

# Jorvik Gillygate Practice

## Quality Report

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Date of inspection visit: 9 December 2015

Date of publication: 03/03/2016

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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 of Jorvik Gillygate Practice on 9th December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients 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.

- The practice provided easy access to appointments with on the day appointments available to all patients.
- 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:

- The practice supported individuals allocated via the Alternative Medical Scheme from the 'violent patient list' where other practices had removed a patient from their list. This ensured vulnerable patients had access to the full range of services.
- One GP partner worked with local psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists. This provided direct links to mental health services to support patients living in the community.

# Summary of findings

- The practice welcomed patients who were being rehabilitated into the community working in collaboration with the York association for care and resettlement of offenders.
- The practice provides support to patients with drug addiction alongside 'Lifeline' drugs support services.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multi-disciplinary teams (MDT) to understand and meet the range and complexity of people's needs.
- GPs worked with the local hospitals providing clinics in dementia and psychiatric services which benefited the liaison between the practice and hospital and service patients received at the practice.

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.

Good



# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw that patients were well supported with their health promotion and long-term conditions.
- The practice supported individuals allocated via the alternative medical scheme from the 'violent patient list' where other practices had removed a patient from their list. This ensured vulnerable patients had access to the full range of services.
- One GP partner worked with local psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists. This provided direct links to mental health services to support patients living in the community.
- The practice welcomed patients who were being rehabilitated into the community working in collaboration with the York association for care and resettlement of offenders.
- The practice provided access for homeless patients to use resources at the practice.
- The practice provided support to patients with drug addiction alongside 'Lifeline' drugs support services.
- The practice offered extended opening hours during the week and an additional Saturday morning surgery.

Outstanding



## Are services well-led?

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

- It 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 clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group in place.
- There was a strong focus on continuous learning and improvement 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 the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments and for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Immunisation rates ranged from 91-98% for all standard childhood immunisations which were comparable with the CCG rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Women aged 25 to 64 who had a cervical screening test recorded in the preceding five years was 81%, which was comparable with the national average.

Good



# Summary of findings

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering telephone consultations and online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended opening hours during the week and an additional Saturday morning surgery.

Good



## People whose circumstances may make them vulnerable

The practice is rated as outstanding 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.
- It had told vulnerable patients about 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.
- The practice supported individuals allocated via the alternative medical scheme from the 'violent patient list' where other practices had removed a patient from their list. This ensured vulnerable patients had access to the full range of services.
- The practice welcomed patients who were being rehabilitated into the community working in collaboration with the York association for care and resettlement of offenders.
- The practice ensured easy access for homeless patients enabling them to use all resources at the practice.
- The practice provides support to patients with drug addiction alongside 'Lifeline' drugs support services.
- Access for homeless patients to use resources at the practice.

Outstanding



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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

Outstanding





# Summary of findings

- 83% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the national average of 78%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- 93% of people diagnosed with mental health a disorder had had their care reviewed in a face to face meeting in the last 12 months. This was above the national average of 86%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia. All clinical staff had received training on the Mental Health Act.
- One GP partner worked with local psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists. This provided direct links to mental health services to support patients living in the community.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.
- A counselling service and in house referral to a mental health worker was available at the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Of 298 surveys distributed (The patient list size was 20,157) there were 117 returns representing a response rate of 39.3%. Of the responses:

- 72% found it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 81% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 86%.

- 98% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were in the main positive about the standard of care received, with one comment concerned about the difficulties in getting through on the telephone.

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

## Outstanding practice

- The practice supported individuals allocated via the Alternative Medical Scheme from the 'violent patient list' where other practices had removed a patient from their list. This ensured vulnerable patients had access to the full range of services.
- One GP partner worked with local psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists. This provided direct links to mental health services to support patients living in the community.
- The practice welcomed patients who were being rehabilitated into the community working in collaboration with the York association for care and resettlement of offenders.
- The practice provides support to patients with drug addiction alongside 'Lifeline' drugs support services.

# Jorvik Gillygate Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser (SPA), a practice manager SPA and an 'expert by experience', who has experience of being a patient in NHS services.

### Background to Jorvik Gillygate Practice

Jorvik Gillygate Practice is located in the centre of the York. The practice formed after the merger of two practices the Jorvik Medical Practice and the Gillygate surgery in November 2014.

