

Springbank 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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Springbank Surgery on 14 September 2016. Overall the practice is rated as outstanding.

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

- The practice carried out a thorough analysis of the significant events. The practice demonstrated they recorded all incidents and near misses and monitored trends over a period of time. All staff were involved in this process.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice demonstrated a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes and practice initiated schemes to improve outcomes for patients.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw many areas of outstanding practice, examples included:

- Significant incidents deemed appropriate were reported to the National Reporting and Learning System (NRLS). The practice had been part of an initiative with Harrogate CCG and the Improvement Academy (IA) to embed Human Factors thinking into the management of healthcare thereby improving patient safety and achieving better lives for people. The IA looked at an example of a significant event from each practice involved. They identified the practices management of the event reviewed as exemplary.
- Dispensing errors which reached patients and near miss dispensing errors were recorded as part of the significant event log. The practice had recognised that themes identified in significant event meetings in relation to the dispensary were not being adequately solved. They subsequently sought the assistance of the Improvement Academy, part of Yorkshire and Humber Academic Health Science Network, who were running a TAPS programme in dispensing. TAPS stands for Training and Action for Patient Safety. The programme recognised themes and the aim of the programme was to improve safety. Participating in the TAPS programme (which reviewed the dispensing arrangements at the practice) had led to significant improvement in how the practice managed significant events and near misses. There was clear evidence of impact, with a reduction of significant events and greater involvement of the practice team.
- A robust system was in place for monitoring prescriptions that had not been collected on a monthly basis. If prescriptions had not been collected within a three month period a note was sent to the GP and an entry was made in the patient's record and discussed with the patient.
- A GP partner committed 60 hours of their own time to work at the local Out of Hours service. This was to enable a nurse from the practice to attend with them as part of their mentoring arrangements and their competency assessment to triage patients. In addition to this, from March 2016 the practice had commissioned a 'medical actor' to attend the practice and play out scenarios with the trainee doctors. To date four trainees had undertaken this as well as the new practice nurse. The actor was scheduled to attend the practice every four months to run scenarios and review the recorded consultations with trainee doctors and other identified staff. The aim being to further improve patient engagement and satisfaction.
- The practice had implemented a system whereby young people could direct message the GPs to ask for an appointment which the GP booked, bypassing the need for them to contact the practice via the reception. Pocket sized cards had been put in place in an age appropriate format to promote this facility and were given out by practice staff and other professionals who kept a stock of these. We were provided with a number of examples to demonstrate how this had made a difference for a number of patients.
- The practice had put in place a system to search electronically for patients with memory problems who had an appointment at the practice that day. This system prompted reception staff to contact the patients to gently remind them of their appointment.
- The practice paid for a member of the public to hand deliver the practice newsletter.
- The practice provided a home delivery service staffed by volunteers. All volunteers had received appropriate checks. As part of the consent for home deliveries, the practice included a photograph, with name, of each volunteer which the patient kept at home for reference. The practice had also generated photo identity badges and prescription signature books which ensured a full audit trail for deliveries.
- The practice had attended local schools to give talks on health related matters at least annually. Children from a local school attended the practice regularly to display their artwork.
- The Patient Participation Group (PPG) was extremely active and beneficial. For example the PPG had organised and facilitated four cardio pulmonary resuscitation (CPR) courses at the practice for patients in the last twelve months.
- It was clear this practice had an excellent learning culture.

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 outstanding for providing safe services.

- Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events are identified.
- There are comprehensive systems to keep people safe, which take account of current best practice. The whole team is engaged in reviewing and improving safety and safeguarding systems.
- Innovation is encouraged to achieve sustained improvements in safety and continual reductions in harm.
- A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff.

Outstanding



Are services effective?

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Findings were used by the practice to improve services and outcomes for patients. For example, recent action taken in response to NICE key therapeutic topic [KTT7], published 2015, clearly stated the harms and limited benefits of using low-dose antipsychotics for treating dementia.
- Data showed that the practice was performing highly when compared to practices nationally. For example mental health indicators were all above the CCG and national averages.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care.
- The practice helped patients lead healthier lives. They demonstrated innovative community engagement.

