

# The Spa 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 The Spa Surgery on 23 March 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked with the local boarding school to provide School Doctor services and education and support on contraception.
- 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.

### 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. 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. The practice employed its own Pharmacist to ensure prescribing practice was in line with good practice and national guidelines. The practice had 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.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and were comparable to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Overall staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### 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 in line with others for aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



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

The practice is rated as good for providing responsive services. Practice staff 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. This included supporting patients in five local care homes and school children who were residents of a boarding school in the area. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had

Good



# Summary of findings

good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver safe, effective and high quality care services to all of its patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There was an overarching governance framework which supported the delivery of good quality care, with each GP leading on specific areas of clinical 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 including giving patients reasonable support, truthful information and a written apology when something goes wrong with their care or treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 patient participation group was active. There was a focus on continuous learning and improvement.

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 good for the care of older people. Nationally reported data for 2014/2015 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. They were responsive to the needs of older people and offered home visits and rapid access appointments for those with enhanced needs. The practice worked with nine other local practices to enhance the care of patients in Care homes. The GPs visited five local care homes each week to review patients. They also provided a priority telephone number for staff at the care homes to use. A local carers association ran fortnightly drop in sessions for carers. Two direct dial telephone lines were available in the reception area so that patients could easily call for a taxi.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nationally reported data for 2014/2015 showed that the practices performance across a range of diabetes related indicators was similar to the national average. The GPs had knowledge in specific clinical area, such as dementia or palliative care and shared good practice with clinical colleagues. 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 of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice had put in place a robust recall system to ensure that patients requiring a review were not missed. For those people with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. These patients also had access to the practice pharmacist (by telephone or appointment) to discuss their medications. The practice offered additional support to patients had just been placed on insulin by calling them over the weekend to ensure that they were able to manage their new medication effectively.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk,

Good



# Summary of findings

for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with national averages for standard childhood immunisations. Children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. There was joint working with midwives, health visitors and school nurses. The practice also facilitated visits to the practice from children at the local primary school so that they could meet the GPs and nurses. Nationally reported data for 2014/2015 showed that the practice was in line with the national averages for rates of cervical screening. 75% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months; this was comparable to the national average of 75%. The practice worked with the local boarding school to provide School Doctor services and education and support on contraception.

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. The practice offered evening cervical smear and contraceptive clinics.

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

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. There was monthly meeting between the practice safeguarding lead and health visitors. The practice also had a named administrator who processed safeguarding information.

# Summary of findings

## **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 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Overall the practice performance across a range of mental health related indicators was comparable to the national averages. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice told patients experiencing poor mental health how to access support groups and voluntary organisations. The practice provided same day appointments for patients who may be experiencing poor mental health. Staff had a good understanding of how to support patients with mental health needs and dementia. The medicines management team checked every four weeks for prescriptions which had not been collected and the relevant GP was told and would follow up.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 115 were returned. This represented 0.8% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone; (CCG average of 88% and national average of 73%).
- 91% described the overall experience of their GP surgery as good; (CCG average 92% and national average of 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area; (CCG average 86% and national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were positive about the standard of care received. Patients said they were treated with dignity and respect, staff were professional, friendly and caring and their needs were responded to and they received the care they needed.

We spoke with five patients during the inspection and two members of the Patient Participation Group (PPG). The comments we received from patients indicated that they were happy with the care they received and thought staff were approachable, committed and caring. Recent comments from the Friends and Family Test showed that of the five patients who had completed a return in February 2016, 80% would be likely or extremely likely to recommend the practice to a family member or friend.

# The Spa Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to The Spa Surgery

The Spa Surgery is a purpose built surgery in the centre of Harrogate. The building is shared with two other GP practices. The Spa practice provides General Medical Services to approximately 15,000 patients living in Harrogate, Killinghall and Pannal.

The practice is a training practice and trains GP registrars and Foundation Year 2 doctors. It also teaches undergraduate medical students.

