

# Egton Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Egton Surgery on 1 July 2015.

Overall the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvement. They demonstrated they had made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw several areas of outstanding practice including:

The practice, in collaboration with a neighbouring practice developed processes to share some management responsibilities, improve learning and share best practice. These arrangements included the development of a practice nursing team with specific skills that can be used across the practices. The aim is to increase the services that they currently provide by having a more dynamic and skilled workforce able to deliver care closer to home in this rural area.

## Summary of findings

The close working arrangements also extend to enable one GP with advanced skills to see patients from nearby practices for conditions associated with the muscular skeletal system and back pain.

There is a strong visible, person-centred culture. Relationships between people who use the service, those close to them and staff are strong, caring and supportive.

The practice worked with, and chaired a local charity which acts to provide medical equipment not normally supplied by the NHS to people living in the area.

The practice used the productive general practice tool to improve patient outcomes and care delivery. An area currently being developed through this programme was the delivery of prescribed medication to vulnerable patients in their own homes, reducing their need to travel within this rural community.

**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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

The practice used innovative and proactive methods to improve patient outcomes. It linked with two local practices to share best practice and make available their skills and expertise. The continuing development of staff skills, competence and knowledge is recognised as integral to ensuring high-quality care.

The systems to manage and share the information that is needed to deliver effective care are coordinated across services and support integrated care for people who use the services. There is a holistic approach to assessing, planning and delivering care and treatment to people who use the services.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services.

Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to

Outstanding



# Summary of findings

achieving this. We found many positive examples to demonstrate how patient's lives were enhanced through the caring and supportive actions of staff. Patients' choices and preferences were valued and acted on.

## **Are services responsive to people's needs?**

The practice is rated as good for providing responsive services.

They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they would always be seen if they needed an appointment. Urgent appointments were available the same day. Routine appointments were often available the same day and everyday thereafter. 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.

They had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was very active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# 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 outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice also referred elderly patients for exercise on prescription as they recognised this as a being an asset to maintain and restore mobility.

The practice worked closely with North Yorkshire County Council by inviting them to attend flu clinics so that elderly patients could be given advice and information regarding their “wellbeing” and “keeping warm and well in winter”.

Clinical meetings were held, where the identification of high risk patients were discussed and advanced care plans developed which included the involvement of other health care professionals.

Outstanding



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had a chronic disease register and management of patients at risk were regularly discussed at clinical meetings. People at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All those patients had a named GP and a structured annual review to check that their health and medication needs were being met. The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were early morning appointments available from 7am to allow parents to attend with their children before school started. Sexual health advice was offered and the practice participated in the ‘Your Chlamydia’ screening campaign. The practice worked closely with other health care professionals including health visitor’s and nurses who visited the practice on a regular basis. Baby clinics were run by a GP and health visitors where development checks, post-natal care and immunisations were carried out. There was an alert system for safeguarding issues and staff had been trained in this area.

Good



# Summary of findings

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for children age group 12 -24 months for immunisations was 100% and age group 5 being between 96.0% and 100%, which was above the national average.

## **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 they offered to ensure these were accessible, flexible and offered continuity of care. An example of this was offering early appointments from 7am on alternate Thursday and Fridays. 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 population group.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. They had carried out annual health checks for people with a learning disability and patients were offered extended appointment times.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff were aware of how to signpost vulnerable patients to access various support groups and voluntary organisations. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). 100% of people who lived with a mental health related condition had a comprehensive, agreed care plan completed within the preceding 12 months compared to the national average of 86.09%. Annual reviews took place with hour-long appointments. The

Outstanding



## Summary of findings

practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice also worked closely with mental health, alcohol and substance misuse teams, providing accommodation for them to hold regular sessions within the practice

The practice provided space for support groups to work from the practice and actively invited patients to those sessions. They actively worked with a range of voluntary sector groups to provide services closer to the patients' homes.



# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey 2015 (from 135 responses which is equivalent to 6% of the patient list) indicated that the practice was performing above the local and national averages.

87% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 70% and National average of 60%.

98% of respondents describe their experience of making an appointment as good compared with a CCG average 88% National average of 73%.

100% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 90% National average of 85%.

71% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of: 71% National average: 65%.

100% of respondents had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of: 99% National average of: 97%.

100% of respondents had confidence and trust in the last GP they saw or spoke to compared to a CCG average of: 99% National average of: 95%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards (which is approximately 2% of the practice list size). All of the comment cards were extremely positive about the standard of care and treatment provided. We also spoke with eight patients on the day of the inspection and again their feedback was positive. They told us they were treated with compassion, dignity and respect by a very professional staff team. They felt listened to and were involved in decisions about their treatment and care.

# Egton Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP and practice nurse specialist advisors and another CQC inspector.

### Background to Egton Surgery

Egton Surgery provides general medical services (GMS) to approximately 2265 patients. They are a rural dispensing practice and their list is made up of people from Egton and the surrounding villages. They also provide a service to personnel and families at RAF Fylingdales three days per week. They are a member practice of the Hambleton, Richmondshire and Whitby, Clinical Commissioning Group (CCG).

There are two male GP partners and currently a female registrar. They are registered as tutors with the Hull-York Medical School (HYMS) and from time to time they have 3rd or 4th year medical students attached to the practice. There is one practice nurse and one health care assistant.

They are supported by a team of management, reception, dispensing and administration staff. There are 12 staff in total.

The opening hours are Monday to Friday 08.00 to 18.30 except on Wednesday when the practice closes at 12.00 however patients have access to a local GP practice during this time. Extended opening hours alternate between 07.00 and 08.00 on Thursdays and Fridays. Patients requiring a GP outside of normal working hours are transferred directly to the GP out of hours service.

### Why we carried out this inspection

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

### How we carried out this inspection

How we carried out this inspection

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

- Is it safe?
- 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)

# Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 1 July 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.

Reviewed various documentation including the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. These included reported incidents, national patient safety alerts, clinical audits, comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and saw evidence in minutes of clinical meetings where these were discussed. This showed the practice had managed these consistently well and could demonstrate a safe track record over the long term. An example included an incident in relation to the management of medication. A new policy had been developed, the incident was discussed at management and team meetings and all staff made aware of the incident and measures put in place to prevent any further reoccurrence.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 GP attended safeguarding meetings and case conferences when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There was a chaperone policy, which at the time of the inspection was not visible within the waiting room or consultation rooms, however we received information following the inspection that action had been taken to address this. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care

assistants, had been trained to be a chaperone. Some reception staff had been trained as chaperones and some newer staff were scheduled to undertake this training.

- There were procedures in place for managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. An annual risk assessment had been completed for the building and records showed health and safety was regularly discussed at all relevant meetings. Where risk had been identified, records showed action had been taken to address it.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken every three months. We saw evidence that action was taken to address any improvements identified as a result of this audit. The improvements identified were shared with the practice and action plans were created to implement the changes. Examples we saw included actions for the waiting room carpet and cloth seats to be cleaned. The practice had a programme of timely re-audit in place.
- The arrangements for managing and dispensing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

## Are services safe?

- The GP bags used for home visits were not lockable and unsuitable for carrying some medication. On the day of the inspection the medication was removed from the bags and stored safely and new lockable bags ordered.
- Recruitment checks were carried out and the six files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency)

available on the premises and oxygen with adult and children's masks. 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 fit for use. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency that had occurred and the practice had amended their processes following the incident to improve the way they responded to an emergency.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The document also contained relevant contact details for staff to refer to. A recent example of when this plan was actioned was when there was a power failure at the practice. A neighbouring practice who they worked collaboratively with was able to log onto the same computer system and able to access such things as medical records and repeat prescriptions. This enabled the practice to continue seeing patients at the neighbouring practice, and therefore no interruption to patient service occurred.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to carry out clinical audits and develop how care and treatment was delivered to meet patient needs. For example, the practice demonstrated they had acted on NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance such as Gillick competencies. For all minor surgical procedures, patient's consent was documented in the patient notes with a record of the relevant risks, benefits and complications of the procedure.

