

Hedon Group Practice

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Hedon Group Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hedon Group Practice on 26 April 2016. 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- As part of the dispensing service the practice delivered 25000 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.

Summary of findings

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

Importantly the provider should:

- Make sure that fridge temperatures are monitored and recorded in accordance with national guidance.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- One of the GPs was a member of the National Primary Care Patient Safety Expert Group and had contributed to a recent alert on 'Prioritisation of Home Visits' by GP Practices.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national survey showed that patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and information was available in the waiting room for carers on support services available for them.
- As part of the dispensing service the practice delivered 25000 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice 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. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments available the same day.
- Late evening and Saturday morning appointments were available with the GPs. Nurses and health care assistants also provided extended hours for routine blood pressure tests and routine blood tests.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The GPs met informally for coffee each day to discuss patients' care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The practice had a research team and was currently taking part in eight research projects.

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. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were reviewed every three months.
- The practice was delivering 'A Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning with the GPs and nurses. The GPs reviewed the care of patients in the care homes each month.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GPs was completing training to become a GP with a Special Interest in elderly medicine.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the England average.

People with long term conditions

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

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 good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the local CCG and England average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 or who failed to attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years were 94% or above.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 84% compared to the local CCG average of 85% and the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A joint six week check-up was provided for new mums and their baby for them to see the GP and nurse and any required vaccinations were given. An assessment for post natal depression was also provided for new mums.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

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).

Good



Summary of findings

- 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 reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Late evening and Saturday morning appointments were available with the GPs. Nurses and health care assistants also provided extended hours for routine blood pressure tests and routine blood tests.

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 registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice 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.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

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 81% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was compared to the local CCG and England average of 84%.
- 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 98%. This was compared to the local CCG average of 91% and the England average of 88%.
- 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 advanced care planning for patients with dementia.
- Staff had completed dementia training in May 2015 and the practice was given a 'Dementia Friendly Award'. (A dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action). A 'lives alone' code was placed on the notes of patients living with dementia and a 'pop up' reminder appeared on the screen when receptionists made an appointment for these patients. This prompted the receptionist to ring the patient to remind them of their appointment.
- The practice had a GP with a Special Interest (GPwSI) in dementia care.
- 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.

Summary of findings

What people who use the service say

The National GP patient survey results published in January 2016 showed 241 survey forms were distributed for Hedon Group Practice and 115 forms were returned, representing 1% of the practice's patient list. The practice was performing similar to or above the local CCG and national averages in 17 of the 23 questions. For example;

- 86% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 86% and national average of 85%.
- 49% usually get to see or speak to their preferred GP.
- 93% described the overall experience of their GP surgery as good compared with the local CCG average of 87% and national average of 85%.
- 85% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our visit. We received 43 completed comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with ten patients during the inspection including four members of the Patient Reference Group. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them. However six patients told us they had to wait to see a GP of their choice.

We looked at the results of the 'Family and Friends' (F&Fs) survey results and of 191 replies 178 patients said they would be likely or extremely likely to recommend the practice.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice needs to make sure that fridge temperatures are monitored and recorded in accordance with national guidance.

Outstanding practice

As part of the dispensing service the practice delivered 25000 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.

Hedon Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC Inspector, a GP Specialist Advisor and a Pharmacist Specialist Advisor.

Background to Hedon Group Practice

Hedon Group Practice is located in the centre of Hedon and is close to local bus routes. There is public parking available on the roads outside the practice and public car parks within five minutes' walk of the practice. The practice is in an adapted Georgian listed building with consulting and treatment rooms available on the ground and first floors; there is lift access to the first floor. There is one branch site in Keyingham which was five miles from Hedon; this was also visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 12017, covering patients of all ages. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and over age group and the under 18 age group is similar to the England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has eight GP partners and a salaried GP, three are full time and six are part time. There are four male and five female GPs. There are six practice nurses and five health care assistants, all female and all work part time. There is a business manager, a practice manager and a team of administrators, secretaries and receptionists. There is a pharmacist and 13 dispensary assistants.

