

# Haxby Group Practice

## Quality Report

Haxby & Wigginton Health Centre  
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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 Haxby Group Practice on 19 and 20 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and 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 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.

We saw several areas of outstanding practice including:

- Implementing the Integrated Care Team hub across the City of York working to support patients who were at risk of hospital admission to stay at home with support.
- All staff were dementia friends and specific staff members (including a member of the PPG) were identified to start the training to become Dementia champions, to improve patients' experiences.

# Summary of findings

- The Advanced Training Practice (ATP) hub was instrumental in supporting pre- registration student nurses to have clinical placement experience, to encourage them to consider practice nursing at the point of qualification.
- Haxby Group has led in introducing practice pharmacists.
- All staff were being assessed across each staff group using competency frameworks.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

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

Good



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

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available on the day. 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 how the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and they held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which was then acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for these patients were good for conditions commonly found in older people. This patient group numbers were higher than the CCG average and the national average reported for GP practices. However, the practice offered proactive, personalised care to meet the needs of their older patients and they had a range of enhanced services, for example, in dementia and end of life care. All patients in this age group were made aware of their named GP; who co-ordinated their care and treatment. Named GPs attended the local care homes regularly for routine appointments and reviews as well as providing care and treatment in emergencies. In addition the practice was working with the staff at a local care home on a falls prevention programme which was showing safety improvement for their patients by reducing the number of falls related hospital admissions. The practice was responsive to the needs of their older patients and offered care co-ordination with their Integrated Care Pilot & project (which included relevant health and social care professionals) for the vulnerable. Home visits and rapid access appointments were available for those with enhanced needs. Care reviews were with their named GP and could be in their own home.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs). Clinical leads and specialist nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. To support uniformity of management decisions, consistency of approach and high quality record keeping for patients with LTCs the practice used appropriate care plans which were condition specific. 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 patients with the most complex needs, the named GP worked with the Integrated Care team (relevant health and social care professionals) to deliver multidisciplinary packages of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young patients. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high

Good



# Summary of findings

number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young adults were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. We were told children and young babies were seen as a priority whenever required. Patients we spoke with confirmed this. The practice had participated in the 'You're Welcome' project and offered work experience for interested pupils. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered a 24 hour hospital delivery, baby discharge examination. We saw good 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 their 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. Extended hours had been operationalised throughout and after the recent merger with Gale Farm and Old Forge their opening times had also been extended. The practice was proactive in offering online services and used social media to reach this population group. There was a full range of health promotion and screening that reflected the needs of this age group. These included minor operations, vasectomies and NHS health checks.

Good



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

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability. They all had a named GP who provided continuity of care. They had carried out annual health checks for these patients and all of them had received a follow-up, where necessary. Longer appointments were offered for all patients within this population group.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They were supported by a dedicated care-co-ordinator, a domiciliary pharmacist and the Integrated Care Team, when appropriate.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They supported patients with dementia to consider advance care planning for their future, when appropriate. The practice had a visiting consultant who specialises in dementia, who held clinics at the practice. All reception staff had had the opportunity to become dementia friends. The practice was working towards becoming a 'Dementia Friendly' organisation by joining the Dementia Action Alliance. The practice was working towards team members, including a member of the Patient Participation Group, becoming dementia champions, to improve services and support to this group of patients.

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



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing better than local and national averages. There were 129 responses and this was a response rate of 50% of the surveys distributed.

- 87% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 89.7% and a national average of 87%.
- 61.9% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 93.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.5% and a national average of 85.4%.
- 97.8% say the last appointment they got was convenient compared with a CCG average of 93.8% and a national average of 91.8%.

- 84.7% describe their experience of making an appointment as good compared with a CCG average of 78.1% and a national average of 73.8%.
- 71.6% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.3% and a national average of 65.2%.
- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.1% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients felt the practice delivered over and above their expectations and they said they never felt rushed by any clinician. Three patients said it was difficult to get through via the telephone to make an appointment whilst the others said they could access appointments with ease. The comments were in line with the most recent published patient survey.

## Outstanding practice

- Implementing the Integrated Care Team hub across the City of York working to support patients who were at risk of hospital admission to stay at home with support.
- All staff were dementia friends and specific staff members (including a member of the PPG) were identified to start the training to become Dementia champions, to improve patients' experiences.
- The Advanced Training Practice (ATP) hub was instrumental in supporting pre- registration student nurses to have clinical placement experience, to encourage them to consider practice nursing at the point of qualification.
- Haxby Group has led in introducing practice pharmacists.
- All staff were being assessed across each staff group using competency frameworks.

