

Lambert Medical Centre

Quality Report

2 Chapel Street
Thirsk
YO7 1LU
Tel: 01845 523157
Website: www.lambertmedicalcentre.co.uk

Date of inspection visit: 14 October 2015
Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	11
Background to Lambert Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lambert Medical Centre on 14 October 2015.

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.
- 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.

- Data showed the practice was rated higher than the local and significantly higher than the national average for its satisfaction scores on consultations with GPs and nurses and their involvement in planning and making decisions about their care and treatment and results. Staff demonstrated a strong, visible, and person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted 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.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent and non-urgent appointments available the same day.

Summary of findings

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

We saw some areas of outstanding practice:

The practice actively supported carers. They had a register of carers and supporting policy. Carers were offered additional support. For example, they were offered an annual health check and influenza vaccine. The practice provided patients with a new carers pack. It contained information on what health checks they could receive at the practice and a wide range of literature and contact details to ensure they understood the various avenues of support available to them. They also provided

information on the practice website and in their patient newsletter. Thirsk Carers had recently attended the practice area to raise awareness of their work for patients visiting the practice.

The practice had a lead nurse for dementia care who held a dementia care diploma. They had well established relationships with the Alzheimer's Society and actively supported patients with dementia incorporating the Alzheimer's Society 'This is me' into their care plan templates. They recorded functioning information about patients to allow the practice to enable and support patients with dementia. The lead nurse was in the process of auditing individuals and their outcomes after assessment and to identify those patients that needed to be followed up.

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 report incidents and near misses. For example, we were shown the investigations and significant event analysis that had been carried out and the action taken. Staffing levels and skill mix was planned and reviewed. Appropriate arrangements were in place for the management of medicines. The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements. The practice had arrangements in place to respond to emergencies and other unforeseen situations.

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. 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 patients were supported. The practice was aware of people's personal, cultural, social and religious needs. Staff had been trained in equality and diversity.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted upon suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). It reviewed the needs of its local population and engaged with the NHS England Area Team and

Good



Summary of findings

Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We found urgent and routine appointments were available the same day. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy with specific short, medium and long term goals which were monitored. 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 were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted upon. Staff had received induction, 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 good 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.

2% of the practice population had a proactive care plan; 86% of these were older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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 practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice was part of the nursing integration project in the area. The aim of the CCG initiative was to enhance integration between all Thirsk nurses. The project aimed for smarter team working, house bound patients receiving equivalent chronic disease reviews and more patients having access to advanced care planning. The project was in its infancy but the practice had already developed much closer multi-disciplinary working involving three local GP surgeries, district and practice nurses and community matrons.

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

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

Good



Summary of findings

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 and we saw evidence of this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with the community health visiting team with formal monthly health visitor/school nurse meetings. The practice provided a range of contraceptive, pre-conceptual, maternity and child health services.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was open between 8am and 6.30pm Monday to Friday with a range of appointments available from this time, ranging from pre-booked, open surgery (morning only) and home visits. Extended hours surgeries were offered on alternate Mondays and Tuesdays from 6.30pm to 8.30pm. Telephone appointments and home visits were available. The practice was proactive in offering online services such as appointment booking and ordering repeat prescriptions. A full range of health promotion and screening that reflected the needs for this age group was available.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those that were housebound. The practice had a lead nurse in this area who offered annual health checks to all patients with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

They proactively followed up vulnerable patients that did not attend appointments. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing,

Good



Summary of findings

documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff had been trained in safeguarding adults, children and the Mental Capacity Act 2005.

The practice had a palliative care lead GP for the CCG. The practice provided medical cover for the local Lambert Hospital which enabled access to palliative care beds allowing continuity of care for their patients. The practice provided care to patients at two local care homes. All their patients at the home had care plans which included advanced care planning. The practice visited one of the homes on a monthly basis to address non-urgent clinical issues and to review medicines.