Outstanding



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice 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, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Services were planned and delivered in a way that met the needs of the local population. Reasonable adjustments had been made and action taken to remove barriers when patients found it hard to access services.
- The practice demonstrated a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an active review of any information of concern, however small. Improvements were made as a result and the findings shared across the whole staff group.

Outstanding



Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and encourage a culture of education and learning.
- On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. A significant number of meetings were held across the whole of the practice. The leaders demonstrated they had an inspiring shared purpose; they had the drive to deliver and motivate staff to succeed.

Outstanding



Summary of findings

- The practice had an overarching governance framework which supported the delivery of the practice mission statement and business plan. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The staff demonstrated a strong collaboration, commitment and a common focus on improving quality of care and people's experiences.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was extremely active. The PPG met every six weeks representing a cross-section of the demographic of the population.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes and practice initiated schemes to improve outcomes for patients in the area. As well as continuous learning the practice demonstrated they were innovative in their approach to managing challenges. We were provided with many examples to demonstrate this..

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.

- 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.
- The practice provided at least a weekly visit to three care homes by a lead GP.
- The practice was currently working with the Yorkshire and Humberside Improvement Academy to pilot 'safety huddles' in one of the care homes the practice supported. As part of this the lead GP met with the care home staff to look at the risks relating to falls with the aim to reduce the number taking place.
- In 2015, the practice started to implement the STOPP protocol. STOPP stands for Screening Tool of Older Persons' potentially inappropriate prescriptions. It is a validated tool for reducing risk associated with polypharmacy. The practice has implemented this in all three care homes within the practice area with tangible benefits for patients. In the 12 months, prescribing of such medicine had almost halved and continues to be monitored.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as priority.
- Performance for diabetes related indicators was slightly above the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to the national average of 88%.
- Longer appointments and home visits were available for patients assessed as needing them.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



Summary of findings

- The practice was about to launch the use of 'Skype' for electronic face to face video consultations.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were mixed, mostly slightly lower than the CCG average for under two year olds and higher for five year olds.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 87%, which was slightly higher than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were provided with evidence and saw positive examples of joint working with midwives, health visitors, school nurses and schools. For example the practice had attended local schools to give talks on health related matters at least annually. Children from a local school attended the practice regularly to display their artwork. The practice felt this encouraged young children to feel comfortable within the practice environment and to encourage their attendance.
- The practice had spoken with a number of older children about the barriers to contacting the practice. As a result of their findings they had implemented a system whereby young people could direct message the GPs to ask for an appointment, bypassing the need for them to contact the practice via the reception. Pocket sized cards had been put in place in an age appropriate format to promote this facility and were given out by practice staff and other professionals who kept a stock of these. We were provided with a number of examples to demonstrate how this had made a difference for a number of patients.

Outstanding



Working age people (including those recently retired and students)

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

Outstanding



Summary of findings

- 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

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

- The practice held a register of patients living in vulnerable circumstances including housebound patients and patients with a learning disability.
- The practice routinely offered extended appointments for patients with a care plan and for other patients assessed as needing it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had appropriate communication systems in place for vulnerable people. For example the practice used letters with pictures and symbols to recall patients with a learning disability to the practice. The letters included photographs of the staff they would be seeing.
- 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.
- The practice provided a home delivery service staffed by volunteers. All volunteers had received appropriate checks. As part of the consent for home deliveries, the practice included a photograph, with name, of each volunteer which the patient kept at home for reference. The practice had also generated photo identity badges and prescription signature books which ensured a full audit trail for deliveries.

Outstanding



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).

Outstanding



Summary of findings

- 91% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%. The practice had put in place a system to search electronically for patients with memory problems who had an appointment at the practice that day. This system prompted reception staff to contact the patients to gently remind them of their appointment.
- Performance for mental health related indicators was slightly above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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 used aged appropriate assessment tools which had proven particularly beneficial for younger patients.
- 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. For example the practice had put in place a system to search electronically for patients with memory problems who had an appointment at the practice that day. This system prompted reception staff to contact the patients to gently remind them of their appointment.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above national averages. 215 survey forms were distributed and 113 were returned. This represented 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% 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 patient feedback prior to and on the day of our inspection. We received feedback from 22 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit.

The latest results from the Friends and Family test showed that 100% of patients would recommend the practice based on 32 responses.

