

# MyHealth


## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at MyHealth Group Practice on 1 June 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available each day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by their immediate managers. 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. The partners encouraged a culture of openness and honesty.

There were areas of practice where the provider needs to make improvements,

the provider should:

- Review the management and storage of controlled drugs to ensure they meet with legislative requirements.
- Review the training of dispensary staff to ensure the recording and documentation in the controlled drug register meets legislative requirements.

# Summary of findings

**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 an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found on the day of the inspection that areas of the dispensary did not meet all of the relevant legislative requirements for storage and recording of Controlled Drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- 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 (QOF) showed patient outcomes were at or above average 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 all staff.
- Staff worked with other health care professionals 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 several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient 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 (CCG) 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, with urgent appointments available the same day at the 'Walk in Clinic'.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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 it.
- There was a clear leadership structure and staff felt supported by their immediate managers. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Leaders had an inspiring shared purpose, they strove to deliver patient focused care.
- 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.

Good



# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong focus on continuous learning and improvement at all levels. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of working.

# 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

Good



The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients aged 70 and above represented 15% of the practice's patient population. All patients over the age of 75 had an accountable GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had introduced the role of Community Care Co-ordinator (an Independent Nurse Prescriber) to work closely with nursing and residential homes and housebound patients; alongside the GPs who had designated responsibility for specific homes.
- There were care plans for patients over the age of 75 and those at high risk of hospital admission.
- The practice had worked with the CCG on referrals and admissions and were involved in the Integrated Care Team Pilot (Priory Medical Group) which now included other GP practices within the Vale of York. The aim was to reduce hospital admissions and assure safe hospital discharge in a timely manner.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All patients had care plans in place.
- The practice provided 'MyHealth Station' (where patients could monitor their blood pressure and weight) which helped patients with long term conditions feel able to self-manage their condition or work in partnership with their clinician. The information was sent directly to the patient's notes for the clinician to review.

# Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 83% which was similar to the CCG average of 82% and higher than the national average of 77%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 81% which was higher than the CCG average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 97% compared to the CCG average of 96% and the national average of 94%.
- 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 care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

**Good**



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81%



# Summary of findings

which was similar to the CCG average of 81% and very slightly lower than the national average of 82%. 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, health visitors and school nurses.

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

**Good**



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- This included a range of appointment lengths, times, and formats with Monday (at Strensall) and Thursday (at Stamford Bridge) providing extended hours sessions. In addition there were weekly Saturday morning pre-bookable appointments (at Strensall). In addition there were appointments before work, telephone appointments and email consultations readily available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

## People whose circumstances may make them vulnerable

**Good**



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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- 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).

- 93% of patients diagnosed with dementia had, had their care reviewed in a face to face meeting within the last 12 months, which was better than the CCG average of 85% and also better than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 87% which was lower than the CCG average of 92% and lower than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

The 'Walk in Clinic' service for urgent issues with face to face and telephone appointments available allowed staff to prioritise management of patients in mental health crisis.

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 256 survey forms were distributed and **131** were returned. This represented 0.7% of the practice's patient list of 18,083.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. The key messages to us were of deep gratitude for the care and treatment either they or their family member were receiving or had received from MyHealth practice staff. Four of the comment cards said how it was not always easy to access follow up appointments as requested by the GP, however they did say the 'walk in' clinics had helped with accessing appointments.

We spoke with 10 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and family test results were also positive all who had answered would recommend the practice.

## Areas for improvement

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

- Review the management and storage of controlled drugs to ensure they meet with legislative requirements.
- Review the training of dispensary staff to ensure the recording and documentation in the controlled drug register meets legislative requirements.

# MyHealth

## 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, a practice nurse specialist adviser, a pharmacist specialist adviser and an expert by experience.

### Background to MyHealth

MyHealth group practice provides a General Medical Service (GMS) to their practice population of over 18,000 patients. They are also contracted to provide other enhanced services for example: extended hours access and minor surgery. They have four health care centres across a semi-rural area to the North East of York.

There are 11 GP partners (5 female and 6 male). There is one Managing Partner who is supported by five senior managers. This is a teaching and training practice. The medical students are from Hull & York Medical School. In addition there are places for qualified doctors who wish to train as GPs. There are currently three GP registrars from the York Vocational Training Scheme (male & female). There are six female practice nurses, one Care in the Community Co-ordinator, one Advanced Nurse Practitioner and three female healthcare assistants (one who is an apprentice). There are 26 clerical and administrative support staff who support the clinical staff; their roles included receptionists, dispensers, and secretaries.

