

# Posterngate Surgery

## Quality Report

Portholme Road  
Selby  
YO8 4QH  
Tel: 01757 702561  
Website: [www.posterngate.co.uk](http://www.posterngate.co.uk)

Date of inspection visit: 30 November & 1 December  
2015  
Date of publication: 14/01/2016

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

## 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	10
Background to Posterngate Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Posterngate Surgery on 30 November 2015 and 1 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients and staff 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and any decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- There were same day urgent appointments available on the day of inspection and everyday. We were told every effort was made to support continuity of care.
- The practice had very good facilities. The practice was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- The practice, as part of SHIELD (The Selby Area Federation of GP Practices), had won an innovation fund to develop social prescribing. This fund was used initially to support the local voluntary service to produce an up to date data base of available voluntary social care organisations. Patients were now referred to the most appropriate services. There was evidence that it was having a positive impact on patients and /or their carers. As well as reducing unplanned hospital admissions.
- The named GPs had assessed patients with a geriatrician at the local care and nursing homes to

# Summary of findings

assess and meet the needs of their patients. This also prevented long journeys to hospitals for these patients who were mainly frail and elderly. In conjunction with the community matron, they had implemented anticipatory care plans with hospital admission avoidance planning incorporated.

- The practice was part of the Selby Community Hub which was an innovation funded project from the CCG. This was to integrate Health and Social Care, using

multi-disciplinary services to help reduce unplanned hospital admissions and to shorten hospital stays. As yet the evidence was anecdotal however, it was very positive about sharing care and improving patient outcomes.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

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 (NICE) 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 was 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 good for providing caring services. Data showed that patients rated the practice above others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said it was always easy to make an appointment with their named GP. There was continuity of care, with urgent appointments available the same day. The practice had good facilities. The practice was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed how the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and they held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which was then acted on. The patient participation group (PPG) was active. Staff had received inductions, 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 these patients were good for conditions commonly found in older people. This patient group numbers were higher than the CCG average and the national average reported for GP practices. However, the practice offered proactive, personalised care to meet the needs of their older patients and they had a range of enhanced services, for example, in dementia and end of life care. All patients in this age group had been informed of their named GP; who co-ordinated their care and treatment. The practice was responsive to the needs of older patients. Care reviews were with their named GP and often in their own home. There were regular multi-disciplinary meetings (with other health and social care professionals) to establish appropriate care packages to help prevent admission to hospital.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs). Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All of these patients had care plans in place. Four GPs and one of the practice nurses (PN) had completed further training in Diabetes care and management. The PN could initiate insulin therapy so patients did not need to travel to attend Diabetic services in secondary care (hospital). They had a named GP and a structured annual review to check that their health and medication needs were being met. This patient group was actively managed; those patients who did not attend were followed up and received further support to ensure their needs were assessed and updated. Longer appointments and home visits were available when needed. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver multidisciplinary packages of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young patients. We saw good examples of joint working with midwives and health visitors. Women's health was a priority and there was a full range of contraception services available. 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all

Good



# Summary of findings

standard childhood immunisations. Patients told us that children and young adults 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.

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services and the GPs were happy to consult via the telephone and email when appropriate. There was a full range of health promotion and screening that reflected the needs of this age group.

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

Good



The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They all had a named GP who provided continuity of care. They had carried out annual health checks, many in their own home, for patients with a learning disability and all of them had received a follow-up, where necessary.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. In addition the practice had a medication policy to reduce over use of medicines which may cause harm to these patients. They signed a contract with the practice which formed an agreement for joint planning of care and treatment. These patients were signposted to various support groups and voluntary organisations, when appropriate. 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.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental

## Summary of findings

health, including those with dementia. The practice was pro-active when detecting patients with dementia. They supported these patients to consider advance care planning for their future, when appropriate.

Patients experiencing poor mental health were told about the various support groups and voluntary organisations which were available. There was a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice's performance was similar or better than local and national averages. There were 283 surveys sent out and 115 responses received, which represents 0.71% of the practice population.