The practice held a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. As part of this contract, quality and performance was monitored using the Quality and Outcomes Framework (QOF). We looked at the QOF data for this practice which showed at 99.7% that the practice was performing above the national average.

Clinical staff led and were trained in specialist areas such as palliative care and back pain. The staff we spoke with were open about asking for and providing colleagues with advice and support. They told us they met regularly which enabled them to review and discuss new best practice guidelines. Minutes of staff meetings confirmed this.

The practice had comprehensive systems in place to manage patients who were either about to access or had accessed secondary care (hospital). The practice was proactive in monitoring referrals to and reviewing patients recently discharged from secondary care. For example, the practice worked with other partner agencies to ensure patients received the correct care and where possible, in a timely way. Staff we spoke with discussed in detail the referral system, how they dealt with discharge information

and the actions that would be taken. Any changes in a patient's medication following discharge from hospital was actioned and reviews arranged, based on the patient's needs. Clinical staff confirmed they used national standards for the referral of patients with suspected cancers.

### Protecting and improving patient health

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and mental ill health. Records showed the percentage of patients with mental ill health that had received a health check was higher than the national average with 87.5%, which is higher than the national average of 83.85%.

Patients who had a mental health need who had a comprehensive care plan was 100% compared with a national average of 86.09%.

The practice's uptake for the cervical screening programme was 88.51%, which was higher than the national average of 81.8%.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to those under two years was 100% compared with a CCG range of 91.5 to 96%, and five year olds it was between 96% to 100% compared with a CCG range of 87.9 to 94.2%.

### Coordinating patient care

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 were also available. Staff worked together, and with other health and social care services to help ensure that they understood, planned and met patient's complex needs.

The practice worked with a variety of other health care professionals including health visitors, midwives, district

# Are services effective?

## (for example, treatment is effective)

nurses and school nurses. They were also members of the Heartbeat Alliance, a local federation who worked in partnership to provide more integrated care. The Heartbeat Alliance are an alliance of 21 GP practices in Hambleton, Richmondshire and Whitby, a largely rural part of North Yorkshire, stretching from Sedburgh in the west to Whitby on the east coast. They provide a model of primary and enhanced care by the work they do together with the developing an integrated care provider working in partnership with other providers.

Egton Practice also worked closely with North Yorkshire County Council by inviting them to attend flu clinics so that elderly patients could be given advice and leaflets regarding their “wellbeing” and “keeping warm and well in winter”.

### Management, monitoring and improving outcomes for people

We were provided with multiple examples which demonstrated how the practice was innovative in their approach to improving outcomes for patients and how they worked collaboratively with other partners to achieve this. For example, the practice had put in place a urinary catheter scheme. This service avoided patients having a long and painful wait for an ambulance and a long and painful journey to the hospital which was a significant distance away. Similarly, the practice could diagnose and treat deep vein thrombosis which was of significant benefit to patients due to the proximity of the nearest hospital. The practice also provided patients with blood pressure monitoring devices so that they could monitor their 24 hour blood pressure. The practice also provided a free acupuncture clinic for registered patients.

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed the practice had achieved 99.7% of the total number of points available. A breakdown of the data showed that:-

- Performance for diabetes assessment and care was higher than the national averages. These ranged from 81.91% to 98.91% (compared to the national average of 77.75% to 93.49%).
- Performance for mental health assessment and care was higher than the national averages. These ranged from 87.5% to 100% (compared to the national average of 83.83% to 95.29%).

Opportunities to participate in benchmarking, peer review and accreditation was proactively pursued. The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The practice was aware of their performance when compared to other practices in the CCG. The practice demonstrated that it responded to a wide variety of information that was available either made available to them or sourced by the practice. They used such information to examine their performance and look for areas where they could improve outcomes for patients.

They were following the gold standards framework for end of life care. It had a palliative care register and held regular meetings that were attended by external partners such as district nurse and Macmillan nurse. One GP had completed their Diploma in Palliative Care. They told us this training had led to an improved outcome for patients as they made better use of medicines and were clearer on when and how to liaise with specialist care teams.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. As part of the induction process all staff were issued with a staff handbook that covered a range of policy and procedures that also included employment related procedures. In addition staff were also given a health and safety induction booklet to complete. All staff felt supported by the practice.



# Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a strong commitment for staff to develop their skills, competence and knowledge through an annual training programme. Examples included, all reception and administration staff being enrolled on an NVQ 3 in Health Care Support Services. One of the nurses has completed a certificate in diabetes care approved by Warwick University. The

nurse now runs a diabetic clinic with some very good outcomes were the practice perform above the national average for the care of patients with diabetes. The practice also supports the development of apprenticeships. One member of staff having worked as an apprentice for a year has now been employed permanently.

- The practice was working closely with two neighbouring practices to develop a practice nursing team that better met the needs of the practices population. They were looking at this in the medium to long term and have already started to employ staff who met the needs of the team. One of the aims was to develop each team member in specific skills, rather than have one nurse with all skills. By working this way they will be able to increase the services currently provided by having a more dynamic and skilled workforce.





# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in January 2015. There were 247 surveys sent to patients with a return of 135 (a 55% return rate). The evidence from all these sources showed an overwhelming satisfaction with the way patients were treated and that this was with compassion, dignity and respect. For example, the data showed the practice was rated 'among the best' for patients who rated the practice as good or very good. The practice was also well above average for its satisfaction scores on consultations with doctors and nurses with 100% of practice respondents saying the GP was good at listening to them compared to the national average of 89% and 99% of patient said the GP gave them enough time compared to the national average of 87%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 44 completed cards and all were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service. Staff were described as caring, respectful, efficient, helpful and courteous. We observed this throughout the inspection. We received feedback from eight patients on the day of our inspection. All provided details of overwhelming satisfaction with the service provided.

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected; they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. Patients thought staff went the extra mile and the care they received exceeded their expectations

We were provided with examples which demonstrated the GPs treated patients with care and compassion, for example visiting patients at home who had recently been diagnosed with cancer. Chronically ill patients and their carers who were nearing "end of life" were given the GP's mobile phone numbers so that they can be contacted when the practice was closed. This allowed the patient or carer to speak directly to a GP who they knew and who knows them without having to use the OOH service. This provided a seamless and compassionate continuity of care to the patient, their carer/s and family members.

All bereaved patients were identified so they were contacted by the practice and support offered. One of the GP's would visit the bereaved family of all deceased patients or contact them by phone when this was not possible. The GPs will refer or sign post family members to voluntary organisations where appropriate and follow ups are made where necessary.

All practice staff, when necessary, delivered prescriptions to those patients that were unable to get into the practice to collect them or could not get anyone to collect them. The practice is set in a rural location with poor transport links. The staff were always willing to support patients in collecting prescriptions and in some situations bringing patients into the practice for their appointments or offering a lift back home.

The practice has a carers' champion who ensured that the carer register was kept up to date. The member of staff makes sure that all carers get contacted on an annual basis and offers them an appointment with the GP for a health assessment. The carers are also asked if they would like a referral to Carers Resource which is a local agency offering support. The practice organises joint clinics with Carers Resource at the practice to give one to one appointments with patients who are identified by the carers' champion.

Staff training is arranged with Carers Resource, so all members of the team are aware of what services Carers Resource provide and how to identify carers. The practice also works closely with the Alzheimer's Society in a similar way. The practice identifies patients with dementia and



## Are services caring?

their carers and offering them an appointments with the Alzheimer's Society. These appointments are based at one of the three practices who are working closely together to improve patient outcomes and experience.

The practice promoted the "Esk Valley Life Line". This was a local charity which acts to provide medical equipment not normally supplied by the NHS. The practice manager and staff worked hard to help raise funds for the charity which helps provide equipment to patients that are not provided through the NHS, for example, arch supports, air mattresses and nebulisers.

The feedback we received highlighted multiple examples of how patient's emotional and social needs were seen as important as their physical needs. An example included a flexible approach to supporting a working aged patient with specific health care needs, whereby the practice nurse came into work early every week to provide the treatment, care and ongoing support before the patient started work.

Feedback from patients was continually positive about the way staff treated and engaged with them. Data from the National GP Patient Survey July 2015 showed from 135 responses that performance was well above the local and national averages for example,

- 100% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 99% and national average of 95%.

### Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example, data from the national patient survey showed

- 98% of practice respondents said the GP involved them in care decisions compared to the national average of 81%.

- 98% of patients felt the GP was good at explaining treatment and results compared to the national average of 86%.
- 100% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 90%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Staff described a high level of satisfaction in respect of the time they had to spend with patients during consultations. All patients told us they never felt rushed and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was extremely positive and aligned with these views.

### Patient/carer support to cope emotionally with care and treatment

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation, whether that was a home visit or other location and at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service. The practice had a system in place to notify any healthcare services the patient was known to have been involved with. We were provided with examples to demonstrate how the practice supported families during times of bereavement and the action they took over and above what was expected of them.

Data from the national GP survey showed 100% of respondents said the last GP and the last nurse they saw or spoke to was good at treating them with care and concern. This was above the national average of 85% for GPs and 90% for nurses. 100% also said the GP and the nurse was good at listening to them. This was above the national average 89% for GPs and 90% for nurses.

Staff demonstrated they were acutely aware of their population and rurality of the area and consciously supported patient's emotional and social needs. Staff recognised patients emotional and social needs were as important as their physical needs. Staff provided us with examples and we saw evidence of how patients were



## Are services caring?

supported emotionally with their care and treatment. One patient we spoke with also told us how they were provided with support and information about other social care issues for example information about their pension.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had clear systems and staff in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. Records showed service improvements were discussed and actions agreed to implement service improvements and manage delivery challenges to its population. For example, the unplanned admissions avoidance scheme and regular visits to six local care homes.

They also provided a service to personnel and families at RAF Fylingdales three days per week.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The results and actions agreed from these surveys were available on the practice website. Copies of the minutes of meetings were made available to us.

We saw evidence the PPG had arranged for the practice to train members of the public in the use of the public defibrillator that had been fitted to the outside wall of Egton Practice. This had been published in the local press.

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;

- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for elderly patients and patients who had urgent medical problems.
- Urgent access appointments were available for children and those with serious medical conditions.

- The practice was in the initial stages of planning changes to the building to create improved facilities and access to more ground floor treatment rooms and to provide space for the voluntary sector to use, allowing them to bring their services closer to the patients.
- The practice referred elderly patients for exercise on prescription as they recognised this as a being an asset to maintain and restore mobility.
- One of the GPs saw patients on a temporary register basis from two other local practices for conditions associated with the muscular skeletal system and back pain.

### Access to the service

The opening hours for the service were Monday to Friday 08.00 until 18.30 except on Wednesday when the practice closed at 12 noon; however patients had access to a local GP practice during this time. Extended opening hours alternated between 07.00 and 08.00, on Thursdays and Fridays. Patients requiring a GP outside of normal working hours are transferred to the GP out of hour's service.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed they are transferred directly to the out-of-hours service.

The practice had access to online and telephone translation services. The practice's website allowed patients to change the language the website was displayed in and the check in system allowed patients to select an alternative language. Staff at the practice had completed training in equality and diversity training in the last 12 months.

The practice was situated on the three floors of the building, however all patient areas were on the ground floor. Waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. There was level access into the building and parking was available in the surrounding area.

# Are services responsive to people's needs?

(for example, to feedback?)

Multi-disciplinary working arrangements were in place to identify patients whose circumstances may make them vulnerable. The information was shared regularly so that they were all aware of patients whose circumstances may have changed. For example at the monthly palliative care meetings.

The practice had as part of the Prime Ministers Challenge Fund piloted a seven day per week service. The end result of this however was there was little uptake during the pilot programme.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than the local and national averages. For example:

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 75.7%.
- 98% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 73%.

- 75% of patients felt they did not normally have to wait too long to be seen time compared to the CCG average of 68% and national average of 58%.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available with reception staff and in a practice leaflet. The complaints policy clearly outlined the timescale for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We looked at a sample of complaints made over the last 12 months and found they had been handled satisfactorily and dealt with in a timely way.