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). The practice had maximum QOF scores for dementia and depression and participated in the dementia DES. The practice had a lead nurse for dementia care who held a dementia care diploma. They had well established relationships with the Alzheimer's Society and actively supported patients with dementia incorporating the Alzheimer's Society 'This is me' into their care plan templates. They recorded functioning information about patients to allow the practice to enable and support patients with dementia. The lead nurse was in the process of auditing individuals and their outcomes after assessment and to identify those patients that needed to be followed up.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The Improving Access to Psychological Therapies (IAPT) team had recently attended a practice meeting to update them on their services. The practice could access a range of treatment options for patients including self-help guides, stress courses, counselling, cognitive behavioural therapy (CBT) and medications.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. 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 in. Of the 24 questions directly related to the practice, all but two were above the national average. There were 254 surveys sent out and 121 surveys returns which represents 1.5% of the practice population.

95% describe their overall experience of this surgery as good compared with a CCG average of 95% and national average of 85%.

92% would recommend this surgery to someone new to the area compared to the CCG average of 91% and national average of 78%.

91% found it easy to get through to this surgery by phone compared with a CCG average of 90% 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 70% and a national average of 60%

88% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 84% and national average of 75%

95% found the receptionists at this surgery helpful compared with a CCG average of 93% and a national average of 87%.

94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 92% and a national average of 85%.

96% said the last appointment they got was convenient compared with a CCG average of 96% and a national average of 92%.

90% describe their experience of making an appointment as good compared with a CCG average of 88% and a national average of 73%.

Two results were below the national average. This showed:

54% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%

54% felt they don't normally have to wait too long to be seen compared with a CCG average of 68% and a national average of 58%.

Results from the last three months of the Friends and Family test showed that of the 114 responses, 106 were either extremely likely or likely to recommend the practice and 6 extremely unlikely or unlikely 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 33 comment cards and two e-mails (which is 0.4% of the practice patient list size). They were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us they were treated with compassion, dignity and respect. Four comment cards referenced some difficulty in always being able to access appointments in a timely way.

Outstanding practice

The practice actively supported carers. They had a register of carers and supporting policy. Carers were offered additional support. For example, they were offered an annual health check and influenza vaccine. The practice provided patients with a new carers pack. It contained information on what health checks they could receive at the practice and a wide range of literature and

contact details to ensure they understood the various avenues of support available to them. They also provided information on the practice website and in their patient newsletter. Thirsk Carers had recently attended the practice area to raise awareness of their work for patients visiting the practice.

Summary of findings

The practice had a lead nurse for dementia care who held a dementia care diploma. They had well established relationships with the Alzheimer's Society and actively supported patients with dementia incorporating the Alzheimer's Society 'This is me' into their care plan templates. They recorded functioning information about

patients to allow the practice to enable and support patients with dementia. The lead nurse was in the process of auditing individuals and their outcomes after assessment and to identify those patients that needed to be followed up.

Lambert Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lambert Medical Centre

Lambert Medical Centre is located in Thirsk. There are 8,200 on the practice list. The practice is a dispensing practice and dispenses to approximately 40% of its patients.

There are six GP partners, three salaried GP's, a nurse consultant, a senior nurse, one nurse prescriber, two practice nurses and three health care assistants. There is a senior dispenser, four dispensers and a dispensing assistant. There is also a practice manager, a summariser, an IT and administration manager and reception and administrative staff. The practice is open between 8am and 6.30pm Monday to Friday with a range of appointments available from this time, ranging from pre-booked, open surgery (morning only) and home visits. Extended hours surgeries were offered on alternate Mondays and Tuesdays until 8.30pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's 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
- 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

Detailed findings

- 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 14 October 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 systems in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice had systems in place so that all staff could easily report incidents. All incidents were regularly reviewed and acted on accordingly.

Evidence was seen of regular and effective learning from significant event monitoring, particularly in respect to the dispensing, reception and nursing teams. Learning from such events happened on a daily basis for the medical team, with plans to formalise this learning in a more structured way shortly, leading to more targeted clinical audit occurring.

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.

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 and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and lead nurse for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone service was available, if required. All staff who acted as a chaperone were trained for the role and had received 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 available. The practice had up to date fire risk assessments and regular fire drills were carried out. Information on what to do in the event of a fire was displayed in patient waiting areas. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an identified 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. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice operated a dispensing service (this means under certain criteria they can supply eligible patients with medicines directly) from their surgeries. Standard operating procedures were in place which staff followed. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- Professional support was provided to the dispensary staff by the practice doctors. We saw records showing all

Are services safe?

members of staff involved in the dispensing process had received appropriate appraisal and that there was on-going learning and training opportunities for dispensers, however we were told that formal checks of their competency were not carried out regularly as part of this process.