Outstanding practice

We saw many areas of outstanding practice, examples included:

- Significant incidents deemed appropriate were reported to the National Reporting and Learning System (NRLS). The practice had been part of an initiative with Harrogate CCG and the Improvement Academy (IA) to embed Human Factors thinking into the management of healthcare thereby improving patient safety and achieving better lives for people. The IA looked at an example of a significant event from each practice involved. They identified the practice's management of the event reviewed as exemplary.
- Dispensing errors which reached patients and near miss dispensing errors were recorded as part of the significant event log. The practice had recognised that themes identified in significant event meetings in relation to the dispensary were not being adequately solved. They subsequently sought the assistance of the Improvement Academy, part of Yorkshire and Humber Academic Health Science Network, who were running a TAPS programme in dispensing. TAPS stands for Training and Action for Patient Safety. The programme recognised themes and the aim of the programme was to improve safety. Participating in the TAPS programme (which reviewed the dispensing arrangements at the practice) had led to significant

improvement in how the practice managed significant events and near misses. There was clear evidence of impact, with a reduction of significant events and greater involvement of the practice team.

- A robust system was in place for monitoring prescriptions that had not been collected on a monthly basis. If prescriptions had not been collected within a three month period a note was sent to the GP and an entry was made in the patient's record and discussed with the patient.
- A GP partner committed 60 hours of their own time to work at the local Out of Hours service. This was to enable a nurse from the practice to attend with them as part of their mentoring arrangements and their competency assessment to triage patients. In addition to this, from March 2016 the practice had commissioned a 'medical actor' to attend the practice and play out scenarios with the trainee doctors. To date four trainees had undertaken this as well as the new practice nurse. The actor was scheduled to attend the practice every four months to run scenarios and review the recorded consultations with trainee doctors and other identified staff. The aim being to further improve patient engagement and satisfaction.
- The practice had implemented a system whereby young people could direct message the GPs to ask for

Summary of findings

an appointment which the GP booked, bypassing the need for them to contact the practice via the reception. Pocket sized cards had been put in place in an age appropriate format to promote this facility and were given out by practice staff and other professionals who kept a stock of these. We were provided with a number of examples to demonstrate how this had made a difference for a number of patients.

- The practice had put in place a system to search electronically for patients with memory problems who had an appointment at the practice that day. This system prompted reception staff to contact the patients to gently remind them of their appointment.
- The practice paid for a member of the public to hand deliver the practice newsletter.
- The practice provided a home delivery service staffed by volunteers. All volunteers had received appropriate

checks. As part of the consent for home deliveries, the practice included a photograph, with name, of each volunteer which the patient kept at home for reference. The practice had also generated photo identity badges and prescription signature books which ensured a full audit trail for deliveries.

- The practice had attended local schools to give talks on health related matters at least annually. Children from a local school attended the practice regularly to display their artwork.
- The Patient Participation Group (PPG) was extremely active and beneficial. For example the PPG had organised and facilitated four cardio pulmonary resuscitation (CPR) courses at the practice for patients in the last twelve months.
- It was clear this practice had an excellent learning culture.

Springbank 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 CQC pharmacist and a practice nurse specialist adviser.

Background to Springbank Surgery

Springbank Surgery, York Road, Green Hammerton, York, YO26 8BN is a semi-rural practice situated in Green Hammerton serving this and surrounding villages. There is also a branch practice, Tockwith Surgery, 21 Marston Road, Tockwith, York, YO26 7PR which is approximately five miles from the main practice at Green Hammerton. The registered list size is approximately 5,700 and predominantly white British background. The practice is ranked in the tenth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile differs from the England average, having a higher number of patients in the 45 – 69 age range and a lower number in the 0 – 9 and 20 – 29 age range. The practice is a dispensing practice and dispenses to approximately 95% of their patients.

The practice is run by a management team consisting of two partners (one female and one male) and a senior team leader. There are three salaried GPs, one of whom is a retainer. The practice is a teaching practice. The practice currently has a GP registrar. This means the GP registrar is

currently on a three year GP registration course. The practice also currently has a Foundation Doctor (FY2). This is a grade of medical practitioner undertaking a two-year, general postgraduate medical training programme.