# Haxby Group 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 a GP Specialist professional Adviser (SpA), Practice Manager SpA, Practice Nurse SpA and a Pharmacist SpA.

## Background to Haxby Group Practice

The surgeries are located in six locations on the outskirts of the City of York. There are over 33,000 patients on the practice list and the majority of patients are of white British background. The managing partner told us there were a higher proportion of patients over 65 on the practice list compared with practices nationally.

The surgery at Stockton on the Forest dispenses medications to their patients who live more than one mile from the local pharmacy. They also provide this service to the patients who attend the Old Forge surgery. The practice is a teaching practice; there are 22 Partners and seven salaried GPs (13 males and 16 females). There is a managing partner, a general manager, an assistant general manager, head of nursing, nurse manager, nurse practitioners, practice nurses and healthcare assistants and phlebotomists. There is a dispensary team leader and part-time dispensers. In addition there is a full range of administrative personnel to support everyday activities. The surgeries at Gale Farm, Old Forge, Huntington and Haxby and Wigginton are open from 8am-6.30pm, Monday-Friday. New Earswick surgery is open from 8am – 6pm Monday-Friday. Stockton on the Forest Surgery is open Monday –Friday 8am - 12.15pm and from 2pm-5pm apart

from Tuesday, when the surgery is closed all morning and closes at 5.45pm in the evening. There are late evening appointments available at Huntington, Haxby and Wigginton surgeries until 8.30 pm each Wednesday. Saturday morning surgeries are held at Gale Farm, Huntington and Haxby and Wigginton. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Northern Doctors Urgent Care.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example: extended hours, minor surgery, a Patient Participant Group (PPG), and patients with Learning Disabilities have their physical health pro-actively managed.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2015 at Gale Farm surgery to review the practice's policies and their human resource arrangements. We visited four surgeries on Tuesday 20 October 2015 to complete our inspection. We did not visit the surgeries at Old Forge and Huntington. During our visit we spoke with a range of staff which included GPs, a practice manager, practice nurses, a practice administrator, dispensing staff and receptionists. We also spoke with patients who used the service and two members from the Patient Participation Group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients, where appropriate. We reviewed 40 comment cards where patients shared their views and experiences of the service. Patients were very complimentary about all of the practice staff and said they were treated with respect and that all staff went the 'extra mile' for the patients and their families. We received three negative comments about the long wait for the telephone to be answered.

# Are services safe?

## Our findings

### Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared, to make sure action was taken to improve safety in the practice. However, we did not find these were documented in the minutes of all staff meetings.

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

### Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 who was trained to Level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff that acted as chaperones were trained

for the role and however not all had received a Disclosure and Barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The head of nursing was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was to be taken to address the most recent required improvements.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Stockton on the Forest practice, for patients who did not live near a pharmacy and this was appropriately managed. Dispensing staff showed us the standard operating procedures for managing medicines (these were written instructions about how to safely dispense medicines). Prescription pads were securely stored and there were systems in place to monitor their use. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. We saw records showing all members of staff involved in the dispensing process had received appropriate training. There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. We were told that staff kept a 'near-miss record (a record of dispensing errors that had been picked up before medicines have left the dispensary). We did see

## Are services safe?

significant event records relating to the dispensary, and were told all dispensary staff met regularly to discuss these. The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and they had in place standard procedures that set out how they would be managed, when necessary. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely with restricted access to authorised staff only. Vaccines were administered by nurses and healthcare assistants using directions that had been produced in line with legal requirements and national guidance.

- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we noted in one file we reviewed that references had not been recorded.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups in each surgery to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The surgeries had defibrillators available on the premises and oxygen with adult and children's masks. A recent emergency where the defibrillator was required to be used in the patient car park evidenced the success of the emergency processes. There were first aid kits and accident books. However, we were told the surgeries did not have any first aiders. Emergency medicines were easily accessible to staff in secure areas of the practices and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had comprehensive business continuity plans in place for major incidents such as power failure or building damage. This had successfully been implemented recently, when there was a water leak and staff knew where the plan was and followed the identified process. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was between 76%-98% and this was better than the national average of 77%-93%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% and this was higher than the national average of 83%.
- Performance for mental health related and hypertension indicators was 87% and this was better than the national average of 83%.
- The dementia diagnosis rate of 84% was above the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been a number of clinical audits completed in the last two years; two were seen and these were completed audits where the improvements made were implemented and monitored. The practice collaborated with the NHS Primary Care research networks as they had committed to become a research-active practice. They had participated in applicable local audits, national benchmarking, accreditation and peer reviews. Findings were used by the practice to improve services.

