

Stockwell Road 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?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

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 Stockwell Road Surgery on 25 September 2015.

Overall the practice is rated as outstanding.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Feedback from patients about their care and treatment was consistently positive. They said they

were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. People thought staff went the extra mile.

- Staff demonstrated a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. They were acutely aware of people's personal, cultural, social and religious needs.
- Information about services and how to complain was available and easy to understand.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care.
- People could access appointments and services in a way and at a time that suited them. Patient feedback and data showed they found it easy to make an appointment and that there was continuity of care,

Summary of findings

with urgent and non-urgent appointments available the same day. We were provided with examples to demonstrate how practice staff had responded to the needs of patients.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- An organisation called Carers Resource set up an information stand in the practice reception area when the practice ran their influenza clinics.
- Most of the patients at a local care home were patients of Stockwell Road. A GP partner visited the home weekly. They had established effective working relationships with the home and had put in place a system of patient review on a rotating basis. Through collaboration with other medical professionals, prescribing of certain medicines had been

substantially reduced. The appropriateness of DNAR orders had been addressed ensuring that informed discussion about end of life preferences had occurred, increasing the number of DNAR orders in place.

- The practice had put in place a comprehensive and closely monitored appointment system to ensure patients could access appointments when they needed them. They could demonstrate the impact of this by lower than national average emergency admissions, attendance at accident and emergency (A&E) and feedback from patients.

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

Importantly, the provider should:

- Carry out regular fire drills so that staff can respond quickly in the event of a fire
- Ensure regular infection control audits are carried out and actions put in place to address identified issues.
- Ensure a programme of clinical audit is in place.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted and how patients and their family were supported through difficult times. The practice was acutely aware of people's personal, cultural, social and religious needs. For example, the practice had provided training for staff on a particular area that related to one patient's personal circumstances so as to raise staffs awareness. Views of external stakeholders were very positive and aligned with our findings.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. It 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. People's individual needs and preferences were central to

Outstanding



Summary of findings

the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent and non-urgent appointments available the same day. We were provided with examples to demonstrate how practice staff had responded to the needs of patients. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. The practice could clearly demonstrate their vision in the short, medium and long term. Records showed succession planning and plans for the future were discussed. There was a clear staff structure in place and staff felt supported by management. There were systems in place to monitor and improve quality and identify risks. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was in the process of being re-established. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 years had a named GP. 4% of the practice population had a proactive care plan, a high proportion of these were older people.

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 and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP. All these patients had a structured annual review to check that their health and medication needs were being met. There was a comprehensive recall programme in place to mitigate the risk of patients missing their regular reviews for conditions, such as diabetes, respiratory and cardiovascular problems. We heard from patients that staff invited them for routine checks and reviews. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Staff were skilled and regularly updated in specialist areas which helped them ensure best practice guidance was being followed.

Outstanding



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. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. The practice promoted a culture of confidentiality for teenagers. This was confirmed by patients that provided us with feedback. Appointments were available outside of school hours and the premises were suitable for children and

Outstanding



Summary of findings

babies. We saw good examples of joint working with the community health visiting team. The practice provided a range of contraceptive, pre-conceptual, maternity and child health services with some clinical staff holding specific qualifications in these areas.

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). 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 offered extended appointments on a Wednesday evening until 8.15pm with a GP and nurse for those patients who could not attend during normal opening hours. Telephone appointments and home visits were available and patients could communicate with the practice via e-mail. The practice was proactive in offering online services such as appointment booking and an electronic prescribing service. A full range of health promotion and screening that reflected the needs for this age group was available.

Outstanding



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 had care plans in place for 4% of their population who were vulnerable or at risk of unplanned admission. Systems were in place to ensure a care plan was put in place as soon as a patient was identified by the GP as being vulnerable. Longer appointments were available for patients who required them. The practice cared for most of the patients at a local care home. A GP partner visited the home weekly. They had established effective working relationships with the home and had put in place a system of patient review on a rotating basis. Through collaboration with other medical professionals, prescribing of certain medicines had been substantially reduced. The appropriateness of do not attempt resuscitation (DNAR) orders had been addressed ensuring that informed discussion about end of life preferences had occurred, increasing the number of DNAR orders in place.

The practice held regular monthly multi-disciplinary meetings where vulnerable patients including those on the unplanned admissions register were reviewed. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and

Outstanding



Summary of findings

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.

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). 93% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice participated in shared care arrangements for monitoring patients on certain medicines.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including dementia forward, MIND and Harrogate advocacy service. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Outstanding



Summary of findings

What people who use the service say

Results from the National GP Patient Survey published in July 2015 showed the practice was performing above the CCG and national averages. Of the 23 questions directly related to the practice, all of the results were above the CCG and national average. There were 265 surveys sent out and 135 surveys returned which represents 2% of the practice population.