The practice employs three practice nurses and two health care assistants. Eight members of staff work in the dispensary, one of whom is a trained Pharmacist and in the role of lead senior dispenser. The practice also receives 10 hours additional support from a pharmacist provided by the CCG. The team is supported by a team of seven receptionists and six administrators.

The main reception at Green Hammerton is open each weekday between 8am and 6pm. Tockwith branch surgery reception is open during surgery times shown below.

	Morning	Afternoon
Monday	8.30am – 12pm	3pm – 6pm
Tuesday	9am – 12pm	2.30pm – 6pm
Wednesday	9am – 12pm	3pm – 6pm
Thursday	9am – 12pm	closed
Friday	9am – 12pm	3pm – 6pm
Weekend	closed	closed

Green Hammerton appointments are offered at various times throughout the day from 8am to 6pm. Extended hours from 6.30pm – 8pm are offered at this practice one evening a week. Early morning appointments are also available from 7.30am on a Friday. These alternate between Green Hammerton and Tockwith practices.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

Detailed findings

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 14 September 2016. During our visit we:

- Spoke with or received feedback from a wide range of staff including GP partners, salaried GP's, GP retainers, nursing staff, health care assistants, dispensing, administration and reception staff.
- Observed how patients were treated by staff.

- 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 open open culture in which all safety concerns raised by staff and people who used services were highly valued as integral to learning and improvement. The level and quality of incident reporting showed the levels of harm and near misses which ensured a robust picture of safety.

- Staff demonstrated they knew who and how to report incidents. 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). All staff were invited to attend the significant event review meetings. If unable to attend the minutes were made available to all staff.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice demonstrated they recorded all incidents and near misses and monitored trends over a period of time. Significant incidents deemed appropriate were also reported to the National Reporting and Learning System (NRLS). The practice had been part of an initiative with Harrogate CCG and the Improvement Academy (IA) to embed Human Factors thinking into the management of healthcare thereby improving patient safety and achieving better lives for people. The IA looked at an example of a significant event from each practice involved. They identified the practices management of the event as exemplary.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

There were systems in place to keep people safe. The whole team was engaged in reviewing and improving safety

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and nurse for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice carried out an automated audit to look for patients who had been victims of domestic violence or were deemed to be at risk of domestic violence. The intention was to proactively follow these patients up. A task was sent monthly to the safeguarding lead. A similar search was carried out for patients at risk of self-harm who if appropriate could bring vulnerable children to the notice of the healthy child team.
- We saw recent feedback from the Healthy Child Programme in respect of the practices' liaison with them. The feedback was incredibly positive about the level of engagement. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. A notice in the waiting room advised 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All clinical staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.



Are services safe?

- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The practice employed a range of qualified staff including a registered technician and dispensers. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice used a barcoding system for accuracy checking dispensing.

The practice had signed up to the Dispensing Services Quality Scheme, which rewarded practices for providing high quality services to patients of their dispensary. There was a named GP who provided leadership to the dispensary team. An 'outstanding items owing' audit had been completed as part of this scheme and actions had been taken as a result to reduce the number of owing's and evaluate stock holding.

Dispensing errors which reached patients and near miss dispensing errors were recorded as part of the significant event log. The practice had recognised that themes identified in significant event meetings in relation to the dispensary were not being adequately solved. They subsequently sought the assistance of the Improvement Academy, part of Yorkshire and Humber Academic Health Science Network, who were running a TAPS programme in dispensing. TAPS stands for Training and Action for Patient Safety. The programme recognised themes and the aim of the programme was to improve safety. Participating in the TAPS programme (which reviewed the dispensing arrangements at the practice) had led to significant improvement in how the practice managed significant events and near misses. There was clear evidence of impact, with a reduction of significant events and greater involvement of the practice team. The GP prescribing system was regularly updated in line with formulary and pack size availability. The practice recorded near misses as significant events as they felt this gave them greater scrutiny of their processes.

The practice ensured prescriptions were signed before being dispensed. Review by dates were assessed as part of the prescription clerking system and the computer system did not allow prescriptions to be issued if a review was required. There was clear guidance available for staff on what action to take if review dates had passed.

