

# Mowbray House 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?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mowbray House Surgery 30 November 2016. Overall the practice is rated as good.

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

- 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.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Improvements were made to the quality of care as a result of complaints and concerns. When a complaint related to any aspect of clinical work it was raised as a significant event.

- 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 and pre bookable appointments available.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour. (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).

We saw several areas of outstanding practice:

# Summary of findings

- The practice had developed an acute care team which included paramedics employed by the practice responding to acute care needs and requests for home visits.
- The practice had developed a range of patient leaflets to inform patients prescribed certain medicines such as anti-inflammatory medicines, diuretics and diabetes medicines what they should do if they become unwell with conditions such as diarrhoea and vomiting. The administration staff had created a clinical software tool which prompted the prescriber to offer a 'sick day rules' leaflet to the patient.
- Implement expiry date checking of medicines at Mowbray House.
- Follow standard operating procedures in relation to cold chain storage to ensure compliance with national guidelines.
- Manage Patient Specific Directions in line with national guidance.
- Patient's records are appropriately updated after review has taken place.

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

The practice SHOULD:

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was discussed at the practice meetings, investigated immediately and shared with the team. There was a standing agenda item for all meetings which allowed staff to raise any concerns.
- When things went wrong the practice had in place a policy to ensure patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, the process for monitoring fridge temperatures by the nurses needed improving.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.
- The process for the management of Patient Specific Directions required review to ensure it was in line with national guidance.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, supervision and personal development plans for staff which linked to the practices needs.
- The practice worked closely with other agencies and provided a work base for community nursing and visiting services such as the community psychiatrist.

Good



# Summary of findings

- Staff were proactive in supporting patients to live healthier lives through a targeted and practice approach to health promotion and the prevention of ill health.

## Are services caring?

The practice is rated as good for providing caring services.

- 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. We were given many examples where the staff had gone the extra mile.
- 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 confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- There was a proactive approach to understanding the needs of different patient groups and to delivery care that met their needs.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG).
- Patients could access appointments and services by telephone, online or in person.
- The practice accommodated a number of staff from other health service who delivered services in the practice. Examples of these were Midwives and mental health services.
- There was an active review of complaints and how they are managed and responded to and improvements were made as a result.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and held regular management and team meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) who worked with the practice to improve patient care.
- There was a strong focus on continuous learning and improvement at all levels. The practice supported the training of GPs and medical students.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home and urgent appointments for those with enhanced needs.
- The practice had a process in place to regularly visit patients in care homes.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. Those patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed. Care plans were reviewed and discussed.
- The GPs reviewed 111 contacts and planned follow up care as necessary.
- The practice offered a home delivery service to those patients registered with the dispensary and unable to collect their prescriptions.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a joint approach in managing these patients with community and district nurses. The practice promoted self-management by using care plans for asthma and Chronic Obstructive Airways Disease (COPD).
- Patients with COPD, asthma and diabetes were managed by nurse led clinics and GPs. Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 90% compared to the CCG of to the national average of 83% and the CCG average of 80%.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met.
- The practice promoted self-management for some long term conditions and referred patients for ongoing support where required.

## Families, children and young people

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

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 83% compared to the local CCG average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The staff informed the GP of any request for a same day appointment or visit for a child so that they could be triaged quickly.
- We saw positive examples of joint working with multidisciplinary teams, midwives health visitors and school nurses.
- The practice provided access to contraception and screening for sexually transmitted diseases (STDs).
- The practice offered six week post-delivery checks for mothers and babies.

Good



## Working age people (including those recently retired and students)

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

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

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and provided a supportive and non-judgemental approach. Examples of these patient groups were people with drug and alcohol problems and those living with a learning disability. There were same day appointments available for those in crisis
- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice, 40% of patients on the register had received an annual review.
- The practice had a named nurse and GP for learning disabilities. The practice regularly worked with other health care professionals in the case management of vulnerable patients. 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 held regular Gold Standards Framework (GSF) palliative care meetings to discuss and agree care plans. It involved the practice working together as a team and with other professionals in hospitals, hospices and specialist teams to provide the highest standard of care possible for patients and their families.

