

# Wenlock Terrace Surgery aka Unity Health

## Quality Report

Wenlock Terrace  
York  
YO10 4DU  
Tel: 01904646861  
Website: [www.unityhealth.info](http://www.unityhealth.info)

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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 Unity Health on 7 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- 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 there was continuity of care.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice ran a 'Stay and Wait' surgery each week day morning at York Campus Health Centre. This was provided by two GPs and two experienced nurse prescribers. This allowed for urgent access to on the day consultations for the ambulant practice population.
- The practice provided an e-consulting service to all adult patients; they were responded to within the same working day.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure all statutory notifications to the CQC are sent in a timely manner

- Ensure infection control audits are completed annually.

**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.

Good



- There was a system in place for reporting and recording significant events however we found some had not been recorded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for some 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 was accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as 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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice ran a 'Stay and Wait' surgery each week day morning at York Campus Health Centre. This was provided by two GPs and two experienced nurse prescribers. This allowed for urgent access to on the day consultations for the ambulant practice population.
- Accredited Yellow Fever vaccination status was included in the travel health clinics provided by the practice. This was an important service for the student population, including postgraduates, who travelled abroad to undertake research.
- The practice had good facilities and was 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 and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for

Good



# Summary of findings

knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However not all statutory CQC notifications had been received in a timely manner. We were assured that this would be rectified immediately.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

Good



- This patient group represented 5% of the total list size and were seen mainly at the two local suburban sites. Continuity of care was a high priority for this patient group. GPs worked at specific sites to help ensure patients' needs were known and met.
- The practice offered proactive, personalised care to meet the needs of the older people in their population. They were part of the York Integrated Care Hub with three other large GP Practices from York. The Care Hub included multi professional health and social care teams which included local care charities (Age UK and MIND). They helped prevent unplanned admissions to secondary care (hospital) and also supported patients with the highest care needs to remain at home.
- In addition the practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had identified they needed to be more pro-active with their student diabetic patients. This year they had identified these patients during registration and had contacted them to attend for full reviews and to establish appropriate individualised care planning.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care (York Integrated Care Hub).

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation schedules were monitored closely by the Practice Nurse team as country of origin could affect immunisation status. They worked pro-actively to maintain full immunisation status for their practice population.
- Clinical and non-clinical staff had undertaken specific training regarding Female Genital Mutilation (FGM) because of the specific ethnic mix in this practice.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## 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 they offered to ensure these were accessible, flexible and offered continuity of care.
- The practice worked closely with the University of York Student support services as well as with the Students' union (named welfare representatives) to help students' transition as they developed confidence to manage and take responsibility for their own health.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice shared information and their activities via social media such as Facebook and twitter accounts, which was the preferred medium for this age group.
- The practice hosted various services with direct and targeted benefits to their patient population. These included British Pregnancy Advisory Services, Community Ultrasound services, Podiatrist, Midwife and District Nurse.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those 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.
- The practice had a safeguarding register, where patients who were vulnerable could be added. These patients were reviewed pro-actively and reactively where necessary and the register was updated when required by the safeguarding partner and discussions were held at quarterly practice meetings.

## 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).

Good



- 84% of patients diagnosed with dementia had, had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice had recently become 'dementia friendly'.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All patients who did not attend (DNA) a mental health related appointment were contacted.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice staff worked closely with the University Open Door Service who offered psychological and mental health support to registered students.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary

# Summary of findings

organisations, some of which were hosted within the practice. These included the Primary Care Mental Health Worker, Primary Care Counsellor and the IAPT (Improving access to psychological therapies) service.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing mainly in line with local and national averages. 416 survey forms were distributed and 59 were returned. This represented 0.24% of the practice's patient list.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. They wrote they were treated with respect and were listened to with care and sensitivity. All health professionals were said to explain treatment options thoroughly, and that they identified clearly any side effects from medications.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure all statutory notifications to the CQC are sent in a timely manner
- Ensure infection control audits are completed annually.

## Outstanding practice

- The practice ran a 'Stay and Wait' surgery each week day morning at York Campus Health Centre. This was provided by two GPs and two experienced nurse prescribers. This allowed for urgent access to on the day consultations for the ambulant practice population.
- The practice provided an e-consulting service to all adult patients; they were responded to within the same working day.

# Wenlock Terrace Surgery aka Unity Health

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Wenlock Terrace Surgery aka Unity Health

- Unity Health provides general medical services to patients in the Fulford, Heslington and Osbaldwick areas of York. They have three locations. All patients can be seen at any of these locations. We visited the York Campus Health Centre site on 7 January 2016. We did not visit Wenlock Terrace Surgery or Hull Road Surgery at this inspection. The practice population is 24,143. The majority of patients are aged between 18 and 44 years of age. The index of multiple deprivations for this practice population is lower than average for England.
- There are six Clinical Partners and one Managing Partner, plus two salaried GPs. There are six Practice Nurses and three Health Care Assistants (HCAs). They are supported by a patient services and facilities manager, secretaries, administration and reception teams.