The practice has 10 GP partners, two salaried GPs and two trainee GPs. There are four male and 10 female GPs. The practice has five practice nurses, two healthcare assistants and a pharmacist. They are supported by a team of management, reception and administrative staff.

The practice is in an affluent area and has a lower than average proportion of its population who are classed as deprived. It also has a higher than average number of patients who are over 75.

The practice provides appointments between 8.00am and 6.00pm on a Monday and Friday and between 7.30am and 7.00pm on a Tuesday, Wednesday and Thursday. Out of Hours services are provided by Harrogate Hospital GP Service and are accessed through the 111 telephone number.

The practice also offers enhanced services including childhood vaccination and immunisation scheme, extended opening hours, support for people with dementia, influenza and pneumococcal immunisations, minor surgery and unplanned admissions.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 March 2016. During our visit we spoke with the practice managers, GPs, nursing staff, administrative and reception staff. We spoke with patients who used the service, including members of the Patient Participation Group. We observed how staff dealt with patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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 duty Doctor of any incidents and an incident form was completed. All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were discussed at clinical team meetings and weekly quality assurance meetings. The practice had also participated in multi-disciplinary reviews of significant events including suicide and demonstrated a collaborative approach with other providers of mental health services.

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. An example was when a referral to secondary care was missed. The practice introduced a new referral checking process where a report would be run every day to check on any referrals still awaiting an appointment and any delays would be followed up.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the 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. When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level three.

A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Although action was taken the action plan could have been improved if key action had been allocated to specific members of staff with dates for when the action should be completed by.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice also employed their own Pharmacist who undertook regular reviews of both individual patients' prescriptions and also carried out regular medicines audits. They used data from the CCG to monitor their prescribing practice and ensure they were following best practice guidelines for safe prescribing. The practice was below the local and national averages for the prescribing of broad spectrum anti-biotics. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body. The

## Are services safe?

practice were in the process of undertaking checks through the Disclosure and Barring Service for all clinical staff and we saw staff files where this had been completed and one where it had been requested.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises. These included 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 that enough staff were on duty. The practice was aware of certain times of the year when demand was high, for example after a bank holiday and they ensured that additional clinical staff were available on those days.

### Arrangements to deal with emergencies and major incidents

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The majority of medicines we checked were in date and fit for use. However we did find five vaccines which were out of date. The practice told us that these were vaccines that they no longer used and disposed of them.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through risk assessments and audits.

### 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). Recently published results showed that the practice had achieved 96.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average across the range of indicators.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national average across the range of indicators.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. These included completed audits where the improvements made were implemented and monitored. Audits included a review of patients on Lithium (a medicine to help manage mood swings). Patients on Lithium needed to have their blood tested every three months to check the lithium levels. They should also have thyroid and renal function tests every six months. The practice identified during the initial audit that 28% of the patients on Lithium had not had all of the required tests. They introduced changes to their system to ensure that patients were

identified when their tests were due. The follow up audit showed that all patients on Lithium had had the blood tests. The practice had scheduled a further audit in a year's time to monitor its performance.

### Effective staffing

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

The practice had an induction programme for all newly appointed staff. It 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 long-term conditions. Staff administering vaccinations were up to date with their training. Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other clinical staff.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. 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.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

# Are services effective?

(for example, treatment is effective)

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 services 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. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. District nurses, community midwives and health visitors also used the building for meetings so the practice had a good working relationship with these health care professionals.

## Consent to care and treatment

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those with long-term

conditions. Patients were then signposted to the relevant service. There were integrated community clinics for patients with diabetes and smoking cessation support available in the practice building.

The practices uptake for the cervical screening programme was 82%, 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 demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However data for 2014/2015 showed uptake of these screening programmes was slightly lower than the CCG and national averages and the practice was reviewing how to improve uptake in these areas.