The Hedon surgery is open between 8am to 6pm Monday to Friday. Appointments are available from 8.30am to 11.00am and 4pm to 6pm Monday to Friday. There is extended opening on a Monday until 8pm with appointments from 6.30pm to 7.40pm and on a Saturday morning from 8.30am to 11.30am with appointments from 8.30am to 10am. There is a sit and wait surgery from 8.30am to 10am and 4pm to 5.30pm each day for patients who cannot get an appointment and need to be seen urgently.

The Keyingham surgery is open between 8.30am and 12pm with appointments available from 8.40am to 11am on Monday. From 8.30am and 11.15pm with appointments available from 8.40am to 11am on Tuesday. From 8.30am and 12.30pm with appointments available from 8.40am to 11am on Wednesday. From 8.30am and 11.15am with appointments available from 8.40am to 11am on Thursday and from 8.30am and 12.15pm with appointments available from 8.40am to 11am on Friday. The surgery is open between 4pm and 6pm with appointments available from 4pm to 6pm and a Monday, Wednesday and Friday.

Information about the opening times is available on the website and in the patient information leaflet.

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

Detailed findings

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is a training practice for GP registrars and a teaching practice for year two and year five medical students from the Hull York Medical School. The practice is also a training hub for student nurses.

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 reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 26 April 2016. During our visit we:

- Spoke with a range of staff including three GPs, two practice nurses and a health care assistant. We also spoke with the business manager, practice manager, administration, secretarial and receptionist staff.
- Spoke with ten patients who used the service including four members of the patient participation group (PPG).
- Reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.

Following incidents lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was prescribed a new medicine for high blood pressure but the old medicine was not stopped so the patient took two medicines instead of one for a period of time. The practice reviewed its procedure for the review of medicines and found that no changes were required. All staff were reminded of the process for the changing of medicines.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety alerts were disseminated to staff and action taken was documented. One of the GPs was a member of the National Primary Care Patient Safety Expert Group and had contributed to a recent alert on 'Prioritisation of Home Visits' by GP Practices. Staff in the practice had participated in the Royal College of GPs on line patient safety survey shortly before the inspection. The business manager sent us the results after the inspection and these showed the practice had a positive safety culture. Staff felt comfortable reporting incidents; felt

involved in the process and felt they were listened to by GPs and managers in the practice. The practice scored higher than other practices in all five areas reviewed in the survey.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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 staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.
- Information telling patients that they could ask for a chaperone if required was visible in the consulting rooms and in the waiting room. 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. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year. An annual infection control audit had been completed. Action was taken to address any improvements identified.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff.

Are services safe?

However, we observed some medicines were not stored in a locked cupboard at the Keyingham surgery. Action was taken and the business manager sent us evidence following the inspection to show that locks had been fitted to the cupboards. Medicines fridge temperatures had been recorded daily but in one treatment room at Hedon this did not always include maximum and minimum readings. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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 when received into the practice and consulting rooms were locked when they were unoccupied to minimise the risk of blank prescriptions going missing. However the practice did not have a system which would identify if blank prescriptions went missing from consulting rooms.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer medicines against a patient specific prescription or direction from a prescriber.
- The practice was a dispensing practice and there was a named GP responsible for the dispensary. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents were recorded for learning and the practice recorded 'near misses' (a record of dispensing errors that have been identified before medicines have left the dispensary) which meant that trends could be identified and monitored. The practice had a system in place to monitor the quality of the dispensing process. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines).
- Repeat prescriptions were signed before dispensing and a system was in place to ensure this happened. Some acute prescriptions were issued before they were signed by a GP, however they were always signed at the end of a clinic or within 24 hours of medicines been issued.

- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) and these were been managed safely. Balance checks of controlled drugs had been carried out at required intervals. There were arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had an up to date fire risk assessment, carried out fire drills and had staff trained as fire wardens.
- 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- There was a first aid kit and accident book available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked emergency medicines were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed the practice achieved 98% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the local CCG and England average of 88%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 85%. This was compared to the local CCG average of 77% and the England average of 75%.
- 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 93%. This was compared to the local CCG average of 89% and the national average of 90%.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 81%. This was compared to the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, two of these were a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, an audit was done to check if patients that were being prescribed a medicine to thin their blood were being reviewed at required intervals. A search found 226 patients were being prescribed the medicine and nine were found to be overdue for review. All nine were contacted and reviewed. The practice also took action so the QOF supervisor does a monthly review to ensure that all patients taking this medicine have been reviewed at the required intervals.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, one-to-one meetings, appraisals, supervision and support for the revalidation of the GPs and nurses. One of the Health Care Assistants was being supported to undertake their nurse training.
- Staff received training that included: safeguarding, fire procedures, basic life support 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 was also available.
- The GPs operated a 'buddy system' for post and test results so that if one GP was off the other GP, their 'buddy' reviewed their post and results. If both GPs were off an e mail warning was triggered so another GP could be identified to deal with things.
- There was a system to read code all radiology requests that were made and then staff checked to ensure the result had been received by the hospital. Periodic checks were then carried out to ensure all results had been received by the practice.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people 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 quarterly and that care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 84% compared to the local CCG average of 85% and the England average of 82%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical

Are services effective?

(for example, treatment is effective)

screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were high. For example, rates for all immunisations given to children aged 12 months, 24 months and five years were 94% or above.

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. Nationally reported data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 89%, this was comparable to the local CCG and England average. 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 and they were treated 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 and that confidential 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 the opportunity to discuss their needs in private.

Feedback on the 43 patient CQC comment cards we received was very 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 ten patients including four members of the virtual patient reference group (PRG). They also told us they were very 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 published in January 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the local CCG and national average for seven of the nine questions about how they were treated by the GPs, nurses and receptionists. For example:

- 92% said the last GP they saw was good at giving them enough time compared to the local CCG average of 91% and national average of 87%.
- 90% said the last GP they saw was good at listening to them compared to the local CCG average of 91% and national average of 89%.

- 80% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 100% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 97% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 96% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 96% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 92% and national average of 91%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 88% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP or nurse was poor or very poor at giving them enough time and listening to them was 1.5% or less; this was below the local CCG and national average.

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 from the comment cards we received was also very positive and aligned with these views.

Results from the national GP patient survey showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local CCG and national average for one of the questions for GPs and were similar to the local CCG and national average for nurses. For example:

Are services caring?

- 87% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 76% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 95% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 86% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 87% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There was a notice in the reception area informing patients this service was available. The self-check in screen also had a translation facility.

Patient and carer support to cope emotionally with care and treatment

There was a carers section on the practice website with information about various support available. There was information available in the waiting room to direct carers to the various avenues of support available to them.

The practice had identified 207 patients as carers; this was 2% of the practice list. Staff sign posted carers to local services for support and advice. The practice's computer system alerted GPs if a patient was also a carer, however if patients were carers the alert had not always been placed on their records.

Staff told us that if families had suffered bereavement the reception staff sent a condolence card and arranged a visit if requested. A note was added to the relatives' record that they had suffered bereavement, as an immediate problem so GPs and nurses were aware if the patient came in to be seen. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. Information on bereavement services was available in the waiting rooms and on the practice website.

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, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

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. We saw an example of a front screen message on a patient's record that said to make a double appointment as the patient had communication difficulties.
- Appointments could be made on line, via the telephone and in person. Text messages were sent to patients to remind them of their appointments.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Late evening and Saturday morning appointments were available with the GPs. Nurses and health care assistants also provided extended hours for routine blood pressure tests and routine blood tests.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews when necessary.
- Urgent access appointments were available for children and those with serious medical conditions.
- Retinal screening services were available once a month at the practice.
- Consulting and treatment rooms were accessible and there was a disabled toilet.
- There was a hearing loop for patients who had hearing problems. Staff told us they would take patients to a private room if they had difficulty communicating.
- There was a facility on the practice website to translate the information into different languages.

