

Park Parade Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Parade Surgery on 24 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a policy of not deregistering vulnerable patients even if they routinely failed to attend appointments.

- Feedback from patients about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice would visit patients in hospices or in hospitals to provide support.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice.

Summary of findings

- The GPs provided additional care and support to patients and their families. They regularly visited patients in the hospice or hospital to provide support, even though they were not responsible for providing clinical care.
- The practices had put in place a comprehensive and closely monitored appointments system which gave

patients ease of access to appointments. This was supported by patients having rapid access by telephone or email to their GP, with calls or emails being returned quickly.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care. For example; 100% of patients said they had confidence and trust in the last GP they saw and 95% said the last nurse they spoke to was good at treating them with care and concern.

Feedback from patients about their care and treatment was consistently and strongly positive and they said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients thought that staff went the extra mile and the care they received exceeded their expectations.

We observed a strong patient-centred culture and staff were motivated and inspired to offer kind and compassionate care. We saw staff treated patients with kindness and respect, and maintained patient confidentiality. The practice wrote personal letters, to the families who had suffered a bereavement, to express their condolences and provide emotional support to the families. These letters were written with compassion and care. The GPs would also provide additional care and support to patients and their families and provided a number of examples to demonstrate this.

Good



Summary of findings

This included the support given to the family of a child who was diagnosed with leukaemia. The GP visited the child and their family at hospital and contacted the family by telephone every couple of weeks to provide support. When the child was discharged the GP liaised with the specialist nurse at the hospital to ensure that the best care was provided to the child.

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. Patients could access appointments and services in a way and at a time that suited them. The practice appointment system was designed to provide longer appointments when they were needed and access to GPs was routinely and easily available by telephone or email. The practice believed that this approach was instrumental in them being the second lowest in the CCG area for emergency admissions and prescribing costs. 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 used as a positive driver for improvement.

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 clinical excellence and improve the health of patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour including giving patients reasonable support, truthful information and a written apology when something goes wrong with their care or treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared

Good



Summary of findings

with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a focus on continuous learning and improvement.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. Nationally reported data for 2014/2015 showed that outcomes for patients were good for conditions commonly found in older people and the percentage of people aged 65 or over who received a seasonal flu vaccination was in line with the CCG and national averages. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked with nine other local practices to enhance the care of patients in Care homes. GP's regularly visited two local care homes to review the health and care needs of the residents. A local carers association ran fortnightly drop in sessions for carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice is rated as good for the care of people with long-term conditions. Nationally reported data for 2014/2015 showed that the practice's performance across a range of diabetes related indicators was similar to the national average. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. On each day all of the GPs would act as duty doctors and respond to telephone requests on the day. Patients could request to speak to a specific doctor and that GP would try to call them back within the session. This approach provided patients, particularly those with long term conditions where continuity of care was important, with a responsive personalised access to the service, which improved their care.

Good



Families, children and young people

The practice is rated as outstanding 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 good for

Outstanding



Summary of findings

standard childhood immunisations. Children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. There was joint working with midwives, health visitors and school nurses. Nationally reported data for 2014/2015 showed that the practice was in line with the national averages for rates of cervical screening. 77% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months; this was comparable to the national average of 75%. The practice provided extensive support to families of children undergoing specialist paediatric care and treatment to ensure that the wellbeing of both the parents and the child were considered. For example we were told that a GP visited a child and their family at a hospital which was out of area and contacted the family by telephone every couple of weeks to provide support. When the child was discharged the GP liaised with the specialist nurse at the hospital to ensure that the best care was provided to the child on discharge and for follow up care and support.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. Patients who are registered with the practice for online access could email questions to their GPs and these are usually responded to within a few hours. This was particularly useful to patients who worked as they could access help and advice quickly and easily. The practice was the second highest in North Yorkshire for the provision of NHS health checks, with 88% of the target population having had the health check. The practice offered cervical smear clinics outside of normal working hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups

Good



Summary of findings

and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice had a policy of not deregistering vulnerable patients even if they routinely failed to attend appointments. They worked with the patients to offer appointment slots that suited them and communicate with them by telephone and email.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Nationally reported data from 2014/2015 showed 95% of patients diagnosed with dementia had received a face to face review of their care in the last twelve months this was higher than the national average of 84%. The practice performance across a range of mental health related indicators was comparable to the national averages. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice told patients experiencing poor mental health how to access support groups and voluntary organisations. The practice had a system to provide rapid access to appointments for patients who may be experiencing poor mental health. Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing better than local and national averages. 234 survey forms were distributed and 111 were returned. This represented 1.7% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone; (CCG average of 88% and national average of 73%).
- 92% were able to get an appointment to see or speak to someone the last time they tried; (CCG average 90% and national average of 76%).
- 98% described the overall experience of their GP surgery as good; (CCG average 92% and national average of 85%).