They have 20,517 registered patients. They have a higher than national average population of patients aged over 25 -45 years. It is in the third least deprived areas of country and is part of NHS Vale of York Clinical Commissioning Group (CCG).

The main practice is based in the centre of Jorvik Gillygate Practice with a branch surgery based at South Bank York.

The practice provides General Medical Services (GMS) under a contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; extended hours, childhood vaccinations and Dementia.

There are twelve GPs, six male and six female (all are GP partners), three practice nurses, and three healthcare

assistants. These are supported by a team of 4 departmental managers, a practice manager (who is also a partner) and an experienced team of reception/ administration staff.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours Monday evening until 8:00pm and Saturday opening 8am -12pm. When the practice is closed, out-of-hours services are provided.

The practice is also a training and teaching practice for GPs in training and medical students.

### 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 was 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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and NHS Vale of York Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

# Detailed findings

We carried out an announced inspection on the 9 December 2015. During our visit we spoke with three GPs, nurse manager, health care assistant, the practice manager and four reception/ secretarial staff. We also spoke with five patients and one representative from the patient participation group (PPG). We reviewed three CQC comment cards where patients shared their views and experiences of the practice.

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)

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events.
- 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 clearly defined and embedded 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. The GPs attended safeguarding meetings 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 a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice had commissioned a fire risk assessment in 2015, had a fire procedure in place and fire extinguishers were annually serviced.
- 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 nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we did note that references were not in place for one recent member of staff. We discussed this with the practice manager who told us that this had been an oversight and verbal references had been taken but not fully recorded. The practice manager confirmed this would be rectified.
- 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.
- We checked medicines stored in the treatment rooms and medicine refrigerators. We found that storage was safe and secure, and medicines were within their expiry dates. Medicines were stored at the correct temperature so that they were fit for use. The temperature of the medicines refrigerators were monitored daily.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

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 emergency medicines also easily accessible to staff.

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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90.3% of the total number of points available, this practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:
  - Performance for asthma related indicators was above the national average. For example 90% of patients aged over eight with asthma had their care reviewed face to face in the preceding 12 months compared to a national average of 88%.
  - Emergency hospital admissions were comparable with national figures with emergency admissions for care sensitive conditions per 1000 population at 10.63% compared to a national average of 14.4 per 1000 population.

### Clinical audits demonstrated quality improvement.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been several clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we saw evidence that demonstrated following audit the reduction in the prescribing of certain medication resulted in some reduction in the overall prescribing rates.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The practice also had regular education and training sessions where staff had protected learning time.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Additional GPs had been recruited to provide increased flexibility to appointments and the service provided.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. They received blood test results, X-ray results, letters and discharge summaries from

# Are services effective?

## (for example, treatment is effective)

other services, such as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with understood their roles and responsibilities when processing the information. There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.

- The practice held three monthly multidisciplinary team (MDT) meetings to discuss the needs of patients with complex needs. For example, those with multiple long term conditions, mental health problems, end of life care needs or patients who were vulnerable or at risk. These meetings were attended by a range of health and social care staff, such as health visitors, palliative care nurses and members of the district nursing team.
- The practice used on line systems to make an appointment and order prescriptions.

### 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. All clinical staff had received training in this area. 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 it 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, carers, those at risk of developing a long-term condition and .
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 90.3% comparable with both the CCG average and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 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 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. The three patient CQC comment cards we received were positive about the staff. The practice also had undertaken regular family and friends surveys to continually monitor patients' satisfaction.

The majority of patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 97% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 99% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 85%

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. A separate room was provided for patients away from the reception area if they wished to discuss anything in private with staff.

### 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. Patient feedback on the comment cards we received was also 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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88%.
- 88.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90%.
- 81.2% said the last GP they saw or spoke to was good at involving them in a decision about their care compared to the CCG average of 84%.
- 88.4 % said the last nurse they saw or spoke to was good at involving them in a decision about their care compared to the CCG average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. The web site offer further translation services and increased font size for the visually impaired a hearing loop is also available in the building. Disabled access is available throughout the building with lift access to the first floor.

