

# Park Health Care Centre

## Quality Report

Park Health Centre,  
700 Holderness Road  
Hull,  
HU9 3JR

Tel: 01482 344240

Website: [www.drchowdhuryandpartner.co.uk](http://www.drchowdhuryandpartner.co.uk)

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Health Care Centre on 18 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.

- Most 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, which it acted on. The practice had an active Patient Participation Group (PPG).

The areas where the provider must make improvements are:

- Recruitment arrangements must include all necessary employment checks for all staff.

The areas where the provider should make improvement are:

- Systems must be in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.

# Summary of findings

- There must be mechanisms in place to manage and monitor the prevention and control of infection.
- The provider should ensure there is an effective audit system in place to ensure audits are undertaken regularly and lessons are learned and implemented.
- An effective system should be in place to review complaints and evidence changes made as a result of the analysis completed.
- A mechanism should be in place to allow meetings to take place on a regular basis, are minuted, actions are followed up and all staff are included.

**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 an effective 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 at or 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. The patient participation group was active and engaged.

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.

Good



- 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.
- Every elderly patient was offered a routine health check every two years if they have not been seen by the practice or any community service.
- All over 75s were informed of their named GP by letter before their 75th birthday.
- All older people were offered annual influenza, pneumonia and shingles vaccines.
- Staff followed up informally on older people who had been absent from the practice or had missed appointments.

### People with long term conditions

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

Good



- 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. However, performance for diabetes related indicators was 77%, this was below the local CCG and national average.
- Longer appointments and home visits were available when needed.
- Appointments could be arranged to take place in people's homes or by telephone.

# Summary of findings

- 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.
- The practice maintained a close relationship with the long term conditions team and undertook regular meetings to discuss patient's needs.
- All diagnosed cancer patients were discussed at 'gold standard' meetings which is where end of life discussions take place.
- Patients with long term conditions were asked to attend regular medication reviews and health checks.

## Families, children and young people

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

- 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 71.1%, which was 4.7% below the local CCG average and 4.2% below the national average.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 99%, which was 0.3% above the local CCG average and 1.3% 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 appointment were available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- All ante and post-natal, as well as baby check for 6-8 weeks were undertaken by the GPs
- There was a weekly nurse led immunisation clinic or more regularly if needed. The practice nurse was trained in immunisations.
- Contraception advice was offered as well as for the pill and injections. Referrals were made for coils or implants.

Good



# Summary of findings

- 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.
- 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.
- The practice offered an annual health check for people with a learning disability ensuring their needs were documented in their well-being record book.

**Good**



## **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)

**Good**





# Summary of findings

- Nationally reported data from 2014/2015 showed 86.7% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was 1.2% above the local CCG and 2.7% 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 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.
- All patient experiencing poor mental health were offered a referral to 'Let's talk', an initiative coordinated by the local CCG offering advice, support and referrals to counselling and mental health services.
- All staff had received training in dementia awareness from the dementia academy and the practice is a member of the dementia alliance.
- Information about mental health was available in the waiting area.

# 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. 316 survey forms were distributed and 101 were returned.

- 88% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 55% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 85% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

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. Five comments were made related to difficulty getting appointments and appointments being late and having to wait without an explanation.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Recruitment arrangements must include all necessary employment checks for all staff.

### Action the service **SHOULD** take to improve

- Systems must be in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.
- There must be mechanisms in place to manage and monitor the prevention and control of infection.

- The provider should ensure there is an effective audit system in place to ensure audits are undertaken regularly and lessons are learned and implemented.
- An effective system should be in place to review complaints and evidence changes made as a result of the analysis completed.
- A mechanism should be in place to allow meetings to take place on a regular basis, are minuted, actions are followed up and all staff are included.

# Park Health Care Centre

## 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 Park Health Care Centre

Park Health Centre, is located in the east of the city of Hull and provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team to the practice population of 2,298 covering patients of all ages. The practice is located in a modern purpose built building that houses other GP practices. The building is accessible by public transport links being on a main road. There is designated free parking for the practice. The building has disabled access and facilities including a lift. The GP consultation rooms are located on the ground floor and the nurse's consultation room is on the first floor. There is an induction loop for people that are hard of hearing.

There are two partners at the practice, one male and one female. There is a part time practice nurse and a health care assistant. Locum GPs are very occasionally used to cover leave and sickness. There is a full time practice manager and four part time administrative and reception staff.

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.

There is a child/baby clinic every Wednesday morning where children under the age of five can be seen without an appointment. There is a health visitor and nurse for these clinics.

The practice scored two on the deprivation measurement scale, which is the second lowest 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 40.1 and the England average is 21.8.