The practice had implemented a revised system for prescription collection; another phase of the improvement academy work which involved a step by step appraisal of their systems and procedures for medicines collections. They had implemented an improved system which had prevented any further incidents occurring. A robust system was in place for monitoring prescriptions that had not been collected on a monthly basis. If prescriptions had not been collected within a three month period a note was sent to the GP and an entry was made in the patient's record and discussed with the patient.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. Dispensing staff were aware of who to contact for destruction. Dispensing staff were in the process of reviewing the number and quantity of controlled drugs held on the premises in conjunction with the lead GP to decrease the risks associated with holding excess quantities of these medicines.

Processes were in place to check medicines were within their expiry date through the computer system and shelves were also routinely checked on a rota basis. Procedures were in place to ensure short dated stock was identified to reduce waste. Expired and unwanted medicines were disposed of in line with waste regulations.

We checked medicines held in refrigerators and found they were stored securely with access restricted to authorised staff. Temperatures were recorded in line with SOPs and national guidance.

Vaccines were administered by nurses using Patient Group Directions (PGDs) and Health Care Assistants using Patient Specific Directions (PSDs). PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. A system was in place for monthly checks of PGDs and PSDs and all documentation was appropriately signed and authorised.

- Blank prescription forms were handled in accordance with national guidance and the practice kept them securely. A procedure was in place to track prescription forms through the practice.
- We reviewed five personnel files and found appropriate recruitment checks had mostly been undertaken prior



Are services safe?

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. We noted that whilst all staff had a DBS check that some of these had been carried out after the staff member had commenced employment. We raised this with the practice who stated they would review their recruitment processes immediately.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. Health and safety was managed by an identified member of staff supported by external advisors. The practice had commissioned a health and safety review of the premises by an external company. Every item recommended for action had been implemented. 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). The practice periodically collected water samples and had a contractual arrangement for the water to be sent away for testing.

- 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. The practice was currently training some additional staff in a specific area as staff had raised concerns that there was insufficient non-clinical cover for this particular area during periods of absence.

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. There was a comprehensive medical emergency policy.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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. For example NICE guidelines were reviewed, discussed and followed through at clinical meetings. Minutes of these discussions were available for staff to review if they were unable to attend. The practice had commissioned the services of an external company in a bid to raise standards of consultations and improving quality of documentation. The system they used was updated regularly and linked to NICE guidelines and patient information leaflets. The practice told us it gave them access to automatic consultation, using recommended formulary. They said it had also expanded their use of care plans, for admission avoidance, diabetes, learning disabilities, dementia and other long term conditions. The practice had been approached and invited other practices to review the benefits of this system.
- The practice monitored that these guidelines were followed through following up at clinical meetings, 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 99% of the total number of points available which was higher than the national average of 95%.

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

- Performance for mental health related indicators was slightly above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a

comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.

- Performance for diabetes related indicators was slightly above the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to the national average of 88%.
- Data from The NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) showed prescribing of certain medicines such as antibacterial and antibiotic items was comparable to the CCG and England averages.
- Accident and Emergency attendances and emergency admissions were below the national averages particularly in respect of long term conditions.

There was significant evidence of quality improvement including clinical audit.

- There had been at least ten clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored. For example the monitoring of patients prescribed medicines designated as AMBER in the form of blood tests and ECGs done at regular intervals. The audit identified underperformance in the practices management of this. The practice put in place a robust plan and monitored delivery against the plan regularly. The resulting outcome was positive with new regular monitoring systems and audits put in place. Running alongside these audits were at least 30 monthly automated searches the practice had set up to ensure that patients were being managed appropriately. These reports were run on a daily rotational basis. For example an audit of obese patients who had not had a diabetes test and patients who had previously been diagnosed with pre-diabetes but not had a test in a year. If a target patient was retrieved, the clinician was prompted automatically to offer an HbA1c test. This had helped increase the practices prevalence of diabetes.
- Findings were used by the practice to improve services. For example, recent action taken in response to NICE key therapeutic topic [KTT7], published 2015, clearly stated the harms and limited benefits of using low-dose antipsychotics for treating dementia. In 2015, the practice started to implement the STOPP protocol.



Are services effective?

(for example, treatment is effective)

STOPP stands for Screening Tool of Older Persons' potentially inappropriate prescriptions. It is a validated tool for reducing risk associated with polypharmacy. The practice has implemented this in all three care homes in the practice area with tangible benefits evident for patients. In the 12 months, prescribing of such medicine had almost halved and continues to be monitored.