98% described their overall experience of this surgery as good compared with a CCG average of 87% and a national average of 78%.

91% would recommend this surgery to someone new to the area.

99% find it easy to get through to this surgery by phone compared with a CCG average of 89% and a national average of 73%.

70% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.

91% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 78% and national average of 75%.

99% find the receptionists at this surgery helpful compared with a CCG average of 92% and a national average of 87%.

95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85%.

99% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.

92% describe their experience of making an appointment as good compared with a CCG average of 84% and a national average of 73%.

70% feel they don't normally have to wait too long to be seen compared with a CCG average of 66% and a national average of 58%.

Results from the last three months of the Friends and Family test showed that of the 14 responses, all were extremely likely to recommend the practice.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all extremely positive about the standard of care received. We received feedback from the care home the practice supported which was extremely positive. Reception staff, nurses and GPs all received praise for their professional care. Patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion, dignity and respect.

Areas for improvement

Action the service SHOULD take to improve

- Carry out regular fire drills so that staff can respond quickly in the event of a fire

- Ensure regular infection control audits are carried out and actions put in place to address identified issues.
- Ensure a programme of clinical audit is in place.

Outstanding practice

- An organisation called Carers Support set up an information stand in the practice reception area when the practice ran their influenza clinics.
- Most of the patients at a local care home were patients of Stockwell Road. A GP partner visited the home

weekly. They had established effective working relationships with the home and had put in place a system of patient review on a rotating basis. Through collaboration with other medical professionals, prescribing of certain medicines had been

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substantially reduced. The appropriateness of DNAR orders had been addressed ensuring that informed discussion about end of life preferences had occurred, increasing the number of DNAR orders in place.

- The practice had put in place a comprehensive and closely monitored appointment system to ensure

patients could access appointments when they needed them. They could demonstrate the impact of this by lower than national average emergency admissions, attendance at accident and emergency (A&E) and feedback from patients.

Stockwell Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a shadowing CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to Stockwell Road Surgery

Stockwell Road Surgery is located in Knaresborough covering rural and urban areas. There are 6,717 patients on the practice list. Ethnicity in the latest census results shows the area to be 98% white. Deprivation is on the ninth least deprived decile.

There are four GP's (one which is currently on secondment), three salaried GP's (one of which is currently not working at the practice) and one GP registrar. There are three practice nurses and a health care assistant. There is also a practice manager and deputy manager, a clinical data manager, reception and administrative staff. The practice is open between 8am and 6pm Monday to Friday with extended appointments offered on a Wednesday evening until 8.15pm. Appointments are pre-booked, offering morning appointments between 8am to 11am and afternoon appointments between 2.30pm and 5.30pm, Monday to Friday.

Stockwell Road is a teaching practice. The practice is involved in the training of doctors who are preparing to enter general practice and join the practice for a period of six months to gain experience under supervision. Medical students from the University of Leeds also regularly spend time at the practice.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Harrogate District Foundation Trust.

The practice has a General Medical Service (GMS) contract and also offers a range of enhanced services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 25 September 2015
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice monitored the outcome and reviewed any changes. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they raised any incidents with their manager. All complaints received by the practice were recorded and responded to appropriately. The practice formally reviewed their significant events at bi-annual meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice reviewed and amended certain guidance related to compression bandaging for patients.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice held bi-annual NICE meetings to review the practices adherence to NICE and other guidelines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The staff were clear about the number of patients that were currently safeguarded and provided examples where safeguarding referrals had been made, often working in conjunction with other agencies. All staff had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone service was available if

required. Staff who acted as chaperones had been trained and also had a disclosure and barring check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and risk assessment in place. The practice had an up to date fire risk assessment but regular fire drills were not carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were mostly followed. We observed the premises to be clean and tidy. A 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 and staff had received up to date training. Some checks were carried out on areas such as cleanliness. However, no infection control audits had been carried out and there was no action plan in place to identify some areas that needed addressing. For example, the storage of re-usable equipment prior to collection, the quality of the medication cool-box, the use of non-foot operated bins in some toilets and elbow taps.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the eight staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had a defibrillator available on the premises and oxygen with adult and

children's masks. Staff had been trained to respond to an emergency. There was also a first aid kit and accident book 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 fit for use.

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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, the practice had recently invited a consultant physician to review patients with atrial fibrillation. Their care was reviewed which helped to ensure appropriate anti-coagulation choices were offered to patients. The practice monitored that these guidelines were followed through regular clinical meetings.

