

Orchard 2000 Group - Bransholme

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard 2000 Group - Bransholme on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and 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 patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- The practice learned from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- We observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a named GP and 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 the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent and longer appointments for those with enhanced needs.
- Telephone appointments were available to older people as well as advice over the telephone when a face to face appointment was not necessary.
- The practice worked closely with the community nursing teams, social services, carer's association and the medicines management team.
- The practice maintained a carer's register and consent to medical information to help family members and carers to access medical information if necessary.

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.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were generally good.
- Longer appointments and home visits were available when needed.
- Appointments could be arranged to take place in people's homes or by telephone.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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.
- Nationally reported data from 2014/2015 showed patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 99.2%, which was 23.4% above the local CCG average and 23.9% above the national average
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 90.9%, which was 9.1% above the local CCG average and 9.1% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All children under five were prioritised and offered same day appointments. After school appointments were available.
- There was a safeguarding policy and procedure for children and young people and all staff were trained to Safeguarding level 2, with the GPs trained to Safeguarding level 3.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Advice on healthy lifestyles such as diet, smoking, exercise and alcohol was given and any appropriate referrals made.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups 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.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2014/2015 showed 100% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was 14.5% above the local CCG average and 16% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months was 100%. This was 11.8% above the local CCG average and 11.7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Information about mental health was available in the waiting area.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 392 survey forms were distributed and 90 were returned. This represented 2.8% of the practice's patient list. The results were in-line or above local CCG and national averages, for example:

- 96% found it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 93% described the overall experience of their GP surgery as good compared with a CCG average of 83% and a national average of 85%.

- 84% said they would recommend their GP surgery to someone who has just moved to the local area compared with a CCG average of 73% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received, the staff and the cleanliness of the practice. One comment was made related to difficulty getting appointments.

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

Family and Friends questionnaires gathered by the practice over the preceding six months to our visit had been collected from 68 patients. 60 patients said that they were likely or extremely likely to recommend the service.

Orchard 2000 Group - Bransholme

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Orchard 2000 Group - Bransholme

Orchard 2000 Group - Bransholme is located in the north of the city of Hull in the Bransholme area and provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team. The practice population is 3,214 covering patients of all ages. The practice is located in a modern purpose built building that houses other primary healthcare providers. The building is accessible by public transport links. There is designated free parking for the practice. The building has disabled access and facilities including a lift. There is an induction loop for people that are hard of hearing.

The practice offers appointments bookable four weeks in advance as well as appointments on the day between 9:00am and 6:00pm. Walk in patients will also be seen in urgent cases.

Patients can access appointment booking and ordering repeat prescriptions online through the practice website.

The practice is one of two practices in Hull run by the partners under the Orchard 2000 Group. These two practices are registered as separate locations. Staff are shared across both sites as and when needed. The two partners were mainly based at a site each.

The practice had recently been taken over from a previous GP who retired in September 2015. Their new partner worked alongside the retiring GP since October 2013 until the handover.

There are two partners at the practice, both male. There is a salaried female GP. There is an advanced nurse practitioner, three part time practice nurses and a phlebotomist. There is a practice manager, two senior administrative assistants, four receptionists, one secretary and an apprentice.

The practice manager was new in post in December 2015.

The practice is open between is open Monday to Friday between 8am and 6.30pm. The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6.30pm. This has been agreed with the NHS England area team.

The practice scored one on the deprivation measurement scale, which is the most deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 48.6 and the national average is 21.8.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016.

During our visit we:

- Spoke with a range of staff including a GP, the practice manager, the practice nurse and the reception and administrative staff.
- Spoke with six patients who used the service
- Observed how patients were being cared for.

- Reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an incident book to record any incidents.
- The practice carried out an analysis of the significant events.

We reviewed safety records, significant event analysis and the incident book. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. 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.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed all personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). All of the policies and procedures related to the building were held centrally by the building management company.
- 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.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.
- Oxygen with adult and children's masks and a defibrillator were available on the premises. A first aid kit and accident book were available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected from 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). Results from 2014/2015 showed the practice achieved 93.6% of the total number of points available, with 16.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93.6% which was 4.6% above the local CCG average and 4.4% above the national average.
- Performance for mental health related indicators was 88.5% which was 3.7% below the CCG average and 4.3% below the national average.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 100% This was 9.8% above the local CCG average and 10.2% above the national average.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 99.2% which was 23.4% above the local CCG average and 23.9% above the national average.

Clinical audits demonstrated quality improvement.