### 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 including advocacy and carers support groups.

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

## Are services caring?

The practice provided Gold Standard Framework end of life care with district nurses and Macmillan staff. They held monthly meetings to discuss all those patients who received additional care and support. This work had been shared with local care homes and other practices.

Staff told us that if families had suffered bereavement, their usual GP contacted them or to meet the family's needs as well as 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 plan services and to improve outcomes for patients in the area. For example providing additional support to house bound patients, with the provision of nursing and phlebotomy services for patients at the practice.

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. For example;

- The practice supported individuals allocated via the alternative medical scheme from the 'violent patient list' where other practices had removed a patient from their list. This ensured vulnerable patients had access to the full range of services.
- One GP partner worked with local psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists. This provided direct links to mental health services to support patients living in the community.
- The practice welcomed patients who were being rehabilitated into the community working in collaboration with the York association for care and resettlement of offenders.
- The practice provided support to patients with drug addiction alongside 'Lifeline' drugs support services.
- The practice provided urgent access for homeless patients to appointments and resources at the practice.
- The practice offered extended opening hours during the week and additional Saturday opening.
- There were longer appointments available for vulnerable people with mental health needs or a learning disability.
- Home visits were available for older patients and patients with long term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a two counsellors based at the practice with access for in house appointments with a primary mental health worker.

- The practice supported staff with further clinical development. For example the practice was supporting their specialist nurse to further develop their clinical skills to be a nurse prescribing practitioner. This was an extension of their existing role and would offer further flexibility and greater appointment access for patients.
- Two carers' champions had been appointed from the staff team and healthcare assistants regularly updated themed displays in waiting rooms to help patients towards a healthy lifestyle. The staff had created a carers' notice board to signpost individuals to information and support.
- The practice had increased capacity to manage complex wounds in-house with all nurse and health care assistants receiving further training which helped to minimise the use of external services.

### Access to the service

- Appointments were from 8.00am to 6.00pm daily. Extended hours surgeries were provided on Monday until 8:00pm and Saturday 9am to 12pm. The practice provided on the day appointments to all patients via telephone consultations with a duty GP who triaged calls to decide if patients needed to attend in person at the practice. Pre bookable scheduled appointments were also available at reception or via the telephone and online. Priority was given to emergency appointments and vulnerable patients. With an emergency clinic running daily between the main practice and branch surgeries.

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

- 93% of patients who were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 71% patients said they could get through easily to the surgery by phone compared to national average of 73%.
- 79% patients described their experience of making an appointment as good compared to the national average of 73%.



# Are services responsive to people's needs?

(for example, to feedback?)

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

## 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 for instance information was available on the web site and in the practice leaflet which explained the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely way. The practice showed openness and transparency when dealing with the compliant. These complaints had been handled in line with the practice policy, identifying action taken and any lessons learned. We were informed shared learning from these was discussed with staff at practice meetings

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice has sourced a new telephone system, which should be installed in Spring 2016. The practice redesigned appointment systems in response to patient concerns about not being able to access appointments easily.

# 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 robust strategy and supporting business plans which reflected the vision and values. These were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- The business plan clearly identified areas for improvement and development with the appointment of an IT project manager and a Clinical Pharmacist in the next few months to improve the efficiency of the services provided.

### Leadership, openness and transparency

- The GPs 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 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 they had the opportunity to raise any issues at their team meetings and were confident in doing so and felt supported if they did.

- The practice is a training and teaching practice for GPs in training and medical students. Four GPs at the practice are GP trainers with one GP a training programme director. There are currently two Registrars at the practice
- Weekly clinical team meetings were held. Nurses had a team meeting every two weeks. Business team meetings were held every two weeks and other staff teams met monthly, for instance the secretarial and reception teams.
- The practice also held quarterly significant event meetings and health and safety meetings
- Quarterly liaison meetings were held with palliative care, district nurses, health visitors and safeguarding.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG ran as a virtual group. The practice manager explained that since the merger the group had not had a meeting but they were in the process of deciding a future format for the group.
- The practice had gathered feedback from staff through individual appraisals and staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice regular staff meetings and said they were encouraged to raise items on the agenda. Staff confirmed they felt involved and engaged to improve how the practice was run.

### Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and involved in the development of local pilot and patient care hubs to improve outcomes for patients in the area.