

The Old School Medical Practice

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to The Old School Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Old School Medical Practice on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, we found that some of the systems to keep patients safe had not been implemented effectively.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was equipped to treat patients and meet their needs.
 - There was a leadership structure and staff felt supported by the management team.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- One of the GPs had a Post Graduate Certificate in understanding and treating Allergies such as infants with feeding problems and those with allergies. This avoided the need for onward specialist referrals in many cases.

Summary of findings

The areas where the provider must make improvement are:

- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Provide staff with appropriate policies and guidance, to carry out their roles in a safe and effective manner, which are reflective of the requirements of the practice.
- Ensure governance systems and processes are implemented to monitor and assess the whole service in relation to risk and improvements.

The areas where the provider should make improvements are:

- Implement comprehensive standard operating procedures (SOPs) which are regularly reviewed in line with national guidance for dispensing practices.
- Embed good record-keeping practices into all aspects of dispensing medicines.
- Regularly assess the competencies of dispensary staff on an ongoing basis.
- Ensure all staff who chaperone have been trained and have an up to date Disclosure and Barring Service (DBS) check.

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was a draft infection control policy which had not yet been implemented. There had been no recent annual infection control audits.
- There was a lack of policies and guidance which were reflective of the requirements of the practice for staff to refer to, to enable them to carry out their roles in a safe and effective manner. Comprehensive up to date standard operating procedures (SOPs) were not implemented in the dispensary and were not regularly reviewed in line with national guidance.
- Recruitment checks for staff required improvement and documented evidence of these checks were not always recorded on staff files.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were lower than the average for the locality and compared to the national average. There was evidence that the practice were working to improve patient outcomes.
- 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 staff said they could access training which was pertinent for their role.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- All patients had a named GP.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had some policies and procedures to govern activity and held governance meetings.
- There was a governance framework however we found the systems and processes required further improvement to monitor and assess the whole service in relation to risk and improvements.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- 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 at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of this population group .
- In addition the practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a register of patients who were at risk of unplanned emergency admission to hospital. The Advanced Nurse Practitioner visited these patients to offer support and to co-ordinate their care.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Advanced Nurse Practitioner had taken the lead role to optimise diabetes care, as this was an area where improvement was needed. They were liaising with the community diabetic team to arrange joint monthly clinics; to help improve the health status of this group of patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up 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.

Good



Summary of findings

- 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.
- All very young patients in this age group were either seen or their parents telephoned by a GP the same day if required.
- Appointments were available outside of school hours (between 4-5.30pm) and the premises were suitable for children and babies.
- One of the GPs had a Post Graduate Certificate in understanding and treating Allergies such as infants with feeding problems and those with allergies. This avoided the need for onward specialist referrals in many cases.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice hosted various services with direct and targeted benefits to their patient population.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 76% of patients diagnosed with dementia had, had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All patients who did not attend (DNA) a mental health related appointment were contacted.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations, some of which were hosted within the practice.

Good



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 mainly above local and national averages. 236 survey forms were distributed and 145 were returned. This represented 1.9% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients wrote they were treated with respect and were listened to with care and sensitivity. All health professionals were said to explain treatment options thoroughly, and that they identified clearly any side effects from medications.

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

Areas for improvement

Action the service **MUST** take to improve

- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure governance systems and processes are implemented to monitor and assess the whole service in relation to risk and improvements.

Action the service **SHOULD** take to improve

- Implement comprehensive standard operating procedures (SOPs) which are regularly reviewed in line with national guidance for dispensing practices.
- Embed good record-keeping practices into all aspects of dispensing medicines.
- Regularly assess the competencies of dispensary staff on an on-going basis.
- Ensure all staff who chaperone have been trained and have an up to date Disclosure and Barring Service (DBS) check.

Outstanding practice

- One of the GPs had a Post Graduate Certificate in understanding and treating Allergies such as infants with feeding problems and those with allergies. This avoided the need for onward specialist referrals in many cases.

The Old School Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included another CQC inspector, a GP specialist adviser, a Pharmacy Inspector, a Practice Nurse specialist adviser and a Practice Manager specialist adviser.

Background to The Old School Medical Practice

- The Old School Medical practice is a semi-rural dispensing practice and they provide General Medical Services to their practice population. They have two locations; in Copmanthorpe and Bishopthorpe. All patients can be seen at any of the locations. We visited both locations on 19 January 2016. The practice population is 7,400. The practice population lives in a less deprived area than average for England.
- This is a teaching practice for medical students who are studying at Hull & York Medical School (HYMS).
- There are five GP Partners and one Practice Manager, plus one salaried GP and an Advanced Nurse Practitioner. There are two Practice Nurses and two Health Care Assistants (HCAs). They are supported by dispensary assistants, secretaries, administration and reception teams.

- The Copmanthorpe surgery is open every week day between 8am and 6pm. They have extended opening hours every Monday evening until 8pm.
- The Bishopthorpe surgery is open every week day between 8am and 12midday and from 3pm to 6pm. This surgery is closed every Tuesday from 12 midday.

The practice website and leaflet offer information for patients when the surgery is closed. They are directed to the Out of Hours Service provided by Northern Doctors Urgent Care.

Why we carried out this inspection

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

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 19 January 2016. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were either not implemented or well embedded to ensure patients were kept safe.

