levels.

The area where the provider should make improvement is:

- Ensure that systems are in place so the practice has full oversight of staff training completed, due and outstanding.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 4% of the practice population had a proactive care plan, a high proportion of these were older people.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from QOF showed the management of patients with diabetes was comparable to other practices and the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who

Summary of findings

were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. National Cancer Intelligence Network (NCIN) data published March 2015 showed females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage) was high when compared to the CCG and national average. The practice achieved 81%, CCG was 78% and national average was 74%
- A weekly young persons drop in clinic was provided at the practice with a senior practice nurse.
- Childhood immunisation uptake was high. The practice performed higher than the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working across a wide range of disciplines. For example, care homes, Community Mental Health Team, midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

- The practice held registers of vulnerable patients. For example carers and patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those assessed as needing them.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice provided a weekly dedicated named senior GP and senior deputy GP for the care homes it provided a service to.
- Weekly visits with senior nurses were carried out at the nursing home the practice provided a service to.
- Monthly joint ward round with named member of Community Mental Health Services and telephone access to dedicated GP (when practicable, phone calls directly to GP's desk).
- The practice had well established relationships with the care services it provided services to. For example the Practice Manager and dedicated GP met with the management of a home for people with mental and physical disabilities prior to patient registration to determine what was required. A further meeting also took place between the home management, Practice Manager and Lead GP to discuss patients attending with care plans for End of Life Care. The practice did not provide a regular weekly visit to this service as whilst the people there had complex health needs, the patients there were stable and supported by detailed multi-disciplinary care plans and a well versed team.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice had hosted an information evening facilitated by the PPG in conjunction with Carers Resource to raise awareness of the avenues of support and services available to carers.
- 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. In particular, the safeguarding lead had well established relationships with the three care homes the practice provided services to and regularly attended best interest and safeguarding meetings.
- The whole staff team had received training around capacity and consent provided by the Medical Protection Society.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was comparable to other practices and equal or higher than the national average. 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was equal to the national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to other practices and noted as higher than the national average, 97% compared to 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example the lead GP attended a monthly joint visit to a local nursing home with a named member of the Community Mental Health Service.
- The practice actively encouraged patients with patients to consider advanced care planning.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example they had hosted a dementia awareness evening organised by the PPG and Dementia/Forward and Carers Resource with the named GP lead for dementia in attendance. A further awareness event was booked at the practice organised by the PPG, MIND and Orb (creative arts and skills focused charity providing opportunities for vulnerable people in Harrogate, and Knaresborough).
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results were mixed, some a lot higher and some lower when compared with local and national averages. 262 survey forms were distributed and 126 were returned. This represented 1.7% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
 - 93% of patients stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the national average of 85%.
 - 96% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared to the national average of 91%.
 - 90% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.
 - 17% of patients stated they always or almost always see or speak to the GP they prefer compared to the national average of 36%.
- 59% of patients stated that they felt they didn't normally have to wait too long to be seen compared to the national average of 58%
 - 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
 - 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to and on the day of our inspection. We received 44 responses from patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. They were all positive about the standard of care received. Patients said they were well cared for and treated with dignity and respect. Three comments were made about the delay in accessing appointments that were non-urgent.

Five people had completed the Friends and Family test in the last three months. Of these five, four were extremely likely to recommend the practice and one did not know.

Areas for improvement

Action the service **SHOULD** take to improve

- Monitor the new process of signing repeat prescriptions before they are issued to patients. This is in order to demonstrate these improvements become embedded into practise in the long term.
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- Monitor the improved infection control arrangements. This is in order to demonstrate these improvements become embedded into practise in the long term.
- Monitor the new secured access to patients paper records.
- Address the confidentiality of patient conversations outside of the nurses rooms.
- Ensure that systems are in place so the practice has full oversight of staff training completed, due and outstanding.
- Ensure arrangements are in place for the health care assistants (HCA) competencies to be formally assessed.
- Ensure systems are in place so the practice has full oversight of both clinical and non-clinical alerts received by the practice.
- Ensure systems are in place to monitor the allocation, actioning and follow up of letters received into the practice that are allocated to GPs.

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Outstanding practice

- The PPG was a well structured, active and committed . Their work clearly benefited patients and the practice.
- The practice case management of vulnerable people.

Beech House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Beech House Surgery

Beech House Surgery is situated in Knaresborough serving Knaresborough and the surrounding villages. The practice is a dispensing practice and dispenses to approximately 20% of the registered patients. The practice is run by five partners.