Each Health Care Centre opens at different times and offers appointments times to reflect the needs of their practice population. All patients can attend any centre however most attend close to their residence for continuity of care. Strensall Health Care Centre is open Monday to Friday from 8am until 6pm. Appointments are available from 8.30am

until 11am and 3pm until 5.30pm. There is a walk in clinic for acute problems, Monday – Friday, 8.30am -11am held at Strensall Health Care Centre. They also have extended hours on Monday from 6.30pm -7.30pm and each Saturday morning from 8.30am until 10.30am.

Stamford Bridge Health Care Centre is open Monday to Friday from 8am until 6pm. They close for lunch from 12.15pm until 1.45pm. Appointments are available Monday to Friday from 8.30am until 11am and from 3pm until 5.30pm. There is extended hours opening each Thursday from 6.30pm until 7.30pm.

Huntington Health Care Centre is open Monday, Tuesday, Wednesday and Friday from 8.30am until 6pm, they close for lunch between 12.15pm and 1.45pm on these days. They are open on Thursday from 8.30am until 12pm only. Appointments are available from 8.30am until 11am each morning and from 3pm until 5.30pm every afternoon but Thursday.

Dunnington Health Care Centre is open on Monday, Wednesday and Thursday from 8.30am until 6pm closing for lunch from 12.15pm until 1.45pm. Appointments are available on these days from 8.30am until 11am and from 3pm until 5.30pm. On Tuesdays and Fridays this centre is open from 8.30am until 12pm; appointments are available from 8.30 am until 11am.

### 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with a range of staff which included GPs, Managing Partner, Practice Nurses, dispensing manager, finance manager, dispensers, call handlers and secretaries and we spoke with patients who used the service and Patient Participation Group (PPG) representatives.
- 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 and members of the public 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 their manager or one of the partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example: There was now a 'fail safe' system in place to follow up patients who failed to collect admission information as well as those who failed to attend the hospital.

### 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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised 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 Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for people who did not live near a pharmacy and this was appropriately managed. There were some Standard Operating procedures (SOPS) in place (these are written instructions about how to safely dispense medicines). There was a process in place to ensure repeat prescriptions were signed by a GP before being dispensed to patients.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. 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 and on-going assessments of their competency.
- 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 operating procedures that set out how they were managed. However, the SOP for controlled drugs had insufficient detail and needed to explain the steps to each part of the process. Controlled

## Are services safe?

drugs were stored in a controlled drugs cupboard and access to them was restricted. However, the controlled drugs cupboard and register did not meet the relevant legislative requirements.

- Expired and unwanted medicines, including controlled drugs, were not all disposed of according to waste regulations. There was a procedure in place to ensure dispensary stock was fit for use, and staff told us about procedures for monitoring prescriptions that had not been collected. There was a system in place for the management of repeat prescriptions, including high risk medicines.
- Dispensary staff responded appropriately to national patient safety alerts and medicines recalls, and we saw records of the action taken in response to these. Dispensing errors were appropriately recorded, however they did not keep a register of 'near misses'. This would help in the audit process for analysing recurring themes and the potential for re-training where necessary. 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 with adult pads, and there was a procedure in place to ensure these were fit for use.
- Blank prescription forms were handled in accordance with national guidance; the practice kept them and a procedure was in place to track prescription forms through the practice.
- Practice Nurses and Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four 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.

### 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 and there was a poster displayed at each centre 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 enough staff were on duty. This included planned and unplanned absences.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 most recent published results were 98% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was 81-96% which was better than the national average of 77- 94%.
- Performance for mental health related indicators was 87-96% which was broadly similar to the national average 84-94%.

There was evidence of quality improvement including clinical audit.

- There had been four 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. The research included work with Chapel Allerton Hospital Leeds using alternative treatments for patients suffering from back pain and other commercially

sensitive research projects. Their patient population were keen to participate and were all aware of their rights to participate and refuse, if they felt it was not right for them.

