

Dr Wilson & Partners

Quality Report

Westward Ho
Grimsby
South Humberside
DN34 5DX
Tel: 01472 582700
Website: birkwoodsurgery.nhs.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 Dr Wilson and Partners (Birkwood Medical Centre) on 25 August 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, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had very good facilities and was well equipped to treat patients and meet their needs.

We saw areas of outstanding practice:

There was the provision of a clinic for patients with issues relating to drugs. This practice and two other practices employed staff to see a high number of patients with drug related issues from the area. Currently one of the GPs within the practice see's all 50 patients once every 12 weeks.

One of the GPs was awarded the Hull York Medical School (HYMS) Clinical Teacher of Excellence Award 2014 and has been nominated for Teacher of Excellence in 2015.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that there are effective systems for obtaining and recording information and records.

- Ensure all staff have opportunities to be involved in meetings and that the appraisal system is up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, all the information needed to demonstrate that appropriate recruitment checks had been undertaken was not available during the inspection, although immediate action was taken to mitigate any risk and additional information was forwarded following the inspection.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Appraisals were overdue due to challenges faced within the service; however action was now being taken to address this.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. 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

Good



Summary of findings

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.

Are services well-led?

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

However, some of the systems needed to be embedded further so information was more readily available and there were more accessible meetings for staff.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. One of the GP's was the locality commissioning lead for older person's services and was involved in improving services for older people in the community.

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 medication 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. 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, health visitors and mental health services. A district nursing team was based within the practice which facilitated good communication.

A nurse led minor injuries walk in centre was provided for patients with young families.

Good



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

Good



Summary of findings

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 reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for 100% of people with a learning disability. It offered longer appointments for people 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.

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). 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance 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. 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.

The local mental health team were located within the Birkwood practice and were readily accessible. There was good access and support for people with drug related problems. There was the provision of a clinic for patients with issues relating to drugs. This practice and two other practices employed staff to see a high number of patients with drug related issues from the area. Currently one of the GP's within the practice see's all 50 patients once every 12 weeks.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing in line with local and national averages. Survey forms were distributed and there were 105 responses, a response rate of 35.5%.

- 92.2% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 74.4%.
- 92.4% find the receptionists at this surgery helpful compared with a CCG average of 88.3% and a national average of 86.9%.
- 58.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64.9% and a national average of 60.5%.
- 88.7% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.7% and a national average of 85.4%.
- 93.2% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 91.8%.
- 76.4% describe their experience of making an appointment as good compared with a CCG average of 75.6% and a national average of 73.8%.

- 51% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 60.7% and a national average of 65.2%.
- 53.8% feel they don't normally have to wait too long to be seen compared with a CCG average of 59.6% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. We received 16 comment cards which were all positive about the standard of care received. Patients said staff were polite and helpful and always treated them with dignity and respect. Patients described the service as excellent and said the staff were friendly and caring.

We spoke with eight patients during the inspection and they also confirmed that they had received very good care and attention and they felt that all the staff treated them with dignity and respect. We looked at the results of the Practice's 'Family and Friends' survey results for May 2015 to July 2015. They were also positive about the services delivered.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that there are effective systems for obtaining and recording information and records.
- Ensure all staff have opportunities to be involved in meetings and that the appraisal system is up to date.

Outstanding practice

There was the provision of a clinic for patients with issues relating to drugs. This practice and two other practices employed staff to see a high number of patients with drug related issues from the area. Currently one of the GP's within the practice see's all 50 patients once every 12 weeks.

One of the GPs was awarded the Hull York Medical School (HYMS) Clinical Teacher of Excellence Award 2014 and has been nominated for Teacher of Excellence in 2015.

Dr Wilson & Partners

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, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Wilson & Partners

Dr Wilson and Partners is situated in Grimsby and provides services under a Personal Medical Services (PMS) contract with NHS England, North Lincolnshire to the practice population of 7099, covering patients of all ages and population groups.