### Effective staffing

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

- The practice was accredited as an Advanced Training Practice (ATP) hub and as such has been instrumental in supporting different groups of practitioners to work alongside GPs such as; practice pharmacists.
- The practice had an induction programme for all newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. We found that all staff groups were being measured for their competency to assure consistency of approach and delivery. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had either had an appraisal within the last 12 months, or were due and had been appointed.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training provided by suitably qualified staff.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Although we found that some practice based protocols were brief. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to them for care and treatment.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan on-going care and treatment. We were told of the Integrated Care pilot and how this was improving patient outcomes. We saw



# Are services effective?

(for example, treatment is effective)

evidence (of when patients moved between services, including when they were referred, or after they were discharged from hospital), of information being shared appropriately. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure they met the practice's responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives. Patients who were carers,

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

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87.69% which was higher than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. They encouraged female patients over the age of 74 to self-refer for breast screening.

Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.2% to 98.7% and five year olds from 93.1% to 98.9%. Flu vaccination rates for the over 65s were 81.65% and at risk groups 58.4%. These were also higher than the national averages.

Patients had access to appropriate health assessments and checks. All new patients had a health assessment with a GP and there were NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 40 patient CQC comment cards we received were positive about the service and care they experienced. Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) as part of this inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards were overwhelmingly positive about all of the practice staff. We were told how everyone responded with compassion when patients needed help and how they provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to local averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90.5% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 87.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.7% and national average of 85%.

- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. They said they 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 extremely positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%
- Staff told us that translation services were available for patients who did not have English as a first language.

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

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

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

Staff told us that when families had suffered bereavement, their usual GP contacted them. This call



## Are services caring?

was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example they were part of NimbusCare Limited (four large practices in the city of York). They worked together on integration programmes to assure the needs of the practices' populations were met appropriately. They are currently the providers of the Integrated Care Team hub in the city. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Appointments with GPs were 12 minutes long.
- There was flexibility within the appointments system. There was an 'acute' doctor who had shortened morning and afternoon surgeries to accommodate their role in triaging home visit requests. They also dealt with acute phone calls and saw patients who were invited in for an acute sit and wait appointment.
- Minor injuries were given priority because of the distance to secondary care (hospital).
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were always available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

### Access to the service

The surgeries at Gale Farm, Old Forge, Huntington and Haxby and Wigginton were open from 8am-6.30 pm, Monday- Friday. New Earswick surgery was open from 8am – 6pm Monday-Friday. Stockton on the Forest Surgery was open Monday –Friday 8am - 12.15pm and from 2pm-5pm apart from Tuesday, when the surgery was closed all morning and closed at 5.45pm in the evening. There were late evening appointments available at Huntington, Haxby and Wigginton surgeries until 8.30 pm each Wednesday. Saturday morning surgeries were held at Gale Farm, Huntington and Haxby and Wigginton. Patients requiring a GP outside of normal working hours were advised to contact the GP out of hours service provided by Northern Doctors Urgent Care.

Appointments were available to be booked every day, on the day. In addition appointments could be booked up to four weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system e.g. a poster was displayed in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

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

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example patients said the waiting room at New Earswick surgery required updating and we saw it had been.

# 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 these were regularly monitored.

### Governance arrangements

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

- The management structures and systems had changed recently with the merger of Gale Farm and the Old Forge surgeries into the group and now there was a new staffing structure. Staff were aware of their own roles and responsibilities.
- Clear methods of communication involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other pertinent information.
- Practice specific policies were implemented and were available to all staff on the practices' secure Z drive.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

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

Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported,

particularly by the partners and the new general management team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all staff to identify opportunities to improve the service delivered by the practice. They had made changes to their work place organisation; this had helped to improve the patients' experience.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. They had increased the number of telephone and surgery appointments at the beginning and end of the day for working people.

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

### Innovation

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

- Implementing the Integrated Care Team hub across the City of York working to support patients who were at risk of hospital admission, to stay at home with support.
- All staff were dementia friends and specific staff members (including a member of the PPG) were identified to start the training to become Dementia champions, to improve patients' experiences.
- The Advanced Training Practice (ATP) hub was instrumental in supporting pre- registration student nurses to have clinical placement experience, to encourage them to consider practice nursing at the point of qualification.
- Haxby Group has led in introducing practice pharmacists.
- All staff were being assessed across each staff group using competency frameworks.