- Staff had completed dementia training in May 2015 and the practice was given a 'Dementia Friendly Award'. (A dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action). A 'lives alone' code was placed on the notes of patients living with dementia and a 'pop up' reminder appeared on the screen when receptionists made an appointment for these patients. This prompted the receptionist to ring the patient to remind them of their appointment.
- The practice was delivering 'A Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning by the GPs and nurses. The GPs also reviewed the care of patients in the care homes each month.
- As part of the dispensing service the practice delivered 25000 prescription items annually at no cost to the patients, to their own homes so they did not have to travel to the practice to collect them.
- The practice had a GP with a Special Interest (GPwSI) in dementia care and they were also completing training to become a GPwSI in elderly medicine.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was positive; results were above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 93% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 85% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

Access to the service

The Hedon surgery was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to 11.00am and 4pm to 6pm Monday to Friday. There was extended opening on a Monday until 8pm with appointments from 6.30pm to 7.40pm and on a Saturday morning from 8.30am to 11.30am with appointments from

Are services responsive to people's needs?

(for example, to feedback?)

8.30am to 10am. There was a sit and wait surgery from 8.30am to 10am and 4pm to 5.30pm each day for patients who could not get an appointment and needed to be seen urgently.

The Keyingham surgery was open between 8.30am and 12pm with appointments available from 8.40am to 11am on Monday. Between 8.30am and 11.15am with appointments available from 8.40am to 11am on Tuesday. Between 8.30am and 12.30pm with appointments available from 8.40am to 11am on Wednesday. Between 8.30am and 11.15am with appointments available from 8.40am to 11am on Thursday and between 8.30am and 12.15pm, with appointments available from 8.40am to 11am on Friday. The surgery was open between 4pm and 6pm with appointments available from 4pm to 6pm on a Monday, Wednesday and Friday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day.

Information about the opening times was available on the website and in the patient information leaflet.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was positive. Results were above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73% and national average of 75%.
- 86% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.

- 80% of patients described their experience of making an appointment as good compared to the local CCG average of 73% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and national average of 85%.

We looked at the results of the 'Family and Friends' (F&Fs) survey results and of 191 replies 178 patients said they would be likely or extremely likely to recommend the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice 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.
- Information was available to help patients understand the complaints system in the complaints and patient information leaflets which were available in the waiting room. There was also a complaints poster in the waiting rooms and information on the practice website.

We looked at 14 complaints that had been received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. For example, a patient complained about how their holiday medication request had been handled. The practice met with the patient and discussed this and as a result reviewed their procedures for handling holiday medication requests.

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 values were outlined on the practice website and staff knew and understood the values.
- The practice had a documented strategy and business plan for the following 12 months outlining how they would continue to deliver their vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide 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.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners and business manager 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, business manager 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. The GPs met informally for coffee each day to discuss patients' care.

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered,

regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- We noted team building events were held periodically which also supported charities. For example, ten staff had taken part in a dementia memory walk across the Humber Bridge, staff had taken part in a 40 mile cycle ride to raise funds for Lymphoma and the practice had supported Christmas hampers for charity.
- Staff said they felt respected, valued and supported, by the GPs, business manager and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs, business manager and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Nursing staff were given protected time each week to complete administration tasks.
- One of the GPs had a special interest in primary care quality indicators and was a member of the National Quality Measures Indicator Group. They were also a GP Advisor to NICE.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the virtual Patient Reference Group (PRG), surveys, suggestions and complaints received. Following feedback from patients the practice had updated the practice leaflet to include all information about the appointments system. This included the different ways people could make appointments, by telephone, on line or in person and options available to see or speak with a GP or nurse, for example, telephone consultation or face to face visit. The practice has also purchased higher chairs with arm rests for the waiting rooms that were easier for patients to get in and out of.
- The PRG members told us they were kept up to date with developments in the practice and received an e bulletin at least monthly between meetings.
- All patients in the practice who had provided their e mails addresses were sent a copy of the practice quarterly newsletter and paper copies were available in the waiting area. The newsletter provided information on various issues, for example, staff changes, upcoming events such as National Carers Week and research

studies that the practice was currently participating in. The newsletter encouraged patients to contact the practice research team if they were interested in participating in any of the studies.

- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, nursing staff had developed a number of information leaflets for patients which gave them advice and guidance on how to manage their long term conditions.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example, the practice had a research team and was currently taking part in eight research projects. These included patients newly diagnosed with atrial fibrillation (a heart condition), identifying patients with signs of early arthritis and identifying patients with certain symptoms that may be early predictors of cancer. The practice was working with a neighbouring practice so they could share resources and enable wider patient participation in certain studies.