# 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 mission statement was; to provide high-quality, personalised care to their patients. Their ethos was to provide excellent clinical care and a personalised and professional service to all their patients. They aimed, “To work in partnership with our patients to provide the highest level of medical care, striving to provide local access to modern healthcare services based on respect for patient autonomy and confidentiality, as well as the best evidence-based practice”. All the evidence we reviewed and feedback we received demonstrated Egton Surgery was delivering its strategy and vision.

### Governance arrangements

The practice had a detailed governance policy. This outlined the structured and procedures in place and incorporated key areas such as: clinical effectiveness, education and training and risk management.

The practice had an overarching quality assurance policy. This outlined the quality standards in place and the procedures. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities, including lead roles such as safeguarding and infection control.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous clinical audit cycles which demonstrated an improvement on patients’ welfare.
- The practice used the Quality and Outcomes Framework (QOF) to measure performance.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines.
- Proactively engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.

- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs and all practice staff had learnt from incidents and complaints.
- The practice had undertaken an ‘Improving Practice Questionnaire – Interpersonal Skill Questionnaire’. This is a recognised survey which gathers patient’s views in relation to their consultations.

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

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. We saw from the PPG records the practice had reviewed the last survey report, listened to feedback and put measures in place for improvement.

The practice had an active patient participation group (PPG) and actively tried to recruit new members. The profile of the group represented the breadth of the population. We met with one member of the group and they were extremely complimentary about how the PPG was run and the overall experience of being a patient at the practice. Records confirmed the PPG met on a quarterly basis. The PPG had been involved in reviewing the last results of the patient survey and had put in place an agreed action plan. We saw evidence that these actions had been put in place, for example, the use of text messaging to remind patients of their appointments in an attempt to reduce patients who did not attend for appointments. The PPG information was available on the practice website. The records showed the practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG) and patients and staff. The member of the PPG we spoke with told us the practice responded well to issues raised and recognised the importance of the role of the PPG in providing feedback.

The PPG represented the practice at wider community meetings such as CCG meetings where community wide issues were discussed. The practice also has a virtual PPG which used feedback via the website to gain patient views. Information contained within the most recent PPG report detailed that a Carers Champion had been identified within the practice to work with Carers Support Groups and carers with a view to arranging meetings between patients and the relevant groups.



# Are services well-led?

Good 

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

There were high levels of constructive staff engagement and all staff were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings, protected learning time, appraisals and discussions. Staff told us they gave feedback and discussed any concerns or issues with colleagues and management. Our discussions with staff demonstrated a high level of staff satisfaction and a confidence that their views were listened to. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

We observed a team who worked extremely well together. Everyone we met was committed to high standards of professional practice and to working with one another to make effective use of every resource for delivering organised and co-ordinated services to meet current patients' needs. They took every opportunity for learning from current experience and used it towards developing better care provision for the future.

A member of the practice staff was working for the Alliance for one session per week to look at policies and procedures, with the aim of streamlining policies for all the practices in the Heartbeat Alliance.

## Innovation

Evidence showed there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for patients. An example of this was the practice had adopted The

Productive General Practice (PGP). The PGP programme is designed to help general practice continue to deliver high quality care whilst meeting increasing levels of demand and diverse expectations. It helps practices to put the patient, clinician and practice team at the centre of improvement to create a timely, appropriate and dependable response to patient needs. Implementing the programme engaged all staff in the practice in improving their work processes, making it possible to release time to invest in improving patient outcomes and staff wellbeing. An area currently being developed through this programme was the delivery of prescribed medication to vulnerable patients in their own homes, reducing their need to travel within this rural community.

The practice was working with two other local surgeries in a collaborative way to share management support, learning and best practice. With one of the surgeries they also provided cover for when the other practice was closed.

The practice was starting to pilot the use of 'VirtuCare' (telehealth) and was to be used for patients with long term conditions. This is a system for remote patient monitoring that uses electronic equipment to monitor patients' vital signs, such as pulse, weight, glucose levels, respiration and blood-oxygen levels, in real time while a patient is at home or on the move. The data is automatically transmitted to another device, for example at the GP practice, to allow ongoing monitoring and early medical intervention, if required, reducing the need for patient travel.