- The management team was focused and actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were actively pursued. For example the practice was currently working with the Yorkshire and Humberside Improvement Academy to pilot 'safety huddles' in one of the care homes the practice supported. As part of this the lead GP met with the care home staff to look at the risks relating to falls with the aim to reduce the number taking place.
- Information about patients' outcomes was used to make improvements. For example the practice had put in place a system to search electronically for patients with memory problems who had an appointment at the practice that day. This system prompted reception staff to contact the patients to gently remind them of their appointment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a role specific induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Newly appointed clinical staff were appraised every three months in the first year of employment. We saw an example of this in practice for the health care assistant.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care. For example a GP partner committed 60 hours of their own time to work at the local Out of Hours service. This was to enable a nurse from the practice to attend with them as part of their mentoring arrangements and their competency assessment to triage patients. In addition to this, from March 2016 the practice had commissioned a 'medical actor' to attend the practice and play out scenarios with the trainee doctors. To date four trainees had undertaken this as well as the new practice nurse. The actor was scheduled to attend the practice every four months to run scenarios and review the recorded consultations with trainee doctors and other identified staff. The aim being to further improve patient engagement and satisfaction.
- 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. Clinicians carried out weekly in-house education sessions to which they invited external speakers and reviewed any learning deemed appropriate in a prompt way.

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



Are services effective?

(for example, treatment is effective)

with other services in a timely way, for example when referring patients to other services. The practice was reviewing staffing arrangements in one particular area to ensure there was sufficient cover during staff absence.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice was leading a pilot with two other practices and a specific hospital department using electronic treatment advice notes. If successful there was potential to roll this out across the rest of the hospital and CCG.

The practice provided 4% of patients at risk of unplanned admissions to hospital with an individualised care plan. This was part of the unplanned admissions Enhanced Service (ES) that the practice had signed up to. The ES had been introduced as part of a move to reduce unnecessary emergency admissions to secondary care. The main work of the ES was the proactive case management of at-risk patients which required coverage of 2% of the practice population over 18 years of age.

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. Clinical staff were trained in this area.
- 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.
- We saw evidence where appropriate referrals had been made to the Independent Mental Capacity Advocate (IMCA) service. Their role is to provide independent safeguards for people who lack capacity to make certain decisions and, at the same time as such decisions need to be made, have no one else (other than paid staff) to support or represent them or be consulted.
- The process for seeking consent was appropriately managed and monitored. For example patients

attending for intrauterine device (IUD or coil) insertion were given the consent form in advance of the procedure to allow them time to consider the information at home before they attended for the appointment. Consent was used for other areas such as ear irrigation and coil fitting.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. They demonstrated innovative community engagement. For example:

- Patients receiving end of life care, carers, housebound patients and patients with a learning disability.
- The practice had in place a wide range of patient recalls to ensure they were receiving the right care and treatment.
- Health education meetings were held at a local church run in conjunction with the practice and a local community group. Topics were suggested by the group with the most recent focussed on diabetes.
- The practice had attended local schools to give talks on health related matters at least annually. Children from a local school attended the practice regularly to display their artwork. The practice felt this encouraged young children to feel comfortable within the practice environment and to encourage their attendance.

The practice's uptake for the cervical screening programme was 87%, which was slightly higher than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from National Cancer Intelligence Network (NCIN) Data published March 2015 showed a high uptake for persons aged 60-69, screened for bowel cancer within six months of invitation compared to other practices nationally. A member of the administration staff had a lead role in promoting health awareness within the practice, changing the theme in line with national guidance every month.

Childhood immunisation rates for the vaccinations given were mixed, mostly slightly lower than the CCG average for under two year olds and higher for five year olds. For



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

example childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 95% compared to the CCG average of 93% to 96% and five year olds from 85% to 100% compared to the CCG average of 80% to 94%. The practice was aware of the reasons for those children who were not attending for their vaccinations and working to address this.