- Findings from audits were used by the practice to improve services. For example, recent action taken as a result included where patients who had been on a certain medicine prophylactically (prevention) no longer required this as per current guidance. These patients were identified and invited in for a face to face consultation to discuss and agree the appropriate changes.
- Information about patients' outcomes was used to make improvements such as: their Community Care Co-ordinator had improved the outcomes of patients who were at risk of hospital admissions by assuring appropriate support and help was available. In addition the practice was now part of a larger project across York (York Integrated Care project) and there was evidence that avoidable (unplanned) hospital admissions had reduced however this was not detailed enough to show the impact for MyHealth patients.

### 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. This 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. The practice nurses worked closely with the Diabetic Nurse Specialist and were able to access appropriate training in a timely manner.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and those who were due had been identified to meet with their manager.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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. Some of the care plan templates used had been written and developed 'in-house' and were now shared with other GP practices.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However as a member of the York Integrated Care Pilot project these meetings took place daily with health and social care professionals.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were identified and supported either by the clinical staff or were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 81% which was comparable to 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 for those with a learning disability they ensured a female sample taker was available. However, improving the uptake was part of the 2016-2017 plan. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% and five year olds from 91% to 96%
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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 that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and most staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 94% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 higher than some local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

## Are services caring?

- Staff told us that if families had suffered bereavement, their usual 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.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 345 patients as carers (2% of the practice list). The practice had identified a member of staff to be the Carer's Champion and this helped ensure individual carers received the support they required. Written information was available to direct carers to the various avenues of support available to them.

# 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. These included becoming a part of the York Integrated Care Pilot to reduce hospital admissions and emergency department attendances for the most vulnerable 2% of their practice population.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a Walk in Clinic each day at Strensall Care Centre from 8.30-11am for acute problems.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

Each Health Care Centre opened at different times and offered appointments times which reflected the needs of their practice population. All patients could attend any centre however most attended close to their residence for continuity of care. Strensall Health Care Centre was open Monday to Friday from 8am until 6pm. Appointments were available from 8.30am until 11am and 3pm until 5.30pm. There was a walk in clinic for acute problems, Monday – Friday, 8.30am -11am held at Strensall Health Care Centre. They also had extended hours on Monday from 6.30pm -7.30pm and each Saturday morning from 8.30am until 10.30am.

Stamford Bridge Health Care Centre was open Monday to Friday from 8am until 6pm. They closed for lunch from 12.15pm until 1.45pm. Appointments were available Monday to Friday from 8.30am until 11am and from 3pm until 5.30pm. There was extended hours opening each Thursday from 6.30pm until 7.30pm.

Huntington Health Care Centre was open Monday, Tuesday, Wednesday and Friday from 8.30am until 6.00pm

they closed for lunch between 12.15pm and 1.45pm on these days. They were open on Thursday from 8.30am until 12pm only. Appointments were available from 8.30am until 11am each morning and from 3pm until 5.30pm every afternoon but Thursday.

Dunnington Health Care Centre was open on Monday, Wednesday and Thursday from 8.30am until 6pm closing for lunch from 12.15pm until 1.45pm. Appointments were available on these days from 8.30am until 11am and from 3pm until 5.30pm. On Tuesdays and Fridays this centre was open from 8.30am until 12pm; appointments were available from 8.30 am until 11am.

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.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as leaflets and signposting on their website and in the practice leaflet.

We looked 32 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learnt from individual

# Are services responsive to people's needs?

(for example, to feedback?)

concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example: feedback about the service in reception had led to some changes in the teams.

# 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 which was displayed in the waiting areas 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by their individual managers.

- Staff told us the practice held regular team meetings, although in some areas these had not been as frequent because of the changes in the management structure. We were told these were now to be re-instated.
- We noted team away days were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff had been involved in discussions about how to run and develop the practice, however, due to lack of team meetings this had not been the case recently. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example: Improving the facilities in the waiting rooms at each location, we saw evidence of the purchase of new chairs for the waiting rooms.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, one-to-one's, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

# Are services well-led?

Good 

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

management although the confidential questionnaire completed by the clerical and administrative staff did not support what we were told on the day. Staff told us, (in the questionnaire) they did not always feel involved and engaged to improve how the practice was run. Although some said they thought this would improve once the team meetings were re-instated.

## **Continuous improvement**

There was a 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. This included working with the York Integrated Care team Pilot which was being introduced in a number of GP practices across the Vale of York CCG. The practice had recently employed a community pharmacist to support with optimising their prescribing in line with current guidance. Secondary care services are hosted in the practice to support patients with near access to secondary care (hospitals).