The practice employs a part time advanced nurse practitioner (ANP), four part time practice nurses, two part time health care assistants, a part time phlebotomist and five part time dispensers. The team is supported by a full time practice manager and fourteen administration and reception staff. The registered list size is 7,600 and predominantly of white British background. The practice is ranked in the tenth least deprived decile, below the national average. The practice age profile is comparable to the England average, the highest percentage being 65 years plus and lowest being 85 years plus.

The practice is open between 8am and 6pm Monday to Friday. General appointment times for GPs are from 8.30am to 11.50am and 2pm until 5.30pm. These times do vary when appointments may start earlier at 8.10am. In addition to this the Duty Doctor is available from 8am for telephone appointments. Extended hours pre-booked appointments are offered Monday and Thursday evenings from 5.30pm to

7.15pm and from 30 April 2016 on a Saturday morning once a month from 7.15am to 12pm. Between 1pm and 2pm calls to the practice are handled by the Out of Hours service but the practice remains open.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Primecare (the contracted out-of-hours provider) via the 111 service.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 April 2016. During our visit we:

- Spoke with a range of staff including two GP partners, a locum GP, practice manager, two members of the data team, the administration supervisor, receptionist,

Detailed findings

dispensing staff, advanced nurse practitioner, practice nurse and the health care assistant. We also spoke with patients who used the service and two members of the PPG.

- Observed how patients were being cared for. .
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting 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).
- The practice had recently introduced a formal system to review significant events which meant they would be reviewed at a scheduled monthly meeting that all staff were invited to attend. Prior to this the practice had reviewed these informally and sharing was not widespread across the practice. There was no evidence of analysis of significant events as the new arrangements were in their infancy. The practice was aware of the need to monitor the new significant event arrangements in order to demonstrate these improvements become embedded into practice in the long term.

We reviewed recent safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence and was told that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full review had taken place and action taken following a significant event in respect of a prescribing error. Systems were in place to disseminate safety alerts. Non-clinical issues were followed through, actioned and analysed. However, the evidence to show action taken for clinical alerts was not as effective. For example, the practice was unable to provide evidence of action taken in respect of a recent medicine alert. Following the inspection the practice immediately assured us that action had been taken when the alert had been received and had put in the same arrangements for managing clinical alerts as non-clinical in order that management could have full oversight of all alerts to ensure they had been acted on.

Overview of safety systems and processes

The practice had some 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 lead GP regularly attended safeguarding meetings and when this was not possible always provided reports where necessary for other agencies. Information was routinely disseminated to staff following attendance at these meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to Level 3 which was above the required level for nursing staff.
- Notices were displayed advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice mostly maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead, supported by the Practice Manager and Reception Team Leader, all of whom had assigned areas of responsibility. They had completed infection control training but the infection control lead told us they had not completed any formal training to support them in this role. An infection control audit had been carried out in December 2015 by a Community Infection Prevention and Control (IPC) nurse from Harrogate District Foundation Trust. The audit had identified a wide range of areas that needed improvement. The practice was addressing issues raised from the audit but had not yet completed an audit to monitor compliance with their action plan. We did not identify any areas of significant concern. We discussed this with the practice and they were aware they needed

Are services safe?

to complete an audit and monitor the changes in order to demonstrate these improvements become embedded into practice in the long term. There was an infection control protocol in place and most staff had received up to date training relevant to their role.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mostly ensured patients were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The Practice had recently introduced a system where all prescriptions were reviewed and signed by the GP before dispensing. This meant that GPs had the opportunity to do a clinical check before they were dispensed. Staff demonstrated an effective system for managing urgent medicine requests from secondary care or other clinics. We observed the reception team filing and allocating electronic clinic letters and discharges to GP's. Most GP's had a small number of documents to action. We noted one GP had 98 documents to action, some of these dating back 10 days. We were told there was no process in place to monitor the allocation, actioning and follow up of these letters.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out some medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. This would be further enhanced by the support of a pharmacist provided by the Federation who would shortly be working at the practice on a part time basis for six months. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However it was noted that the PGD's were poorly organised and the practice was unable to provide clarity that they were all up to date. Notably the Hepatitis A PGD was out of date since June 2014. Health Care Assistants (HCA) administered vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. However the one patient record we looked at whom the HCA had administered a certain injection highlighted there was no written or electronic record in the patient's notes giving the HCA the legal authority to administer such medicine. We discussed this with the practice who acknowledged this area need to be improved. Records showed that with the exception of a new starter that all

the nurses and the HCAs had last attended an immunisation update in 2014 which is less than the Royal College of Nursing (RCN) recommendation. We were told staff had attended a flu update in 2015 and were booked onto an immunisation update in June 2016 as there were no courses available.