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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We observed this being used on the day of the inspection.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described an overwhelmingly high level of satisfaction about the way they were treated by staff at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the local (CCG) average of 92% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the local (CCG) average of 91% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the local (CCG) average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local (CCG) average of 90% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local (CCG) average of 93% and the national average of 91%.
- 96% of patients said the last nurse they saw or spoke to was good at listening to them compared to the local (CCG) average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the local (CCG) average of 91% and the national average of 87%.

The practice demonstrated they had taken action to address areas that were below the local CCG average, even when this was marginal. For example they had ensured the staff had received customer service training.

Care planning and involvement in decisions about care and treatment

Feedback from patients was consistently positive. Patients reported that they felt involved in decision making about the care and treatment they received. They said 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. We noted care plans were personalised.

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 in line with local (CCG) averages and above national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the local (CCG) average of 90% and national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local (CCG) average of 87% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local (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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were made available in alternative formats.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (1.3% of the practice list). The practice told us and we saw evidence that the practice had started to focus

more on identifying carers this year to improve the number of carers identified. One example of this was clinicians were prompted to complete a social review on every patient over the age of 70 with the aim of identifying patients who were socially isolated, housebound, had or was a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

People's individual needs and preferences were central to the planning of tailored services. 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. We were provided with many examples to demonstrate this. One example was the practice was one of a few practices in the CCG to pilot the 'What Matters to Us' programme which was a new programme for providing care, led by NHS Harrogate and Rural District CCG along with other partners such as the local hospital, Council, County Council, Yorkshire Health Network and Ripon Centres for Voluntary Service. The programme will lead in the development of integration of health and social care services to which Springbank had committed to be involved in.

- The practice offered a 'Commuter's Clinic' one day a week at Springbank Surgery from 6.30pm – 8pm. Early morning appointments were also available from 7.30am on a Friday which alternated between Springbank Surgery and Tockwith Surgery.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for patients assessed as needing them.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. A duty GP and nurse was available daily.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a host of services which was of particular importance as there was no other healthcare facility within a 10 mile radius. The practice hosted services from midwives, health visitors, retinal screening, anticoagulation clinics, counselling and chiropody. The PPG/practice was also raising funds for an ultrasound machine which would be installed into the practice in the future.
- The practice used letters with pictures and symbols to recall patients with a learning disability. The letters included photographs of the staff they would be seeing.
- Text message reminders were sent to patients for pre-booked appointments.

- The practice was in the latter stages of planning improvements and adaptations to the practice one of which included the provision of a lift to increase clinical space by adding consultation rooms on the first floor.

Services were planned and delivered by the practice to take into account the needs of different patient groups to ensure safety and help to support flexibility, choice and continuity of care. We were provided with a range of examples to demonstrate this. One example related to improving access for older children. The practice had spoken with a number of older children about the barriers to contacting the practice. As a result of their findings they had implemented a system whereby young people could direct message the GPs to ask for an appointment, bypassing the need for them to contact the practice via the reception. Pocket sized cards had been put in place in an age appropriate format to promote this facility and were given out by practice staff and other professionals who kept a stock of these. We were provided with a number of examples to demonstrate how this had made a difference for a number of patients. Another example included a home delivery service organised by the practice that was staffed by volunteers. All volunteers had received appropriate checks. As part of the consent for home deliveries, the practice included a photograph, with name, of each volunteer which the patient kept at home for reference. The practice had also generated photo identity badges and prescription signature books which ensured a full audit trail for deliveries.

Access to the service

The main reception at Springbank Surgery was open each weekday between 08:00 and 18:00. Tockwith branch surgery reception was open during surgery times shown below.

	Morning	Afternoon
Monday	8.30am – 12pm	3pm – 6pm
Tuesday	9am – 12pm	2.30pm – 6pm
Wednesday	9am – 12pm	3pm – 6pm
Thursday	9am – 12pm	closed
Friday	9am – 12pm	3pm – 6pm
Weekend	closed	closed

Green Hammerton appointments were available at various times throughout the day from 08:00 to 18:00. Extended



Are services responsive to people's needs?