- 97% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area; (CCG average 86% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all very positive and complimentary about the standard of care received. Patients said they were treated with dignity and respect, staff were professional, friendly and caring and their needs were responded to and they received the care and support that they needed.

We spoke with 10 patients during the inspection and one member of the Patient Participation Group (PPG). The comments we received from patients demonstrated that they were very happy with the care they received and thought staff were approachable, committed and caring and prepared to go out of their way to help them.

Outstanding practice

We saw areas of outstanding practice.

- The GPs provided additional care and support to patients and their families. They regularly visited patients in the hospice or hospital to provide support, even though they were not responsible for providing clinical care.
- The practices had put in place a comprehensive and closely monitored appointments system which gave patients ease of access to appointments. This was supported by patients having rapid access by telephone or email to their GP, with calls or emails being returned quickly.

Park Parade 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 GP specialist adviser and a practice nurse specialist adviser.

Background to Park Parade Surgery

Park Parade Surgery is a purpose built surgery in the centre of Harrogate. The building is shared with two other GP practices. The Park Parade practice provides General Medical Services to approximately 6,500 patients living in the town of Harrogate.

At the time of the inspection the practice had three GP partners and two salaried GPs. This has since reduced to two partners as one partner has retired. The practice plan to recruit another salaried GP. At the time of the inspection the practice had two male and three female GPs. The practice has two practice nurses and a healthcare assistant. They are supported by a team of management, reception and administrative staff.

The practice is in an affluent area and has a significantly lower than average proportion of its population who are classed as deprived. It also has a higher than average number of patients who have a long term condition and a higher than average number of patients who are over 65.

The practice is open and provides appointments between 8.00am and 6.00pm on a Monday, Wednesday, Thursday

and Friday and between 7.25am and 6.00pm on a Tuesday. Out of Hours services are provided by NHS North Yorkshire and York and are accessed through the 111 telephone number.

The practice also offers enhanced services including childhood vaccination and immunisation scheme, extended opening hours, support for people with dementia, improving patient on line access, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation and unplanned admissions.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we spoke with the practice manager, GPs, nursing staff, administrative and reception staff. We spoke with patients who used the service, including a member of the Patient Participation Group. We

Detailed findings

observed how staff dealt with patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents and an incident form was completed. All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were discussed at clinical team meetings. They also discussed significant events at the CCG meeting to share learning across the area.

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. For example a new care protocol had been developed for patients taking hormone replacement therapy. A recent audit had highlighted their care and treatment plans required updating in line with national guidance

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

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

A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had understood 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). Chaperoning was usually undertaken by the nursing staff; however one of them had not had chaperone training. The practice agreed to address this and in the interim would ensure that only trained staff would act as chaperones.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Whilst one of the GPs was the infection prevention and control (IPC) lead the practice nurse was responsible for day to day infection prevention and control activities. There was an infection control protocol in place and staff had received training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits and used data from the CCG to monitor their prescribing practice to ensure they were following best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three 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. 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

Are services safe?

safety of the premises. These included control of substances hazardous to health, infection control and legionella, (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks available. A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Recently published results showed that the practice had achieved 99.1% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average across the range of indicators.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national average across the range of indicators.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. These included completed audits where the improvements made were implemented and monitored. Audits included a review of patients with chronic kidney disease. To ensure the condition was managed effectively the patients needed to have regular checks on how their kidneys were functioning. At the initial audit the practice identified that 24% of the patients who should have had the kidney function tests had not. The practice reviewed its

recall letter and recall processes. The follow up audit showed that 6% of patients had not had the checks on their kidney function. The practice had scheduled further audits at six monthly intervals to monitor its performance.

Effective staffing

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

The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other clinical staff.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had had an appraisal within the last 12 months or had one scheduled.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. District nurses, community midwives and health visitors used the building for meetings so the practice had a good working relationship with these health care professionals.

Consent to care and treatment

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12

months of their lives, carers and those with long-term conditions. Patients were then signposted to the relevant service. There were integrated community clinics for patients with diabetes and smoking cessation support was available in the practice building.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and all of the sample takers were female. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data for 2014/2015 showed uptake of breast cancer screening programmes was 80% which was above the national average of 73% and the CCG average of 76%. Uptake for bowel cancer screening was in line with national and CCG averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98% and five year olds from 98% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required. The practice had received a significant number of thank you cards and letters from patients thanking them for the care and support they had received. All feedback from patients about their care and treatment was consistently and strongly positive.

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

Data from the National GP Patient Survey, published in January 2016, showed patients rated the practice higher than others for its average satisfaction scores on consultations with GPs and nurses and showed patients felt they were treated with compassion, dignity and respect. For example:

- 99% said the GP was good at listening to them (CCG average 94%, national average of 89%).
- 98% said the GP gave them enough time (CCG average 92%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%).
- 99% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).

- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 92%, national average 87%).