- 76.5% find it easy to get through to this surgery by phone compared with a CCG average of 78.2% and a national average of 73.3%.
- 88.8% find the receptionists at this surgery helpful compared with a CCG average of 89.7% and a national average of 87%.
- 96.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.5% and a national average of 85.2%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93.8% and a national average of 91.8%.

- 78.8% describe their experience of making an appointment as good compared with a CCG average of 78.1% and a national average of 73.3%.
- 36.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.1% and a national average of 57.7%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 completed comment cards. We spoke with seven patients. All patients were extremely complimentary about the care and treatment they had received from all members of the team. All said they could access emergency appointments if required. They explained how they had a named GP who they mainly saw, however two of the cards did say it was difficult to see the same GP. We saw how this issue was being mitigated by ensuring the same GPs held clinics in the branch surgery. The patients spoken with said everyone was helpful and they never felt rushed. The comments reflected what the most recent patient survey found.

## Outstanding practice

- The practice, as part of SHIELD (The Selby Area Federation of GP Practices), had won an innovation fund to develop social prescribing. This fund was used initially to support the local voluntary service to produce an up to date data base of available voluntary social care organisations. Patients were now referred to the most appropriate services. There was evidence that it was having a positive impact on patients and/or their carers. As well as reducing unplanned hospital admissions.
- The named GPs had assessed patients with a geriatrician at the local care and nursing homes to assess and meet the needs of their patients. This also

prevented long journeys to hospitals for these patients who were mainly frail and elderly. In conjunction with the community matron, they had implemented anticipatory care plans with hospital admission avoidance planning incorporated.

- The practice was part of the Selby Community Hub which was an innovation funded project from the CCG. This was to integrate Health and Social Care, using multi-disciplinary services to help reduce unplanned hospital admissions and to shorten hospital stays. As yet the evidence was anecdotal however, it was very positive about sharing care and improving patient outcomes.

# Posterngate Surgery

## 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 Pharmacy Inspector, a GP specialist adviser (SpA), practice manager SpA, and an Expert by Experience.

## Background to Posterngate Surgery

The main surgery is located close to Selby Town Centre. The branch surgery is located in the village of Hemingborough. There are 16,175 patients on the practice list and currently the majority of patients are of white British background. However, there are growing numbers of patients from other European countries. There are 'check-in' facilities available in several languages to support this group of patients.

The practice is a training and teaching practice. They are accredited to train qualified doctors to become GPs and to support undergraduate students with clinical practice and theory teaching sessions. There are seven GP partners and six salaried GP. There is a Practice Manager (PM), an assistant PM, one Advanced Nurse Practitioner, five practice nurses and one healthcare assistant. In addition there are a range of administrative personnel to support everyday activities.

The Posterngate surgery is open Monday – Friday 8am-6pm, with extended opening hours on Monday and Thursday until 8.30pm.

The branch surgery at Hemingborough is open on Monday 3.30pm-6pm, and on Wednesday and Friday 8.30am-12pm for GP appointments. There are nurse clinics on Tuesday from 8.30am-12pm and from 3pm-6pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Northern Doctors Urgent Care Limited.

The practice has a Personal Medical Services (PMS) contract and also offers enhanced services which include: the timely diagnosis and support for patients with dementia, minor surgery and extended hours access.

## 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. This 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.

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.

## 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?

# Detailed findings

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

People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out announced visits on 30 November and 1 December 2015 to Posterngate Surgery and to the branch surgery in Hemingborough. During our visits we spoke with a range of staff which included GPs, practice manager, assistant practice manager, advanced nurse practitioner, practice nurses, dispensing staff and receptionists and spoke with patients who used the service. We observed how patients were being cared for and talked with. We saw how carers and/or family members were supported and reviewed the personal care or treatment records of patients, where appropriate. We received 26 completed patient comment cards. These cards were extremely complimentary about the care and treatment they had received from all members of the team. They explained how they had a named GP who they mainly saw, however two of the cards did say it was difficult to see the same GP. We saw how this issue was being mitigated by ensuring the same GPs held clinics in the branch surgery.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice carried out an analysis of their significant events to look for trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had registered to use the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