The practice offered additional support to patients who had just been placed on insulin by calling them over the weekend to ensure that they were able to manage their new medication effectively.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 34 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and that they were treated with kindness and compassion.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them (CCG average 94%, national average of 89%).
- 95% said the GP gave them enough time (CCG average 92%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%).
- 87% said the nurse gave them enough time (CCG average 93%, national average 92%).
- 93% said they found the receptionists at the practice helpful (CCG average 92%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they spoke to was good at explaining tests and treatments (CCG average 92%, national average 86%).
- 87% said the last nurse they spoke to was good at explaining tests and treatments CCG average 92%, national average 90%).

Staff told us that translation services were available for patients who did not have English as a first language, although there was no information available on this in the reception area.

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

Notices in the ground floor shared reception area told patients how to access a wide variety of support groups and organisations. The three practices who shared the building had agreed to have a communal Health Information Zone rather than three individual ones with general information and advice for patients. Information that related to the individual practice was in their own reception area.

The practice had a carer's register and provided flexible appointments for carers. Written information was available to direct carers to the various avenues of support available to them. There was also a fortnightly drop in session to provide support to carers.

Staff told us that if families had suffered bereavement, their usual GP would usually send a condolence card and visit the family if that was appropriate, and provide advice on how to find support services.

# 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 CCG to secure improvements to services where these were identified. The practice worked with the local CCG to improve outcomes for patients in the area. This included participating in the Care Home Project where practices in the CCG area had lead responsibility for specific care homes. As part of the scheme five care homes each had a named GP, who would visit each home weekly to review care and treatment. This provided continuity of care for patients and a specific point of contact for the home in case of an emergency.

The practice also provided a School Doctor service to residents at two boarding schools in their area. They also ran contraceptive education sessions at the schools.

The practice also offered:

- Appointments from 7.30am and up until 7.00pm three days a week for patients who could not attend during normal opening hours.
- Longer appointments for patients with a learning disability or complex health needs.
- Home visits for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Travel vaccinations.
- Disabled facilities including a hearing loop.

### Access to the service

The practice provided appointments between 8.00am and 6.00pm on a Monday and Friday and between 7.30am and 7.00pm on a Tuesday, Wednesday and Thursday. Out of Hours services were provided by Harrogate Hospital GP Service and were accessed through the 111 telephone number. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were

available on the day for people that needed them. The practice reviewed the availability of appointments on a weekly basis and released, previously embargoed appointments, if access to pre-bookable appointments was limited.

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

- 82% of patients were satisfied with the practice's opening hours (national average 78%).
- 87% of patients said they could get through easily to the surgery by phone (national average 73%).
- 81% of patients said they were able to get an appointment when they needed to see or speak to a GP or nurse (national average 76%).

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system, this included information in reception, in the practice leaflet and on the website. Patients we spoke with were aware of the complaints process.

We looked at 14 complaints received in the last 12 months. They were satisfactorily handled and dealt with in a timely, open and transparent way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, ensuring that letters or enquiries from patients which were addressed to their named GP were seen by that GP and not just the duty doctor.

# 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 create a caring environment to provide safe, effective, high quality care services to meet the needs of all of their patients. Staff knew and understood the values and the practice had a business plan and practice development plan which reflected the vision and values and monitored progress against key objectives.

### 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice held weekly quality assurance meeting to discuss findings from audits, complaints and significant events.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They 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 regular clinical and administrative team meetings. Each clinical and non clinical staff group met each week.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which the practice communicated with, and sought views and opinions from regularly, through email. It had also held a face to face meeting in December 2015 and planned to hold these every three months. Changes included improving the practice website to make key information easier to find.

The practice gathered feedback from staff through individual discussions, appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

# Are services well-led?

Good 

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

team was forward thinking and part of local schemes to improve outcomes for patients in the area. This included being part of the care home project where practices in the CCG area had lead responsibility for specific care homes. As part of the scheme the practice support five care homes,

with each having a named GP, who would visit weekly to review care and treatment. The practice had also decided to employ its own pharmacist to monitor the effective use of medicines.