Care planning and involvement in decisions about care and treatment

We observed a strong patient centred culture. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 98% said the last GP they saw was good at explaining tests and treatments (CCG average 92%, national average 86%).
- 96% said the last GP they saw was good at involving them in decisions about their care (CCG average 88%, national average 82%).
- 99% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language and there was information available on this in the reception area. Staff were also aware of how to access this service.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

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

Staff told us that if families had suffered bereavement, their usual GP would write them a personal letter to express their condolences and provide emotional support to the families. We saw a number of examples of these letters which were clearly written with compassion.

The practice were also able to provide details of many examples of where they had been motivated and inspired to offer kind and compassionate care. This included; regularly visiting patients in the hospice or on hospital to provide support, even though the GPs were not responsible

for providing clinical care. They also provided support to the family of a child who was diagnosed with leukaemia. As the child was in hospital in another city the GP visited the child and their family at the hospital. They also contacted the family by telephone every couple of weeks to provide support. When the child was discharged the GP liaised with the specialist nurse at the hospital to ensure that the best care was provided to the child.

The practice has a policy of not deregistering vulnerable patients even if they routinely failed to attend appointments. They would work with the patients to offer appointment slots that suited them and communicate with them by telephone and email to try and engage with the patient to ensure that they received appropriate care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. The practice worked with the local CCG to improve outcomes for patients in the area. This included participating in the Care Home Project where practices in the CCG area had lead responsibility for specific care homes. As part of the scheme the practice carried out regular visits to the homes to review the health needs of its patients. This provided continuity of care for patients and a point of contact for the home in case of an emergency. The practice also ensured that, where necessary discussions about end of life care and the use of Do Not Attempt Resuscitation (DNAR) instructions were in place if appropriate.

The practice also offered:

- Appointments from 7.25am on a Tuesday for patients who could not attend during normal surgery hours.
- Longer appointments for patients with a learning disability or complex health needs.
- Home visits for older patients and any other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Travel vaccinations.
- Disabled facilities including a hearing loop.

Access to the service

The practice provided appointments between 8.00am and 6.00pm on a Monday, Wednesday, Thursday and Friday and between 7.25am and 6.00pm on a Tuesday. Out of Hours services were provided by NHS North Yorkshire and York and were accessed through the 111 telephone number. Pre-bookable appointments could be booked up to eight weeks in advance and urgent appointments were available on the day for people that needed them. Routine appointments were available within two days.

The practice had taken the decision to reduce the length of morning and afternoon surgeries. Each surgery, for each GP, included 10 routine booked appointments and three urgent appointments. In addition breaks were built into each surgery after three appointments. This led to an average appointment length of 14 minutes. The practice

had monitored this approach to ensure that it did not increase the time taken to get an appointment and whether appointments ran to time. Patients could still get appointments with a GP within two days and surgeries did not run more than 10 to 20 minutes late. The practice believed that this approach reduced fatigue for the GP and helped to maintain a high quality consultation to enable the delivery of safer and more effective care. In addition patients were able to discuss more than one health concern which reduced the need for extra appointments.

On each day all the GPs would act as duty doctors and respond to telephone requests on the day. Patients could request to speak to a specific doctor and that this GP would try to call them back within the session.

The practice believed that the combination of longer appointments, fewer appointments slots and easy access to a GP through telephone or email approach provided patients with a responsive personalised access to their service, which helped to improve their care. The practice was able to demonstrate that its performance for emergency admissions and prescribing costs were the second lowest in the CCG area. Also when compared to other local town centre practices the practice had the lowest number of A&E attendances.

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

- 91% of patients were satisfied with the practice's opening hours (CCG average 79%, national average 73%).
- 91% of patients said they could get through easily to the surgery by phone (CCG average 88%, national average 73%).
- 84% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

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

Are services responsive to people's needs? (for example, to feedback?)

in the practice. We saw that information was available to help patients understand the complaints system, this included information in reception, in the practice leaflet and on the website.

We looked at six complaints received in the last 12 months. They were satisfactorily handled and dealt with in a timely,

open and transparent way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, improving communication with patients during consultations.

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 to all of its patients. Staff knew and understood the values and the practice had a business plan which reflected the vision and values.

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

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

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

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by the management team.

- Staff told us the practice held regular clinical and administrative team meetings.
- The GPs met three times each day to discuss any issues and concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which the practice communicated with, and sought views and opinions from regularly, through email. It had also held a face to face meeting in July 2015 and planned to hold these on a regular basis. Changes included improving the re-ordering of options on the telephone so that the option to make an appointment was the second option, which would reduce the amount of time patients had to spend on the telephone when trying to make an appointment.

The practice gathered feedback from staff through individual discussions, appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. This included the practice nurse suggesting running a cervical smear clinic early in the morning so that women in full time work could attend.

Are services well-led?

Good 

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

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 schemes to

improve outcomes for patients in the area. This included taking part in the CCG initiative to take responsibility for residents in specific care homes to ensure continuity of care.