- We saw that requests for repeat prescriptions were dealt with in a timely way. Systems were in place for reviewing and re-authorising repeat prescriptions, providing assurance that prescribed medicines always reflected patients' current clinical needs. There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.
- Vaccines were administered by the practice nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described. Any errors were logged as incidents and investigated.
- Recruitment checks were carried out and the seven 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. This included checks for locum GP's.

- 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. All staff received annual basic life support training and resus training. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 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. The practice monitored that these guidelines were followed through regular clinical meetings and learning events. For example, the practice held in-house lunchtime learning events.

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 99.5% of the total number of points available, with 6.9% exception reporting. This practice was an outlier in one area of QOF which related to the high prescribing of certain anti-biotics. Evidence reviewed showed the practice was aware of this and had put measures in place to monitor and reduce prescribing of these medicines. Data from QOF showed the practice had scored 100% in all but one of the clinical related indicators. For example:

- Performance for chronic kidney disease (CKD) related indicators was 100% which was higher than the local CCG and England average being 2.3% percentage points above CCG average and 5.3% above England Average.
- Performance for dementia related was 100% which was higher than the local CCG and England average being 4 percentage points above CCG average, 5.5 above England Average
- Performance for mental health related indicators was 100% which was higher than the local CCG and England average being 2.6% points above CCG average and 7.2% above England average
- Performance for Chronic obstructive pulmonary disease (COPD) was 100% which was higher than the local CCG and England average being 2% above CCG average and 4% above England Average

- The one below 100% related to the performance for diabetes related indicators. This was however still mostly above the local CCG average and overall significantly better than the national average. For example, the practice was 98.8% in this area; 3.9 percentage points above the local CCG average and 9.6 above England Average
- Accident and emergency admissions were below the national average at 233 compared to the national average of 329. Admissions to secondary care for CHD, asthma, dementia and diabetes were 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. Evidence was seen for two recently completed 2-cycle audits - one on best practice in contraceptive coil insertion and one on monitoring anti-coagulation medication. Both audits led to improved patient outcomes. In addition, evidence was noted of a range of surveys leading to improved patient care.

The practice had maximum QOF scores for dementia and depression and participated in the dementia DES. The practice had a lead nurse for dementia care who held a dementia care diploma. They had well established relationships with the Alzheimer's Society and actively supported patients with dementia incorporating the Alzheimer's Society 'This is me' into their care plan templates. They recorded functioning information about patients to allow the practice to enable and support patients with dementia. The lead nurse was in the process of auditing individuals and their outcomes after assessment and to identify those patients that needed to be followed up.

The practice participated in applicable local audits, national benchmarking, accreditation and peer review. The practice was planning on becoming a research practice in the future and a GP at the practice had recently undertaking training to help facilitate this.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice closed for half a day every quarter for in house training. Staff also had protected learning time arranged by the CCG.
- The practice had a broad ranging staff skill mix with a wide range of qualifications. For examples, the practice had nurse practitioners and prescribers, a nurse with a degree in diabetes, frontline nursing leadership and lead dementia nurse. There was a dermatology specialist GP, elected Local Medical Council (LMC) lead, CCG palliative care GP lead and anti-coagulation lead GP. Health care assistants working towards a health care assistant certificate, dispensers with NVQs in dispensing and administration staff with NVQs in business administration and leadership.

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 or to weekend services which was particularly important for their vulnerable patients.

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 ongoing 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 a wide range of multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, Gold Standards Framework meetings which involved district nurses, community matrons, and the Macmillan nurse. An unplanned admissions DES meeting which involved district nurses and community matrons and Liaison meeting which involved district nurses, Community Mental Health Team, housing and carers association, physiotherapist/occupational therapist where vulnerable patients known to the group were discussed.

All staff had been trained in information governance. They demonstrated a clear understanding of their role in protecting patient information. They actively followed national guidelines in respect of this.

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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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, cancer reviews 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. Patients who may be in need of extra support were identified by the practice. The practice

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

had a range of health promotion literature throughout the practice and on the practice website. For example, chlamydia screening kits were available throughout the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was comparable to other practices. The practice performance was 81% compared 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 mostly slightly above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 99% compared to

the local CCG which ranged from 92% to 97% and five year olds from 92% to 100% compared 91% to 96%. The flu vaccination rate for the over 65s was 77% compared to the national average of 73% and at risk groups was 52% which was equal to the national average.