The practice has two GP partners, one female and one male and are in the process of appointing a salaried GP. There is a practice manager supported by a team of reception and administration staff, one advance nurse practitioner, three practice nurses and two health care assistants. The practice is a teaching practice taking year 4 and 5 medical students and Foundation Year 2 doctors.

The surgery opening hours were from 07.00 to 18.15 daily except Thursday which are 08.00 to 18.15. The out of hours provision is provided by GP Out of Hours provider and is based at the Diana Princess of Wales Hospital.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2015. During our visit we spoke with a range of staff including two GPs, an advanced nurse practitioner, a practice nurse, the practice manager and non-clinical staff. We spoke with eight patients who used the service.

Detailed findings

We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient's blood results had been recorded incorrectly. This was identified by one of the nurses who raised it and corrective action was taken. This was discussed and shared within one of the staff meetings.

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

Overview of safety systems and processes

The practice had 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. 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.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, 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).

- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. The practice needs to be mindful of the way in which checks are carried out within the building as only sections are done at a time, which could mean that areas of the practice could go 12 months before checks are completed. 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, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, although we were unable to see any actual completed cleaning schedules. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice, they met on a quarterly basis. 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. An environmental audit had taken place on 28 July 2015 by the CCG Infection Control team. The anticipated score for the practice was between 90 -95%. Staff confirmed that they had received IPC training and that this was updated on an annual basis.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing 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 four staff recruitment files, which showed that all appropriate recruitment information was not available during the inspection. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body.. Following the inspection additional information was received to evidence that references had been obtained prior to commencement of employment. A newly appointed registered nurse confirmed that all relevant checks had been completed prior to their employment

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There had been some challenges around GP recruitment, however a salaried GP had recently been appointed and was due to commence employment in the near future.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.

There were alarms in all of the consultation and clinical rooms should these have been required to alert staff to emergencies.

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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2013/2014 showed the practice achieved 97.8% of the total points available. Data from 2013/14 showed;

- Performance for diabetes related indicators was 92.1%, which was 1.1% below the CCG and 2% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 93.2%, which was 7.5% above the CCG and 10.1% above the national average.
- Performance for asthma was 100%, which was 0.2% above the CCG and 2.8% above the national average.
- The dementia diagnosis rate was 100%, which was 2.1% above the CCG and 6.6% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were

involved to improve care and treatment and people's outcomes. We were shown information in

regard to ten clinical audits that had been completed in the last two years. An example of where

we saw improvements made were implemented and monitored was in relation to the

management of pre-diabetic patients. This resulted in a 'management of pre-diabetes' protocol been developed and implemented which meant that patients were followed up when required and re-coding of information.

The practice participated in applicable local audits, national benchmarking, accreditation and peer

review. Findings were used by the practice to improve services. An example included the

provision of a clinic for patients with issues relating to drugs. This practice and two other

practices employed workers to see a high number of patients with drug related issues from

the area.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- An appraisal system was available, however appraisals were overdue. This was confirmed by several staff but there was confirmation that appraisals were in the process of being updated. There were however monthly protected learning time meetings which covered a number of areas of training and updating. These included adult safeguarding, basic life support, avoidable admission and infection control.
- Staff received training that included: fire procedures and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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.

Are services effective?

(for example, treatment is effective)

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

The practice provided care and treatment to three local nursing homes, where weekly visits took place. They also provided GP cover to a further 15 care homes who were further afield.

Both partners had the Diploma in Palliative Care. Monthly palliative meetings were held at the practice, which included MacMillan nurses, district nurses and staff from the local hospice.

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, although staff had received no formal training. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Examples included the recent change in legislation in respect of the involvement of the coroner in the death of patients in a nursing home who had been identified as lacking capacity.

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 those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Drug and alcohol treatment services and mental health services were available on the premises.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%, which was 0.1% above the CCG average and 2.5% above the 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.

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 97.7% to 98.8% and five year olds from 97.0% to 99.0%. Flu vaccination rates for the over 65s was 77.27%, which was above the national average and the at risk groups was 42.6%, which was below the national average.