- There was a named GP responsible for the dispensary and a recently appointed dispensary supervisor overseeing the dispensary. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files. Some of the staff had been recruited some time ago and the files and paperwork needed updating. The more recent recruitment files were structured and organised and demonstrated that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Patient paper records (Lloyd George) were stored in the main administration area in filing cabinets that could not be locked. They were also accessible to visitors to the practice via an unlocked door from one of the corridors where consulting rooms were situated. We raised this and a locksmith was brought to the practice the following day to secure the door and access to the records.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had recently undertaken a significant amount of work to improve their management of health and safety. Many of the arrangements were in their infancy and need to be embedded within the practice

Are services safe?

and identified issues followed through. Despite this we saw clear evidence that where issues had been identified that action had been taken promptly. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was evidence the practice had looked at the gender mix of GPs and demand for appointments with female GPs by providing additional appointments with a female GP to try and address this need.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult but not paediatric pads. They had oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

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 were 97% of the total number of points available. Clinical exception reporting was lower than the national average for all but two clinical domains. One area, Cardiovascular disease - primary prevention was 50% compared to the national average of 30%. (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). We discussed exception reporting for two areas that were slightly higher than the national average and were provided with clear and satisfactory explanations for the exceptions.

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

- Performance for mental health related indicators was comparable to other practices and equal or higher than the national average. 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was equal to the national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had comprehensive, agreed care plan

documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to other practices and noted as higher than the national average, 97% compared to 88%.

- Performance for diabetes related indicators was comparable to the national average.

There was evidence of quality improvement including clinical audit.

- Clinical audits completed in the last two years. We looked specifically at two completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, recent action taken in respect of the management of venous leg ulcers which showed improved management for the patients involved.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff although we saw some evidence that this was not always timely. For example, immunisation training for nursing staff was overdue. We noted staff had undertaken a specific flu course which the practice told us covered the required areas as staff could not access a specific immunisation course at the required time. 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 mostly had access to appropriate training to meet their learning needs and to cover the scope of their work. The HCA was supported and supervised but there was no evidence of their competency being formally reviewed. We raised this with the practice who stated they would address this alongside the new arrangements that had recently been

Are services effective?

(for example, treatment is effective)

put in place to make the appraisal process more effective and allow staff objectives and training requirements to be more closely followed up. All staff had received an appraisal within the last 12 months and we saw evidence of a new mid year six monthly review with staff scheduled.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example the practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example the lead GP attended a monthly joint ward round at care services they provided a service to with a named member of the Community Mental Health Services.
- The practice kept patients up to date in respect of the practice via the practice website, via the practice TV and a newsletter.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A weekly young persons drop in clinic was provided at the practice with a senior practice nurse.
- Regular services were provided at the practice by Improving Access to Psychological Therapies (IAPT), counsellor, and the healthy child team.
- In conjunction with the PPG the practice offered information and support evenings at the practice for patients to attend from a range of organisations. The next planned evening was with MIND and Orb.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and 7% higher than the national average of 74%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% compared to the CCG average of 94% to 95% and five year olds from 93% to 100% compared to the CCG average of 79% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. We noted conversations could be overheard in the area outside the nurses rooms where a waiting bench was situated. We raised this with the practice manager who informed us this would be addressed as a priority.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 patient Care Quality Commission feedback we received was positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Feedback highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the PPG. They also told us they were satisfied with the care provided by the practice and that the practice encouraged their engagement and responded well to issues and ideas raised.

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

- 97% of patients said the GP was good at listening to them compared to the CCG average of 94% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. The use of personalised care plans varied. For example patients in the local nursing home and 4% of the patient population likely to be at risk of admission to hospital had a personalised care plan which was above the prescribed 2% target but patients with long term conditions did not.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 88% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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. They said they would inform staff of this if needed. There was no information displayed advising patients of this.

Are services caring?

- Information leaflets were not available in easy read format but would be made available if requested.

Patient and carer support to cope emotionally with care and treatment

Patient information folders, set up by the PPG 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 and displayed on the television within the practice waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as

carers 0.6% of the practice list. Information was available on the practice website and within the practice to direct carers to the various avenues of support available to them. Carers could also complete an on-line carers registration form which alerted the practice they were a carer. Two years ago, in conjunction with the PPG Carers Resource had held an information sharing evening at the practice.

Staff told us that if they were made aware of the death of a patient that this was dealt with by the duty doctor to manage. We were told that the practice may call or visit bereaved family members/carers a few weeks later.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Partners from health and social care in Harrogate and District have been chosen to take a national lead on transforming health and social care for local people. The aim will be to

provide support to people to remain independent, safe and well at home with care provided by a team that the person knows and they can trust, set out in a universal care plan. This service will be provided by an integrated care team from community based hubs which include GPs,

community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector. Beech House Surgery had committed to be part of this and was in the early stages of new projects.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening from 5.30pm to 7.15pm and from 30 April 2016 on a Saturday morning once a month from 7.15am to 12pm for working patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and were also referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Double appointments were made for patients with a new presentation of mental health issue.
- 30 minute appointments were booked for patients to have an annual dementia care plan review.
- A GP attended regular ward rounds at the local care services they provided a service to along with monthly ward rounds with a member of the community mental health team.