The practice had defined 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 and policies were accessible to all staff. The policies 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 who had trained to Level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones 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. 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. The practice manager and the senior practice nurse were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was being taken to address the improvements identified.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the main practice for patients from Hemingbrough who did not live near a pharmacy and this was appropriately managed. Dispensary staff showed us standard operating procedures which covered most aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Prescriptions were signed before being dispensed and there was a robust process in place to ensure that this occurred.
- There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training. A Barcode scanning system was in use for dispensing providing additional dispensing accuracy assurances. There was a system in place for the management of high risk medicines, and we saw examples of how this worked to keep patients safe.
- 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. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were appropriate arrangements in place for their destruction however

## Are services safe?

some of the records were not clear because this activity had not been recorded in the correct register. We did not see evidence of routine balance checks of controlled drugs. On the 1 December both of these issues had been rectified. Some of the doctors kept individual stocks of controlled drugs and these were managed appropriately in line with legal requirements.

- Expired and unwanted medicines were disposed of according to waste regulations, however there was no procedure in place to ensure that dispensary stock was within expiry date which was contrary to the standard operating procedure we were shown. Staff told us about procedures for monitoring prescriptions that had not been collected.
- We were told that staff did not keep a 'near-miss' record (a record of dispensing errors that have been picked up before medicines have left the dispensary) and there were no records of dispensing errors that had reached patients. We did see significant event records relating to medicines and some of these had resulted in changes in practice, for example in the management of high-risk drugs. Dispensary staff responded appropriately to national patient safety alerts but there were no records of the action taken in response to these.
- We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines, oxygen, and a defibrillator, and there was a procedure in place to manage these.
- The ordering and storage of vaccines was well managed, and these were administered by nurses using directions that had been produced in line with legal requirements and national guidance.

- Blank prescription forms were handled in accordance with national guidance and the practice kept them securely. A procedure was in place to track blank prescription forms through the surgery.
- The practice routinely accessed their prescribing data and took part in medicines optimisation initiatives partnership with their local Clinical Commissioning Group (CCG).
- Recruitment checks were carried out and the 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure 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 there were emergency medicines available in the treatment rooms. The practice had a Defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area and all staff knew of their location.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. They used this information to develop how care and treatment was delivered to meet patients needs. The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This system is 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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was 96.2%, this was higher than the national average of 89%.
- The percentage of patients with atrial fibrillation (with CHADS2 score of 1), measured within the last 12 months, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy(01/04/2013 to 31/03/2014) was 100% this was higher than the national average of 98.32%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less (01/04/2013 to 31/03/2014) was 86.28% this was higher than the national average of 83.11%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2013 to 31/03/2014) was 97.83% this was higher than the national average of 86.04%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been a number of clinical audits completed in the last

two years; where the improvements made were implemented and monitored. We found the practice was both pro-active and reactive when considering which clinical audits to undertake. The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings were used by the practice to improve services.

### Effective staffing

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

- The practice had an induction programme for newly appointed 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had either had an appraisal within the last 12 months, or were due and had an appointment.
- 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 on protected learning days.

### 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.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that



# Are services effective?

(for example, treatment is effective)

multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. The practice was part of Selby Community Hub where health and social care professionals worked together to support vulnerable patients to live at home with support. They also aimed for the length of hospital stays to be reduced.

## 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 (MCA) 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 they met the practice's 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, where the clinical team worked hard to maintain continuity of care. Patients who

were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant services. Many of these were provided within the surgery building.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.1% which was slightly higher than the national average of 81.88%. The practice encouraged their patients to attend national screening programmes for bowel and breast cancer screening. They encouraged female patients over the age of 74 to self-refer for breast screening.

Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.1%-98.6% and five year olds from 91.1%-97%. Flu vaccination rates for the over 65s were 84.4%. These were either similar or slightly higher than the national averages.