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.

The practice provided a range of contraceptive, pre-conceptual, maternity and child health services such as bi-monthly health visitor clinics and weekly midwife led antenatal clinics.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very 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. Staff were aware of their role in protecting patient information and actively managed this. For example, the practice wrote to patients who were 14 years of age to inform them that as they were now 14, access to their online records had been switched off. This was to prevent online access for parents, guardians or carers. The letter was seeking permission for the patient to grant continued access for parents, guardians or carers to their records and if not to arrange an appointment with a GP for the patient to have their competency to make their own decisions assessed.

All of the patient feedback we received was positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. 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. We received a wide range of examples to demonstrate how patients were supported. For example by physically helping patients to prepare to attend hospital.

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:

- 98% said the GP was good at listening to them compared to the CCG average of 95% and national average of 89%.
- 96% 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 99% 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 96% and national average of 90%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 93% 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 and results were higher than local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 86%.
- 93% 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. We saw notices in the reception areas informing patients this service was available.



Are services caring?

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 actively supported carers. They had a register of carers and supporting policy. Carers were offered additional support. For example, they were offered an annual health check and influenza vaccine. The practice provided patients with a new carers pack. It contained information on what health checks they could receive at the practice and a wide range of literature and contact details to ensure they understood the various avenues of support available to them. They also provided information

on the practice website and in their patient newsletter. Thirsk Carers had recently attended the practice area to raise awareness of their work for patients visiting the practice.

The practice had a system in place to notify practice staff and any healthcare services of bereaved patients. Bereaved families or patients were contacted or offered advice on how to access support services. The practice had a system in place to ensure that all bereaved families were contacted. We were provided with multiple examples to demonstrate how patients and their families were supported during time of bereavement.

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, the practice was part of a CCG led nursing integration project in the area with the aim being to enhance integration between all Thirsk nurses. The project aimed for smarter team working, house bound patients receiving equivalent chronic disease reviews and more patients having access to advanced care planning. The practice was involved in much closer multi-disciplinary working involving three local GP surgeries, district and practice nurses and community matrons. The practice was part of a federation of other practices in the CCG known as the Heartbeat Alliance. They met regularly and explored collectively how they could improve outcomes for patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on one evening per week from 6.30pm to 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for those patients who needed them.
- Urgent access appointments were available for those patients that needed them.
- Flu clinics were held on two Saturdays in the year and various weekday clinics were subsequently available.
- There were disabled facilities and translation services available. The practice did not have a hearing loop.
- The practice offered a range of clinics. For example, ante-natal (midwife) led clinics were available twice weekly. Minor surgery services were also offered at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with a range of appointments available from this time, ranging from pre-booked, open surgery (morning

only) and home visits. Extended hours surgeries were offered on alternate Mondays and Tuesdays from 6.30pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance for GPs; urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was good. People we spoke with on the day were able to get appointments when they needed them. Records showed routine appointments were available on the same day with a GP, nurse and health care assistant.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 90% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 88% and national average of 73%.
- 54% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. They demonstrated an open and transparent approach when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, improving the processes to ensure prescriptions were ready for collection within 48 hours.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategic plan in place with short, medium and long term goals that were monitored and understood by staff.

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.
- Clinical audit was used to monitor quality and to make improvements. However, the practice did not have a programme of scheduled audit in place.
- A regular 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 management at the practice had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice manager 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 partners encouraged a culture of openness and honesty and were systems in place to demonstrate for this. For example, the reporting of significant events.

Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. 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.

The practice published a quarterly newsletter for patients and a weekly newsletter for staff. This provided patients and staff with a range of information. For example, information about new staff and their training, the PPG, changes at the practice and health prevention information.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys, suggestion boxes displayed within the practice, complaints, the Friends and Family Test and the patient participation group (PPG). There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had been influential in arranging for the imminent installation of new, more accessible front door and had worked with the practice to develop (and review) the new patient welcome leaflet. They also had input into the regular production of a practice newsletter for patients.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. 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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example working with two other practices as part of the nursing integration project and the practice manager working with other practice managers to streamline processes and policies and procedures. The practice, as part of their business plan was considering piloting e-consultations in the future.