The practice was a research practice and targeted their involvement in projects that would directly impact on improved care for their patients. For example, the practice was currently involved in a musculoskeletal (MSK) and diabetes research project.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, with 5% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed;

- Performance for diabetes related indicators was mostly higher than 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 was 96% compared to the national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was slightly higher than the national average.
- Performance for mental health related conditions was above the national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to 86% nationally.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was higher than the national average.
- Prescribing of certain antibiotics and non-steroidal anti-inflammatory medicines was below the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice did not have a schedule of audits, some audits were not always recorded and shared amongst the clinical team. There had been a range of clinical audits completed in the last two years, some were single cycle, some were full two cycle and some were audits that were monitored over many years. All of the audits completed showed improvements were made, implemented and monitored. For example, audits had been completed on patients who may have chronic kidney disease (CKD) and the management of long-acting reversible contraception (LARC).

The practice cared for most of the patients at a local care home. They had established effective working relationships and had put in place a system of patient review on a rotating basis. Through collaboration with other medical professionals, antipsychotic and anxiolytic prescribing had been substantially reduced. The appropriateness of do not attempt resuscitation (DNAR) orders had been addressed ensuring that informed discussion about end of life preferences had occurred, increasing the number of DNAR orders in place.

The practice provided a wide range of enhanced services. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). Examples include extended hours access, avoiding unplanned admissions and minor surgery. 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

Are services effective?

(for example, treatment is effective)

of the ES is the proactive case management of at-risk patients which required coverage of 2% of the practice population over 18 years of age. The practice had systems and identified leads in place to deliver and monitor its performance against the enhanced services and we saw completed data returns to the CCG to demonstrate the delivery of enhanced services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice closed for two hours every month for in house training and staff also had protected learning time arranged by the CCG.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Information was shared with patients via letter, telephone or text messaging. We received feedback that updates on the progress of referrals were sent to patients via text messaging.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme in place for patient reviews and recalls. The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were, with the exception of two, above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 96% to 100%. The flu vaccination rate for the over 65s was 78%, and at risk groups was 61%. These were above the national averages.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Records showed the practice had slightly over achieved the target set by the CCG in respect of offering health checks to this group of patients. The practice had recently participated in the promotion of

health checks for this age group. They had been approached by a patient who wanted to share a recording of his health check on a local hospital radio to raise awareness.

The practice participated in other local health promotion. For example a carers group was invited to the practice on influenza day where they set up a stand in the reception area.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 CQC comment cards we received were extremely positive about the service experienced. They described the overwhelming support they had received and provided a real sense of being listened to. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two other patients who would be forming part of the new patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients provided us with several examples of outstanding care. They told us they were particularly grateful for the empathy and support they had received. Staff also provided us with examples to demonstrate how staff provided a caring service to their patients and how information was shared within the practice to raise awareness of patients who may be vulnerable.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was higher than the local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 94% and national average of 89%.

- 97% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 99% patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language and one of the practice's salaried GPs had sign language qualifications.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. There was a practice register of all people who



Are services caring?

were carers and those patients that had been identified as carers were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. An organisation called Carers Resource was invited and set up a stand at the practice when they ran their influenza clinics.

Staff told us that if families had suffered bereavement, then on some occasions the GP visited them. The practice had a system in place to notify any healthcare services the patient was known to have been involved with. We were provided with multiple examples to demonstrate how well patients had been supported through difficult times and how the practice was aware of patients who may be vulnerable.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, community optimisation and keeping people at home. The practice was part of a federation of other practices in the CCG. They met regularly and explored collectively how they could improve outcomes for patients. There was evidence the group was also engaging with other partners such as Harrogate District Foundation Trust to support this work. The practice had worked with the Children and Young People's Specialist Community Nursing team to produce an easy read book entitled "Visiting the Doctors". A copy of this book was available in the waiting room.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered extended appointments on a Wednesday evening until 8.15pm for those patients who could not attend during normal opening hours.
- Telephone appointments were available for patients who could not attend the practice.
- There were longer appointments available for patients who requested them.
- Appointments were managed to avoid multiple visits to the practice. For example, GPs carried out blood tests at consultations.
- The practice did not use a triage system. All patients that requested an appointment were seen. The practice reported this was beneficial to the large traveller community.
- The practice actively supported the local travelling community by offering same day appointments, proactively chasing children for childhood immunisations and opportunistically offering immunisation and smears when patients visited for other issues. They also told us they adapted the consultation style for known patients with poor literacy.
- A dedicated GP carried out a weekly visit to a local care home and had instigated a system of patient review on a rotating basis.