Patients had access to appropriate health assessments and checks. All new patients had a health assessment with a GP and there were 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.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. However, in the branch surgery in Hemingborough, this was more difficult to assure, because of the constraints within the building, as there were only three rooms (consulting, waiting and dispensary). A 'white noise masker' has been installed to reduce this risk. One patient said they were unhappy about this but others were not. A 'white noise masker' has been installed to reduce this

Patients told us they felt all staff were helpful, caring and treated them with dignity and respect. We were told how everyone responded with compassion when patients needed help and how they were provided with support when required. They commented positively about the consistent, continuity of good care they received from their named and known GP.

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 similar or higher than national and local CCG averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 93.5% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 88.6%.
- 95.2% said the GP gave them enough time compared to the CCG average of 89% and national average of 86.6%.
- 97.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.2%

- 87.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.7% and national average of 85.1%.
- 90.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.4% and national average of 90.4%.
- 88.8% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and national average of 87%.

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

Patients we spoke with told us their 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 all members of staff. They were very clear that they had sufficient time during consultations to make an informed decision about the choice of treatments available to them.

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 the local and national averages. For example:

- 89.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.4% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. We saw check-in facilities in different languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted clinicians if a patient was also a carer. There was a practice register of all people who were carers and these patients were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.



## Are services caring?

Staff told us that when families had suffered bereavement, their named GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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 improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Appointments could be increased due to anticipated or expected need.
- Appointments with GPs were routinely 10 minutes.
- There were same day surgeries available for those patients who needed to be seen. They were given a specific appointment times.
- Patients who were needed to be seen urgently; were asked to 'sit and wait' to be seen after the normal surgeries had finished. This system operated when all of the same day appointments had been used.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone appointments were available.
- There were disabled facilities and translation services available.

### Access to the service

The Posterngate surgery was open Monday – Friday 8am-6 pm, with extended opening hours on Monday and Thursday until 8.30pm.

The branch surgery at Hemingborough was open on Monday 3.30pm-6pm, and on Wednesday and Friday 08.30-12midday for GP appointments. There were nurse clinics on Tuesday from 8.30am-12 midday and from 3pm-6pm.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or higher than local and national averages. them. For example:

- 77.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 74.9%.
- 76.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.2% and national average of 73.3%.
- 78.8% patients described their experience of making an appointment as good compared to the CCG average of 78.1% and national average of 73.3%.

Patients we spoke with on the day said they were able to make appointments when they needed to.

### 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 e.g. a poster was displayed in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the complaints received in the last 12 months and found they were dealt with in a timely way, as outlined in the practice policy.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We saw how three patients had complained about their difficulties with the appointment system. This was discussed with the patients and an amended system was put in place.

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

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of their strategy and good quality care.

- There was a clear management structures with systems in place to support staff and some of these had recently changed. However, we found staff were aware of their own roles and responsibilities.
- Clear methods of communication involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other pertinent information.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

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

When there were unexpected or unintended safety incidents:

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

Staff told us 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 were 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 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through surveys and complaints received. There was an active Patient Participation Group. The practice had increased the number of telephone and surgery appointments at the beginning and end of the day for patients who needed to be seen.

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

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. These included:

- The named GP had assessed patients with a geriatrician at the local care and nursing homes to assess and meet the needs of their patients. This also prevented long journeys to hospitals for these patients who were mainly frail and elderly. In conjunction with the community matron, they had implemented anticipatory care plans with admission avoidance planning incorporated.
- The practice, as part of SHIELD (The Selby Area Federation of GP Practices), had won an innovation fund

# Are services well-led?

Good 

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

to develop social prescribing. This fund was used initially to support the local voluntary service to produce an up to date data base of available voluntary social care organisations. There was evidence that it was having a positive impact on patients and /or their carers. As well as reducing unplanned hospital admissions.

- The practice was part of the Selby Community Hub which was an innovation funded project from the CCG.

To integrate Health and Social Care, using multi-disciplinary services this was to help reduce unplanned hospital admissions and to shorten the length of hospital stays. As yet the evidence is anecdotal however, it is very positive about sharing care and improving patient outcomes.