(for example, to feedback?)

hours from 18:30 – 20:00 were offered at this practice one evening a week. Early morning appointments were also available from 7.30am on a Friday. These alternated between Green Hammerton and Tockwith. In addition to pre-bookable appointments that could be booked up to four 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 national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the local (CCG) average of 78% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the local (CCG) average of 87% and national average of 73%

The practice demonstrated they continually monitored performance in relation to satisfaction levels in respect of access to the service. Reports from a meeting to review the last two releases of GP patient survey results showed the practice had taken steps to improve patient satisfaction. The practice had introduced Friday morning early opening as well as the extended evening appointments. The practice was about to launch the use of 'Skype' for electronic face to face video consultations. These consultations were being introduced as additional appointments and not to replace current face to face GP contact.

Patient feedback gathered as part of the inspection showed that patients were extremely satisfied with how they could access appointments. We looked at the availability of appointments and on the day of the inspection would have been able to see a GP or a nurse for a routine appointment the following day.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example a complaints booklet available for patients, posters in the waiting area and information on the practice website.

The last formal written complaint had been received in 2014. All verbal issues and concerns were recorded and managed in line with the practice complaints policy. Some of these had been managed as significant events. We reviewed a sample of these and found they were dealt with in a timely way demonstrating an open and transparent approach with both the complainant and the staff involved. Lessons were learnt from individual concerns also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Outstanding



(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 business development plan in place for 2014 – 2017. The strategy in place demonstrated an innovative and challenging approach to delivering improvement remaining focussed on the NHS Five Year Forward Plan.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff had been involved in the development of the mission statement. The PPG were also consulted.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice mission statement and business plan. Governance and performance management arrangements were proactively reviewed and reflected best practice. 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.
- Clinical and non-clinical leads had been identified for a wide range of lead roles.
- Clinical staff had lead roles outside of the practice. For example GP trainer, one GP was part of the Area Prescribing Committee and another part of 'Q'. Q is an initiative connecting people with improvement expertise across the UK. It is being led by the Health Foundation and supported and co-funded by NHS Improvement.
- A wide range of meetings took place examples of which included full staff meetings, significant events, complaints, safeguarding and palliative care. Additional meetings were held regularly with the team leader, partners, clinical and nursing team and dispensing staff. The practice was flexible with their meetings and held meetings across the week to ensure that all staff had met with the management team in any given week. All minutes were available for staff to view electronically.

- The practice had a comprehensive understanding of the needs of their patient population and local community and worked proactively with others in the provision of health care and support services.
- Weekly communication updates as well as minutes of meetings were available to staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Alongside audits the practice also carried out a range of Quality Improvement Projects.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice actively involved and encouraged all staff to be involved in this process.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was a strong collaboration, commitment and a common focus on improving quality of care and people's experiences. The leaders demonstrated they had an inspiring shared purpose. The leaders drove continuous improvement. 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). The partners encouraged a culture of openness and honesty. All staff were invited to significant event/complaint review meetings and openly shared the minutes of these meetings for staff who could not attend.

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

- 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, particularly by the partners in the practice. All staff were

Are services well-led?

Outstanding



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

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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every six weeks representing a cross-section of the demographic of the population. The group had helped set up many initiatives, one example being organising free cardio pulmonary resuscitation (CPR) courses hosted at the practice for patients. There had been four courses in the last 12 months. Their input had helped improve communication with patients and the public via an improved website, a welcome board in the reception and newsletters.
- The practice had gathered feedback from staff through team meetings, appraisals and discussion. The practice also carried out staff surveys one being a 'staff culture survey'. All staff had been involved in writing the practice mission statement. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice responded to all feedback from patients. For example, the practice met bi-annually following the publishing of the GP patient survey results. They reviewed the results and produced an analysis and action plan to address any areas where they needed improvement or where praise needed to be given to staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes and practice initiated schemes to improve outcomes for patients in the area. The practice demonstrated they were proactive in their approach to seeking out and improving the patient experience. We were provided with many examples to demonstrate this. The practice had recently made an improvement bid for a grant to reconfigure the practice, some of the proposed changes including creating additional consulting rooms and rooms for other visiting professionals to utilise. The practice was acutely aware of the steady increase in the population of the area and future local plans which may increase that further. The aim of the changes was to vastly increase the capacity to improve delivery and accessibility to healthcare services for patients, including improvements to the provision of appointments and closer alignment with local strategic health plans. Another example was the practices participation in the TAPS programme.

As well as continuous learning the practice demonstrated they were innovative in their approach to managing challenges. We were provided with many examples to demonstrate this.