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

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. It was not clear if all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service checks (DBS check). (DBS checks identify whether a

person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice had standards of cleanliness and hygiene. We observed the main premises to be clean and tidy. However we noted that the branch surgery (Bishopthorpe) had an area which was dusty and cluttered. The newly appointed Advanced Nurse Practitioner was to be the infection control clinical lead who would liaise with the local infection prevention teams to keep up to date with best practice. There was a draft infection control protocol which had not yet been embedded. Some staff had received training but not all. Annual infection control audits had not been undertaken. We were informed that they would be completed and any action required to address any improvements would be implemented.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the main practice for patients who did not live near a pharmacy and this was appropriately managed. Dispensary staff showed us standard operating procedures (SOPs) which covered some aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, some were lacking in scope and detail and referred to the old obsolete clinical system. Prescriptions were signed before being dispensed and there was a robust process in place to ensure that this occurred.
- There was a named GP responsible for the dispensary and members of staff involved in the dispensing process had received training). However we were told there was no ongoing assessment of dispensing staff's competency. There was a system in place for the management of high risk medicines, and we saw examples of how this worked to keep patients safe. The practice did not hold any stocks of controlled drugs.
- There was a procedure in place to identify expired medicines via the dispensary computer system, however no regular checks took place of stock on the shelves and we found an item of out of date medicine during our visit. Staff did not keep records of the checks they made. This was not in line with current best

Are services safe?

practice guidance. Expired and unwanted medicines were disposed of according to waste regulations. Staff told us about procedures for monitoring prescriptions that had not been collected.

- We were told that staff did not keep a 'near-miss' record (a record of dispensing errors that had been picked up before medicines had left the dispensary) and there were no records of dispensing errors that had reached patients. Dispensary staff responded appropriately to national patient safety alerts but there were no records of the action taken in response to these.
- We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines and a defibrillator which were easily accessible. However, the oxygen for emergency use was empty and no alternative oxygen was kept on the premises. Oxygen was ordered immediately along with a spare cylinder for each location. This was in place before the inspection team left. There was no completed policy in place for the management of emergency medicines and equipment or medicines requiring refrigeration.
- The ordering and storage of vaccines was well managed, and these were administered by nurses using directions that had been produced in line with legal requirements and national guidance.
- Blank prescription forms were securely stored on arrival at the practice, however we found access to prescriptions in empty consulting rooms was not restricted to authorised staff because doors had been left unlocked. There was no system in place to track controlled stationery through the practice which is contrary to national guidance.
- We reviewed three personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, references and appropriate checks through the Disclosure and Barring Service. Although these were in process.
- There were fail safe 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.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out fire drills recently, we were told this was to be re-introduced. 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 some other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. However infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessments needed to be implemented.
- 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- 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 practice was proactive with their exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had recently employed an Advanced Nurse Practitioner who had taken the lead role for optimising diabetes care as this had been identified as an area for improvement. The practice had already seen improvements with their QOF. Data from 2015 showed;

- Performance for diabetes related indicators was 63% and this was lower than the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 66% and this was lower than the national average of 83%.
- Performance for mental health related indicators was 75% and this was lower than the national average of 88%.

Clinical audits demonstrated quality improvement.

- We saw two clinical audits completed in the last two year. They were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken included telephone reminders for patients who missed their IUCDs (intrauterine contraceptive devices) check.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, such as the Green Book and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appointment for their appraisal within the next few months.
- 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 via a primary care training company and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. When patients moved between services, including when they were referred, or after they were discharged from hospital, the practice worked closely with other agencies. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. However, not all groups of staff had received formal training on the MCA; this was already arranged. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through audits of records.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and travel health clinics. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83% which was higher than the national average of 76%. 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. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97% and five year olds from 85% to 96%.

Flu vaccination rates for the over 65s were 74% and at risk groups 51%. The over 65s and at risk groups were comparable to CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 20 patient Care Quality Commission comment cards we received were positive about their experiences. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for some of its satisfaction scores on consultations with GPs and nurses.

For example:

- 93% said the GP was good at listening to them compared to the CCG average of 91 % and national average of 89%.
- 88% said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 92%).
- 90% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 89%, national average 86%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 90%)

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

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

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

Are services caring?

Staff told us if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The Copmanthorpe surgery was open every week day between 8am and 6pm. They had extended opening hours every Monday evening until 8pm.
- The Bishopthorpe surgery was open every week day between 8am and 12 midday and from 3pm to 6pm. This surgery was closed every Tuesday from 12 midday. They did not have extended opening hours.
- Two thirds of all appointments were bookable on the day.
- In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.
- Telephone appointments were also offered.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Patients told us on the day of the inspection they were able to get appointments when they needed them. We also saw there were appointments available to book on the day.

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. posters were displayed, and a summary leaflet was available.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely, open and transparent way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

There was a governance framework however we found the systems and processes required further improvement to monitor and assess the whole service in relation to risk and improvements. We found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were being implemented and were to be made available to all staff via the practice's intranet.
- There was an understanding of the performance of the practice and how this was to be improved.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership 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 team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all staff to identify opportunities to improve the service delivered by the practice.
- Staff said there had been many changes implemented over the past 18 months. They all said they felt consulted, included and supported by the Practice Manager.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. They told us they felt involved and engaged to improve how the practice was run.

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 at all levels within the practice. The practice team was forward thinking and had implemented changes to the appointment system and how care was delivered to patients with the most complex needs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 (1) and (2) (a), (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Maternity and midwifery services	The registered person must operate a system or processes effectively to ensure compliance with Regulation 17 (1). These systems or processes must enable the registered person to ensure risks are assessed, monitored and mitigated against to assure the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 17, (2) (a), (b).
Treatment of disease, disorder or injury	