- There had been various clinical audits completed in the last two years by the GP partner and the visiting local CCG teams. The including prescribing medication for immunosuppression in adults and blood pressure monitoring for patients taking an appropriate medicine.
- There was a system in place to evidence where the improvements identified were implemented and monitored for the full cycle audits.

Effective staffing

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

- The practice had an induction process and checklist for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, supervision and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one supervision, appraisals, clinical supervision and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of an electronic system for e-learning training modules and in-house training.
- There was a weekly meeting for clinical staff for the partners and the practice manager as well as a monthly meeting for the nursing staff
- There was protected learning time for an afternoon every month to ensure that staff could meet their training needs as well as have opportunities to have all staff meetings.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The GPs and clinical staff were aware of the Gillick competency and Fraser guidelines.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

condition and those requiring advice on their diet, smoking and alcohol cessation and mental well-being. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 90.9%, which was 9.1% above the local CCG average and 9.1% above the national average. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98% and five year olds from 91% to 98%.

Flu vaccination rates for the over 65s were 66%, and at risk groups were 41%. These were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure testing in the preceding five years was 94.7%. This was 2.9% above the local CCG average and 3.7% above the national average. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 84%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 94% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

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

Staff told us that if families had suffered bereavement, their usual GP gave them advice on how to find a support service. We saw information available on bereavement services at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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 offered extended evening clinics every day from 8am until 6:30pm for working patients who could not attend during normal opening hours.
- Saturday morning clinics were available at the sister practice in Hull if needed.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing induction loop and translation services available.

Access to the service

The practice was open between 8am until 6:30pm, Monday to Friday. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. The practice, along with all other practices in the Hull CCG area had a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6:30pm. This had been agreed with the NHS England area team

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 96% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 73% patients said they usually see or speak to the GP they prefer (CCG average 53%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had 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, such as in the practice information leaflet.

We looked at the complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and openness and transparency was used when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Older people were invited to contribute to a personalised care plan. The care plan considered holistic care needs, for example, social care needs as well as clinical requirements.

Advance directives were in place where required. For example the identification of the patient's carer(s) and permission for the GP practice to contact the carer(s) directly and provide details of support services available.

There was a register for the carers and the practice had information available from Carers UK.

The practice had a dementia register and referred to the memory clinic if needed.

For expectant mothers there was a self-referral process to the midwife clinic and shared care with the hospital and midwives. There were postnatal checks for mothers and babies and regular baby clinics for vaccinations. A health visitor visited the surgery once a week and any concerns were written in a book for action which included babies who had missed appointments for their vaccinations.

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

When new babies were registered there was the option in the registration process to add family members or relevant professionals to the child's record, such as a parent, social worker, health visitor or any other health professional.

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 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.
- The practice had a mission statement and staff knew about the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit to monitor quality and to make improvements was in place.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The practice manager had been in post since early December 2015 and had built a good rapport with the team.
- Formal practice meetings were taking place on a regular basis.

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

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

- The practice had gathered feedback from patients on a monthly basis through surveys. The results of these surveys were discussed at practice meetings however there was no evidence that actions had been taken forward. We were informed that the responsible member of staff for this had left the practice and this role was in the process of being reassigned.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Most staff told us they felt involved and engaged to improve how the practice was run.
- There was no Patient Participation Group (PPG) in place at the time of the inspection. We saw evidence that this was being advertised for in the waiting area and in the practice leaflet. The practice manager informed us that an exercise would be undertaken to actively approach patients for new membership by telephone.

Are services well-led?

Good 

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

Continuous improvement

- The practice hosted an open morning for patients when the previous GP retired as a farewell and an exercise to introduce the new partner GP to the patients. The practice did not lose any of the patients during the transition period.
- The practice manager told about the plans in place to implement further governance systems as they had only been in post since early December 2015. This included systems for tracking all staff training in a training matrix as opposed to consulting individual staff folders which were not all located on site.
- Although all reported clinical incidents, significant events and complaints had been reported and investigated and actioned, there was no central record

in place to document these and therefore evidence had to be sought from individual GP records and the previous practice manager's records. The practice manager told us that there was a plan in place to centralise the recording system.

Although the practice was able to provide us with evidence that the appropriate checks had been undertaken on the premises, this information had to be requested from the building management company who were based on site. There were however no systems in place to ensure on-going assurances to the practice that these were maintained. We were told that a meeting should take place on a monthly basis with the building managers and the practice manager, however this had not occurred since October 2015.