- Patients could access a GP either by a telephone appointment or a face to face appointment at the practice. On-site dispensary offered repeat prescription requests on line/in person and on the telephone.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. General appointment times for GPs were from 8.30am to 11.50am and 2pm until 5.30pm. These times varied when appointments may start earlier at 8.10am. In addition to this the Duty Doctor was available from 8 am for telephone appointments. Extended hours pre-booked appointments were offered Monday and Thursday evenings from 5.30pm to 7.15pm and from 30 April 2016 on a Saturday morning once a month from 7.15am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients stated they were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. Patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 88% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Three patients commented a delay in obtaining routine appointments. We noted the next available routine appointment with a GP was in four weeks and with the nurse in two days. In response to feedback from patients the practice had very recently reviewed their appointment system and had recently introduced some changes to try and address the patient feedback regarding access. The practice planned to monitor the impact of the changes and the sustainability on the workforce of these changes.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information on how to make a complaint was available on the practice website but not advertised within the practice. The practice addressed this immediately and by the end of the inspection information on how to complain was promoted on the practice television.

The practice had received 14 complaints in the last 12 months. We looked at a sample of complaints received in the last 12 months and found these were satisfactorily handled. Changes had been made recently to the recording of complaints to ensure all complaints were recorded and clear systems in place for recording and tracking complaints. The new process was in its infancy and therefore it was too early to review analysis of the complaints over a period of time.

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 staff area of the practice. Staff had been involved in producing the mission statement.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework that was being revisited, developed and embedded to further support the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A understanding of the performance of the practice was mostly maintained although there were some areas that needed further development and oversight which had resulted in some areas not being identified.
- Continuous clinical and internal audit was used to monitor quality and make improvements although the practice did not have a programme of clinical audit in place.
- There were new arrangements for recording and managing risks, issues and implementing mitigating actions which need to be embedded in the longer term.

Leadership and culture

On the day of inspection it was apparent the practice was on a trajectory of improvement. There had been recent staff changes and there was clear evidence to demonstrate the positive impact these new staff were having on the practice. There were many processes already in place. There was clear evidence that new initiatives had been introduced and whilst these were in their infancy it was clear the practice was adaptable to change and committed to embedding the changes. We identified some areas that required further development and oversight and it was clear the partners and the practice manager we met had the experience, capacity and capability to run the practice

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Regular team meetings took place for individual staff groups and the practice had recently introduced quarterly whole staff meetings and monthly significant event meetings that all staff were invited to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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 PPG was extremely active and committed. They met at the practice at least six times a year, and this year had also introduced a constitution and was holding it's first Annual General Meeting (AGM) which would be open to all patients who wished to attend with a question and answer session at the end of the meeting, again to obtain feedback. PPG representatives attended many of the Hardnet, CQC and Hospital meetings, both in Leeds and the Harrogate area and then gave feedback at the next PPG meeting. The PPG actively obtained patient

Are services well-led?

Good 

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

feedback from annual surveys making significant effort to obtain as much feedback as possible. For example, by emailing the survey to all consenting patients over 18 years of age, accessing the survey on the practice website and members of the PPG who attended two Saturday morning flu clinics to request patients to complete the survey while in the surgery. The results of which were reviewed by a sub committee and an action plan presented to the practice manager to get approval from the partners before displaying on the notice boards the “You asked forWe did this “. We saw evidence the practice had delivered on the actions set out within its action plan.

- The practice had gathered feedback from staff through whole team meetings, team meetings and generally through appraisals and discussion. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example at a recent staff meeting staff broke into small groups and were asked to come up with ideas to improve Practice performance and patient service.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was clear evidence that some of the systems that had previously been in place and were not as effective as needed had been revisited and more structured arrangements put in place. We also saw new initiatives being implemented and a desire to embed new initiatives and continue to improve. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example being part of the Vanguard pilot. Another example included action the practice had taken following a protected learning time event aimed at GPs in respect of the correct and effective management of venous leg ulcers. Following the event the practice had arranged a teaching session with a consultant dermatologist for the nursing staff, neighbouring practice nurses and district nursing team to discuss how to effectively manage venous leg ulcers. The practice demonstrated that following this event they had developed a new protocol and the patients involved had benefitted from this.