Good



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

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

- Nationally reported data from 2014/2015 showed 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, compared to the local CCG average of 86% and the national average of 84%.
- Nationally reported data showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 95%, which was 1% below the CCG average and 4% above the national average.
- The practice undertook regular patient reviews in their own home or in the surgery. Those patients who had not attended were followed up with an invitation letter or with a phone call.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice held monthly meetings with the community psychiatrist to discuss dementia care plans.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients suffering acute mental health issues were seen on the same day and had access to the crisis team locally.
- 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.
- Patients on medicines requiring regular monitoring and where the practice shared their care with mental health services were monitored regularly.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above the CCG and national averages. 220 survey forms were distributed and 119 were returned. This represented 0.6% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 90% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the to the CCG average of 92% national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 94% and the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 90% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 completed comment cards which were all positive about the standard of care received. Patients described the exceptional care they received from all staff at the practice. They referred to staff going the extra mile on many occasions. An example of this was a patient who was injured and did not have transport was attended to by the GP brought into the surgery for treatment and then taken home again by the GP. Practice staff were described as 'the best', 'excellent', approachable, 'attentive'.

We received feedback questionnaires from 17 patients during the inspection and spoke with two patients members of the patient participation group. All patients said they were happy with the care they received and thought all staff were polite caring and they received good care.

# Mowbray House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, and included an inspection manager, a GP Specialist Adviser and a pharmacy inspector.

## Background to Mowbray House Surgery

Mowbray House Surgery, Malpas Road, Northallerton, North Yorkshire DL7 8FW

is situated in the town centre of Northallerton with a branch surgery at Hutton Rudby village. The main practice is housed in a purpose built medical centre and owned by the partners. There is parking with some of the patients living within walking distance and there is limited access to public transport. The branch surgery is housed in a converted building in the centre of the village of Hutton Rudby. The practice also hold weekly branch surgery at Appleton Wiske, we did not visit this location as it was closed at the time of the inspection. The practice covers a wide rural area. There are 19792 patients on the practice list of which 8900 were registered as patients using the dispensary. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

There are eight GP partners four male, four female. There are six salaried GPs four female and two male. There is one advanced nurse practitioner, six practice nurses, five health care assistant (HCA) and an attached urgent care practitioner. There is a practice manager, departmental

leads and administrative staff. The practice has a dispensing technician and dispensing staff working across both sites. The practice works closely with the clinical commissioning group (CCG) and federation.

The practice is open from 8am to 6.30pm, Monday to Friday. The practice provides extended hours one evening per week until 8pm and on a Saturday morning from 8.30am until noon. Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's emergency service which is manned by a team of local GPs and operates from Northallerton between the hours of 6.30pm to 8 am and all day on Saturdays, Sundays and Bank Holidays. The practice holds a General Medical Service (GMS) contract.

## 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.

# Detailed findings

## 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 30 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, and HCA, dispensary and administration staff.
- We distributed questionnaires to patients attending the practice on the day of the inspection and spoke with patients.
- Observed how patients were being cared for.
- Reviewed comment cards and questionnaires where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager or the GPs of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 an analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. Significant events were a standing item on meeting agendas and these meetings occurred regularly. The results were shared with staff at meetings where the investigation and action plans were discussed and learning actions for the individual clinician and the practice were identified. For example following a patient taking certain medicines developing dehydration which led to Acute Kidney Injury. The practice developed 'sick day' information leaflets to be given to patients taking certain medicines and alerting them to what action they should take if they become unwell with diarrhoea and vomiting. All patients taking these medicines were given a leaflet attached to their next prescription and there was also an alert on the patient records reminding GPs to give the information leaflets. We saw that the practice had also held education sessions for all staff following this and other significant events.
- 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.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. 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 what constituted abuse and 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 when possible and always provided reports where necessary for other agencies. We saw examples of the clinical staff working with other organisations to address safeguarding concerns. One of the GPs had visited the Local Authority spending a day with the teams which has led to improved communication across the services. Staff demonstrated they understood their responsibilities and provided examples of when they would raise a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to child protection or child safeguarding level two and three.
- All of the patients who completed the patient questionnaires were aware they could ask for a chaperone. Clinical staff acted as chaperones and they were trained for this 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. One of the practice nurses was the infection control clinical lead. The nurse had completed infection control training on line. There were infection control policies and procedures in place. The practice completed infection control audits every three months.
- The practice had spillage kits for blood, urine and vomit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Prescriptions were dispensed at Mowbray House and Hutton Rudby Surgery for patients who did not live near a pharmacy.