- York Campus Health Centre, Wenlock Terrace Surgery and Hull Road Surgery are open between 8.30am and 6pm Monday to Friday. GP appointments are from 9am each day. Nurse appointments are available from 8.40 am.
- York Campus Health Centre has Stay and Wait consultations available each week day morning for urgent access, from 8.30am. There are extended surgery hours each Wednesday and a Saturday Morning surgery between 9am and 1pm during University term times only. There are late appointments available each Tuesday evening at Wenlock Terrace and there are extended hours available on a more variable basis at Hull Road surgery, patients are directed to the reception team for appointment availability. The practice website and leaflet offer information for patients when the surgery is closed. They are directed to the Out of Hours Service provided by Northern Doctors Urgent Care.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 January 2016. During our visit we:

- Spoke with a range of staff including GPs, the Managing Partner, Patient Services and Facilities Manager, a nurse, members of the administrative and reception teams.
- We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. However, not all significant events were recorded on their system and therefore did not always follow their policy. We have now been notified that all significant events are reported, recorded and analysed. These events were discussed at practice meetings. We saw learning was identified and any action required was time bound.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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, which included:

- 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. 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. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was trained for the role and had

received a Disclosure and Barring Service checks (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The newly appointed Practice Nurse Manager was to be the infection control clinical lead who would liaise 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 training. Annual infection control audits had not been undertaken recently. We were informed that they were to be completed within the next month and any action required to address any improvements would be implemented.
- 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 carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

# Are services safe?

## Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- 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 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. A first aid kit and accident books were 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. However, they were not all stored in their original boxes. This was rectified immediately to prevent any mistakes occurring.
- 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. This had recently been implemented successfully as a result of the flooding in York.

## Arrangements to deal with emergencies and major incidents

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice was proactive with their exception reporting, because of the international nature of their practice population and thus differing treatment guidance. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed;

- Performance for diabetes related indicators was 87% and this was comparable to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 77% and this was comparable to the national average of 83%.
- Performance for mental health related indicators was 88% and this was similar to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken included more specific instruction given to patients when prescribed opiate based medicines. They were now clearly linked to a specific clinical indication which was recorded in the patients' notes.

Information about patients' outcomes was used to make improvements such as GP to GP referrals using the expertise of 'in-house' GPs for areas such as women's health and dermatology. Patients were now seen by the most appropriate GP and inappropriate referrals to secondary care were avoided.

### 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 and 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, such as the Green Book and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appointment for their appraisal within the next few months.



# Are services effective?

## (for example, treatment is effective)

- 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. Information such as NHS patient information leaflets were also available.
- 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 the York Integrated Care Hub. When patients moved between services, including when they were referred, or after they were discharged from hospital, the practice worked closely with professionals and voluntary agencies. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

### 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 (MCA) 2005. However, not all groups of staff had received formal training on the MCA; this was to be arranged promptly. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits of records.

### 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and travel health clinics. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 46% which was lower than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. However, they were working hard to identify which of the relevant patients in this age group were still registered or whether they had returned to their country of origin. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 87% and five year olds from 51% to 82%.
- Flu vaccination rates for the over 65s were 67% and at risk groups 34%. The over 65s were comparable to CCG and national averages. However, the at risk groups were below CCG and the national averages. The practice were aware of this variance and were working to ensure their data was up to date. Some of the overseas patients had their immunisations in their home country where they had different programmes to England.
- 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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted 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 six patient Care Quality Commission comment cards we received were positive about their experiences. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were more than satisfied with the care provided by the practice. They said their dignity and privacy was respected. Comment cards highlighted staff responded compassionately when patients needed help and they (the staff) provided support when required.

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for some of its satisfaction scores on consultations with GPs and nurses but not all responses were above the average. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 91 % and national average of 89%.
- 75% said the GP gave them enough time (CCG average 89%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 92%).
- 84% said they found the receptionists at the practice helpful (CCG average 89%, 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 similar to local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 89%, national average 86%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 90%)

Patients who had registered for on-line services were able to book appointments, ask for repeat prescriptions and read their GP records on-line . They could obtain results from any screening tests they had had.

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.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had a Carers' champion. Written information was available to direct carers to the various avenues of support available to them.

The practice had pro-actively adapted their services to meet the needs of all of their patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had a Stay and Wait clinic each morning from 8.30am. This provided urgent access to a consultation with either a GP or Nurse prescriber.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice had an accredited Yellow Fever vaccination status. In response to feedback evening appointments were now available for the travel clinic.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was planning to build larger premises to cope with the increase in its patient population.
- The practice had supported relevant staff to attend training in student health related areas including, cultural awareness. They were members of the Student Health Association (SHA) where best practice was shared.

### Access to the service

- York Campus Health Centre, Wenlock Terrace Surgery and Hull Road Surgery were open between 8.30am and 6pm Monday to Friday. GP appointments were from 9am each day. Nurse appointments were available from 8.40 am.
- York Campus Health Centre had Stay and Wait consultations available each week day morning for urgent access, from 8.30am. There was extended surgery hours each Wednesday and Saturday Morning surgery between 9am and 1pm during University term times only. There were late appointments available

each Tuesday evening at Wenlock Terrace and there were extended hours available on a more variable basis at Hull Road surgery, patients were directed to the reception team for appointment availability.

- In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.
- Patients could complete an e-consultation form which was available on the surgery website. Patients were then directed to their health condition and then completed a simple questionnaire. The practice GPs would send their response within the same working day.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).
- Patients told us on the day of the inspection 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.

- Their 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 e.g. posters were displayed, and a summary leaflet was available.
- We looked at six complaints received in the last 12 months and found these were satisfactorily handled.

# Are services responsive to people's needs?

(for example, to feedback?)

They were dealt with in a timely, open and transparent way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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. However not all statutory CQC notifications had been received in a timely manner. We were told this would be rectified immediately and since the inspection we have received some of these notifications.

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 the management team.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every 12 months.
- 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 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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, Saturday morning surgeries and evening appointments for the travel clinic were now available as a result of patient's feedback.
- The practice had 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 the management team. 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 pilot schemes to improve outcomes for patients in the area. Such as the

York Integrated Care Hub which had helped reduce the practices unplanned admissions to secondary care and had helped patients to stay at home with extra support to improve their health status.