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

All of the 16 patient CQC 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 also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards and discussion with patients 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. The practice was similar to the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92.6% said the GP was good at listening to them compared to the CCG average of 86.2% and national average of 88.6%.
- 90.9% said the GP gave them enough time compared to the CCG average of 86.2% and national average of 86.8%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.7% and national average of 95.3%.
- 87.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.8% and national average of 85.1%.

- 90.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.5% and national average of 90.4%.
- 88% said the last receptionist they spoke to was helpful compared to the CCG average of 88.3% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff 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 we reviewed 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 CCG and national averages. For example:

- 91.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.3% and national average of 86.3%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78.3% and national average of 81.5%.
- 93.7% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.1% and national average of 86%.
- 90.1% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87.2% and national average of 87.2%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. It was noted however that due to the extensive space within the waiting area and there being several areas that some of

Are services caring?

the information may not be as accessible as patients' might need. The situation regarding the provision of patient information was discussed with the practice who said they would look at how this could be improved.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 23% of the practice list 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.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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, due to difficulties with GP recruitment the practice was working with the CCG to identify other health care professionals who could support the practice and improve outcomes for patients, this included the potential employment of a pharmacist and physiotherapist.

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;

- There were longer appointments available for people with a learning disability.
- Appointments were available every day from 08.00am to 18.15pm, with extended hours appointments also available.
- Emergency appointments were available every day.
- Home visits were available for older patients and for patients who would benefit from these.
- There were disabled facilities, hearing loop and translation services available.
- Retinal screening and sexual health screening had been brought into the practice making the services more accessible to patients.

Access to the service

The surgery open hours were from 07.00 to 18.15 daily except Thursday which were 08.00 to 18.15, this allowed for school children, college students and working adults to attend appointments at more suitable times. Urgent same day appointments were available for patients. There was the availability of a duty doctor each day who carried out triage and telephone consultations. A range of different rooms were available depending upon the treatment or

intervention. For example, rooms for counselling to take place and consultation rooms with a more private examination area, discreet from the actual consultation area.

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

- 86%of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.
- 92.2%patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 74.4%.
- 76.4%patients described their experience of making an appointment as good compared to the CCG average of 75.6%and national average of 73.8%.
- 51%patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60.7%and national average of 65.2%.

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 systems with information displayed and a summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the complaints information and saw that 10 complaints had been received in the last 18 months and found these were satisfactorily handled, dealt with in a timely way. The practice was open and transparent when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

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 that 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A practice development plan for 2015/2016 was in place. This identified the objectives, timescales and who the lead person was for each area.

Leadership, openness and transparency

Over the past two years there had been extra challenges faced by the practice due to the difficulty in GP recruitment. As such, some of the systems were not as embedded as they should be and information we requested was not readily available. This was acknowledged during feedback and progress was being made with the appointment of an advanced nurse practitioner and a salaried GP.

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice manager 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. They encouraged a culture of openness and honesty.

Staff told us there was a clinical meeting every two weeks, a monthly palliative care meeting and a monthly staff meeting (this tended to be the protected time meeting for education but with opportunities for discussion and learning). Peer specific meetings had not taken place for some time due to changes within the practice and there were no whole team meetings. This was discussed with staff and the practice manager and steps were being taken to address this. The advanced nurse practitioner had only been in post a short while and had identified the need for more formal staff meetings outwith the monthly practice meeting and clinical supervision, which they were taking action to implement. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, 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.

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

The practice encouraged and valued feedback from patients, gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), through surveys and complaints received.

The practice had also gathered feedback from staff through meetings and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, they described a culture of openness and one that was not oppressive. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

Findings were used by the practice to improve services. An example included, the provision of a clinic for patient with issues relating to drugs, with this practice and two other practices employing the workers to see a high number of patients with drug related issues from the area.

One of the GP was awarded the Hull York Medical School (HYMS) Clinical Teacher of excellence Award 2014 and has been nominated for Teacher of Excellence in 2015.