## 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 18 February 2016.

During our visit we:

# Detailed findings

- 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 including two members of the Patient Participation Group (PPG).
- Observed how patients were being cared for.
- Reviewed 40 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 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All staff were trained to Safeguarding level 2. GPs were trained to Safeguarding level 3.
- 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 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.
- 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 who liaised with the local infection

prevention teams to keep up to date with best practice. There was an infection control protocol in place. Not all staff had received up to date training including the practice nurse and health care assistant however these members of staff were booked to undertake training in the near future. An infection control audit had not been undertaken since February 2013. We saw evidence that action was taken to address any improvements identified as a result and the practice had plans to re-audit in the near future. We were told that the privacy curtains in the consultation rooms were cleaned every six weeks however, there were no records to evidence this.

- A notice on the reception desk advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and staff told us that they stood outside the curtain and were not witness from the head of the bed. Chaperones did not make an entry in the patient record to document that they had been present.
- Staff undertaking chaperoning had not received a Disclosure and Barring Service check (DBS check) and were not risk assessed for carrying this out. (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 manager provided with assurances/evidence that DBS checks for all staff had been put into place shortly after the inspection.
- We reviewed all personnel files and found recruitment checks had not always been undertaken prior to employment. For example, not all staff had the appropriate checks through the Disclosure and Barring Service. The practice had occasionally used support from a GP of another practice in the building but had not undertaken any checks or carried out risk assessments. The practice manager provided us with evidence shortly following the inspection. The advanced DBS checks had been applied for for all staff and that locum GPs were risk assessed.
- Staff vaccinations were not up to date for all staff, however the provider has since provided us with evidence that staff are being immunised.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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. Staff gave examples of keeping a back of paper copy of the patient appointments in case of IT issues.
- 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.
- 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 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 92.3% of the total number of points available, with 8.2% 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 77% which was 12% below the local CCG average and 12.2% below the national average.
- Performance for mental health related indicators was 100% which was 7.8% above the CCG average and 7.2% above 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 96.4% This was 6.2% above the local CCG average and 6.6% above the national average.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 71.1% which was 4.7% below the local CCG average and 4.2% below the national average.

Clinical audits did not demonstrate quality improvement.

- There had been clinical audits completed in the last two years, most of these being completed by the visiting local CCG teams.
- There was no clear system in place to evidence where the improvements identified were implemented and monitored. Findings were not formally implemented by the practice to improve services or discussed at practice meetings.
- The practice reported that it had a high number of patients not attending appointments (DNAs) and was logging using a DNA book, however it was not clear what the system was or what action had been taken to reduce DNAs.

### 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. Staff told us that they undertook a period of shadowing of other staff before they started their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- 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.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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.

- 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.

### 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.
- A dietician was available through referral and smoking cessation advice was available from a local service.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 99%, which was 0.3% above the local CCG average and 1.3% 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 85% to 100% and five year olds from 92% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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 86.7%. This was 5.1% below the local CCG average and 4.3% below 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 40 patient Care Quality Commission 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.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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:

- 88% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 93% 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 in line with local and national averages. For example:

- 86% 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 using a read coding system. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

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.
- 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. GP appointments were available from 10am until 6pm and nurse appointments were available from 8am until 6pm. 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 comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 69% patients said they always or almost always 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 mostly 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 five 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. For example, staff receiving additional training.

However complaints were not reviewed on an annual basis or discussed at practice meetings, although staff told us that they were discussed informally.

# 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 however not all 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.
- However a programme of continuous clinical and internal audit to monitor quality and to make improvements was not 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.

- Most 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.
- Formal practice meetings were not taking place on a regular basis. We looked at the minutes for practice meetings and saw that only two meetings had taken place in July and November 2015. It was not clear how actions from these two meetings had been taken forward. Staff told us that the team met regularly on an informal basis, however not all staff members were always included in the discussions and some felt excluded. The practice manager identified that this was an area they needed to improve upon and it had been difficult getting all of the staff together. The practice manager planned to undertake formal meetings 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 through the patient participation group (PPG) and through surveys and complaints received.
- There was an active (PPG) which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Examples of changes made as a result of patient feedback were displayed in the waiting area which included extended surgery times, measures to improve privacy at the reception desk and the implementation of online repeat prescriptions.

# Are services well-led?

Good 

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

- There were Friends and Family Test surveys available at the practice for patients to complete. There was also a suggestions box for staff and patients on the reception desk.
- 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.

## Continuous improvement

- The practice demonstrated engagement with local initiatives such as Dementia Alliance, who support organisations to be more dementia aware. One of the receptionists was trained as a 'dementia ambassador'.
- The practice showed a commitment to improvement through its patient surveys and displaying changes to the practice based on patient feedback.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>How the regulation was not being met:</b>  The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.  Regulation 19(2)(a)(3)