### Overview of safety systems and processes

## Are services safe?

- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.
- Medicines expiries were checked at Hutton Rudby on a monthly basis using the dispensary computer system however Mowbray House had no formal process in place. All items we checked on the day of inspection were in date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- The practice held stocks of controlled medicines (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs were carried out on a regular basis.
- There was a system in place for the monitoring of high risk medicines and we saw how this kept patients safe.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. We were shown a near miss (a record of dispensing errors that have been identified before medicines have left the dispensary) folder which demonstrated learning points and discussion after near misses had been identified. These errors were also discussed at frequent meetings with the lead GP for the dispensary. National patient safety alerts and medicines recalls were appropriately managed.
- All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We saw evidence of how staff managed review dates of repeat prescriptions however on some occasions patient review dates had not been updated on their patient record. We were told by the practice how they managed medicines which had not been collected and we saw evidence of how this worked on the day
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures however this was not always being followed by practice staff. For example, in the fridges used to store vaccines and medicines, we found seventeen missed temperature recordings during the period of October 2016 and November 2016. Following the inspection the practice provided evidence that this had been addressed.
- Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance however we found the practice could not provide us with the appropriate PSD (Patient Specific Direction) paperwork to comply with national guidance. Following the inspection the practice provided assurance that this had been addressed.
- Prescription pads were stored securely and there were systems in place to monitor their use.
- We reviewed four personnel files and found 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. We saw that the performers list assurance checks, revalidation and safeguarding training were undertaken for the locum doctors working in the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had regular fire drills carried out during the past year. The staff we spoke with were fully aware of what to do in the event of a fire.
- 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, including control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

## Are services safe?

enough staff were on duty. Staff told us that they supported each other by covering shifts when staff were on sick leave or holidays and there was a policy in place to ensure this happened.

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

The practice had 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. Following a significant event analysis this had been improved further to instantly identify the location of an incident.
- All staff received annual basic life support training and there were emergency medicines available.

The practice had a defibrillator and oxygen available on the premises and emergency medicines. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had undertaken audits following the National Institute for Health and Care Excellence (NICE) to ensure guidance were being followed.

### 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 (2015/16) showed the practice achieved 99.7% of the total number of points available. This practice was not an outlier for any areas of QOF (or other national) clinical targets. Data from 2015/16 showed;

- Performance for diabetes related indicators was 98% which was 2.9% above the local CCG average, and 8.3% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was 2.4% above the national average and 0.1% below the local CCG average.
- Performance for mental health related indicators was 100% which was 2% above the local CCG average and 7% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been 19 audits undertaken in the last 12 months. We looked at two audits were two cycles had been completed. The practice participated in local audits, national benchmarking, accreditation and peer review. Examples of audits undertaken by the practice were medicines, cancer referrals and retinal screening.

Examples of improvements made following audit were the improved triage for home visit requests and direct communication between the GP triaging the home visit and the paramedic undertaking the visit. The practice had also developed a policy and protocol for informing women if an infection was found following cervical cytology. They also sent out a letter explaining to the women the results of the cervical cytology, and, should an infection have been found how to recognise the symptoms that may require treatment and when they should contact their GP.

- Information about patients' outcomes was used to make improvements, for example ensuring the templates required for screening patients and prescribing guidelines were available on the information system used by the practice.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with a long-term condition. The practice was a teaching practice for GP trainees and medical students.
- 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 and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating. The staff had received an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of training modules, local courses and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. When required these meetings were more frequent.