- Patients could engage with the practice via e-mail. This was not currently available for e-mail GP consultation but a two way information sharing option available between the practice staff and the patient. We were provided with examples to demonstrate the positive impact this facility had had on patients.
- Electronic prescribing service was available which enabled patients to request a prescription by internet or by sending an email to the chemist of their choice.
- Home visits were available to all patients who requested them.
- Urgent access appointments were available for those patients that needed them.
- Same day routine appointments were available.
- The facilities and premises were appropriate for the services being delivered.
- Text message reminders were sent to patients for pre-booked appointments.
- For those patients who had consented and where the mobile number had been confirmed during consultation, then normal test results were sent by text message.
- A range of travel vaccines were available, including yellow fever.
- The practice housed several external clinics that patients and in some cases non patients could access. For example warfarin clinic, retinal screening and physiotherapy.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with extended appointments offered on a Wednesday evening. Appointments were pre-booked, offering morning appointments between 8am to 11am and afternoon appointments between 2.30pm and 5.30pm, Monday to Friday. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them. The practice did not operate a clinical triage system as they felt a triage system created barriers to accessing services for their more vulnerable patients, such as the large traveller community.

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



Are services responsive to people's needs?

(for example, to feedback?)

comprehensive system was in place for managing appointments to ensure they were fully optimised. People we spoke to on the day told us they were able to get appointments when they needed them. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 89% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the CCG average of 84% and national average of 73%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65%.

The practice had one member of staff dedicated to closely monitoring the appointment system. We were told access to timely appointments was vital for patients and they focussed on delivering this. We saw evidence that emergency slots were made available each day and where these had all been used then additional appointments were added to the end of surgery to ensure that patients

that needed to be seen, were seen. NHS England data showed emergency admissions and attendance at accident and emergency (A&E) was significantly lower than the national average.

Listening and learning from concerns and complaints

The practice had a 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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 14 complaints received in the last 12 months and found these were dealt with in a timely way showing openness and transparency with dealing with the complaint. Where things had gone wrong patients were offered an apology.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, training identified with individuals referred to in the complaint.

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 staff were clear they wanted to deliver high quality care and promote good outcomes for patients. The practice had a practice charter displayed on their website and aims and objectives displayed in some staff areas. Some staff were aware of these. The practice did not have a written business plan but staff could clearly articulate the plan of what they wanted and needed to achieve in the short and long term following the recent partnership changes. Partners demonstrated they were acutely aware of the challenges and areas they needed to address in the in the short, medium and long term.

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 in place. Staff were aware of their own roles and responsibilities. The staffing structure was displayed within the practice for patients to see.
- Practice specific policies were implemented and were available to all staff
- Clinical audit was used to monitor quality and to make improvements. However, the practice did not have a programme of scheduled audit in place and did not always demonstrate a shared knowledge amongst the clinical staff about what audits had taken place or were planned.
- A programme of clinical and non-clinical meetings to review practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners demonstrated that, despite the recent staffing changes that they continued to prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty and we saw evidence the practice had recently raised awareness and promoted the importance of openness and transparency amongst staff. We saw evidence that changes

to the way the appraisal process worked for some members of staff had been introduced to ensure that staff were given the opportunity to comment on management at the practice.

Staff told us that regular peer meetings were held. For example, nurse, GP and reception meetings were held. The practice did not hold whole staff meetings. Some but not all staff told us they would benefit from this. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We also noted that teams gathered for social events and staff training. Staff said they felt respected, valued and supported. It was evident the changes within the practice were shared with staff in a timely way. All the staff we spoke with told us they were involved in discussions about how to run and develop the practice and were encouraged to identify areas to improve all aspects of service delivery.

The practice shared information regarding changes in respect of staffing arrangements with patients on the practice website and in the practice. For example, the practice website informed patients of recent changes to GP's.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback at the practice and on the practice website. The practice had a virtual on-line patient participation group (PPG) in place and was in the initial stages of re-establishing and re-defining the group to make it more focussed as the previous arrangements did not work as the practice wanted it to. The new chair had been identified although the remit of the group had not yet been defined. The practice gathered feedback from patients and action plans put in place.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw evidence the practice had acted on feedback from staff in respect of concerns raised regarding workloads. They had commissioned an external review of the particular area and at the time of the inspection were awaiting the findings. 360 degree feedback was used for some staff in the practice

Are services well-led?

Good 

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

as part of the appraisal process which allowed colleagues to comment on a member of staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice also gathered feedback from Leeds University Medical Students that had worked at the practice. We looked at the last annual report and the comments were all extremely complimentary about the quality of training and support they had received and the attitude of the trainers.

Innovation

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 to improve outcomes for patients in the area. Partners from health and social care in Harrogate and District have been chosen to take a national lead on transforming health and social care. Harrogate's Vanguard site is one of only 29 in

the country to be chosen to lead the way in transforming care for local people. The aim will be to provide support to people to remain independent, safe and well at home with care provided by a team that the person knows and they can trust, set out in a universal care plan. This service will be provided by an integrated care team from community based hubs which include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector. We were told partners at Stockwell Road had committed to be part of this and were attending regular meetings in respect of this.

The practice demonstrated an innovative approach to improving services. The practice had set up its own social media page to raise awareness of the practice and share information. They had also made use of dialogue between the patient and the practice via e-mail.