### Consent to care and treatment

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

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

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

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and minor ailments. Where appropriate, patients were then signposted to the relevant service.
- Smoking cessation advice was available within the practice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also 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.

Childhood immunisation rates for the vaccinations given were comparable with the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 91% to 96%.

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 for healthy heart and lungs. 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

There was a strong, visible, person-centred culture. Staff were highly motivated and inspired

to offer care that was kind and promoted people's dignity and provided close to home. Many patients had transport issues and there were a large number of home visits. Relationships between patients who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

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.

All of the 24 patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. People told us that staff went the extra mile and the care they received was good and met their expectations. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. All of the comment cards highlighted that staff responded compassionately and respectfully when they needed help and provided support when required.

The practice was similar to or above the local CCG averages and the national averages for its satisfaction scores. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 95% of patients said the GP was good at listening to them compared to the local CCG average of 92% and the national average of 87%.
- 93% of patients said the GP gave them enough time compared to the local CCG average of 92% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 98% and the national average of 95%.
- 97% 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 91% and the national average of 85%.
- 97% 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 95% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 93% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients commented that they received timely access to other services, clear explanations and choice from the GP. 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 similar to or better than the local CCG and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 92% and the national average of 86%.

## Are services caring?

- 83% 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 88% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 89% 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 or were unable to communicate verbally.
- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers; this was 0.4% of the practice list. The practice had a named GP lead for carers. All patients identified as carers were offered support and an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

The practice had developed a protocol to ensure when families had suffered bereavement; their usual GP contacted and visited them. We saw bereavement information available in the practice waiting area. All end of life care was provided by the practice and patients and their carers were provided with the GPs contact details out of hours.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice. Medicines optimisation helped patients to make the most of medicines they take. The practice was in the process of recruiting a practice pharmacist.

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, older patients and those who were vulnerable. The practice employed a practice nurse with experience of caring for patients with learning disabilities.
- Home visits were available for those patients who requested them such as older patients and patients who had needs which resulted in difficulty attending the practice. There was a process in place for the duty GP to triage these requests.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice also provides care to their patient at the local community hospital.
- The practice offered patients acupuncture with three of the GPs qualified in this area. One of the GPs also offered motivational interviewing. Motivational interviewing is a counselling method that involves enhancing a patient's motivation to change behaviours.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered one evening per week with GP consulting times running from

6.30pm till 8pm and on a Saturday morning between 8.30am and noon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the CCG and the national average.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits

### Listening and learning from concerns and complaints

The practice had 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.
- Information was available to help patients understand the complaints system, for example the practice had a complaints summary leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice had a process in place to regularly review succession planning.
- Practice specific policies were implemented and were available to all staff. However we saw that the practice had failed to record the author or version control for some of the policies.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a strong culture of team working culture across all staff. Staff told us they were happy working in the practice. The practice regularly rotated the administrative staff to ensure they were skilled in all areas.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GPs and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs, nurses and managers were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held weekly clinical meetings and produced a weekly news update email 'read all about it' to keep staff informed. We saw the minutes of the various meetings which confirmed good communication across the staff.
- 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. The practice had recently added fixed agenda items staff to raise concerns and issues such as quality and improvement activity and safeguarding.
- Staff said they felt respected, valued and supported, particularly by the GP's and management team. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered. The practice had held a team building and training events. The practice had also held a summer staff and families fun day.

### 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.

# Are services well-led?

Good 

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

- The practice had a proactive well established PPG who were active in supporting the practice and raising funds to provide equipment. They gathered feedback from patients, commented on future developments and contributed to practice developments. Examples of these were the development of electronic checking in the dispensary to reduce errors, suggestion box, and a new patient call system with voice name call of patients and the use of screens for health promotion. We saw that the PPG had been involved in the planned merger with another practice locally attending joint meetings.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice had developed a management structure with clear lines of responsibilities.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had identified their future challenges and concerns. They had produced a clear list of developments for the future. In April 2017 they planned to merge with another practice in Northallerton and improve the services they offered to patients.