

# Park View Surgery

## Inspection report

87 Beverley Road  
Hessle  
Humberside  
HU13 9AJ

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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 location

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Park View Surgery on 12 April 2018. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2018 inspection can be found by selecting the 'all reports' link for Park View Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 17 January 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 April 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Following the inspection in April 2019 the provider was told they should improve the process for identifying carers so they could offer them support when needed. We found that patients were asked if they were a carer when they registered with the practice and information on how to access support for carers was available in the waiting area. Nine of the 14 administration and nursing staff had completed carer awareness training.

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

The provider should:

- Improve the process for recording the practice strategy and subsequent action plan.
- Review and improve the process for appraisals for nursing staff.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

The inspection team consisted of a CQC Lead Inspector.

## Background to Park View Surgery

We carried out an announced comprehensive inspection at Park View Surgery on 12 April 2018. The overall rating for the practice was requires improvement and we gave a requirement notice for regulation 17, Good Governance. The full comprehensive report on the April 2018 inspection can be found by selecting the 'all reports' link for Park View Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Park View Surgery, 87 Beverley Road, Hessle, Humberside HU13 9AJ, is located in a converted property in Hessle. Parking is available on the street outside the practice and there are accessible facilities. Consulting and treatment rooms are all on the ground floor. 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 4433, covering patients of all ages. The practice does not have a website.

The provider is registered to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The proportion of the practice population in the 65 to 84-year age group is similar to the local CCG and higher than the England average and in the 85+ year age group it is the similar to the local CCG and England average. The proportion of the practice population in the under 18 years age group is similar to the local CCG and 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 greater need for health services.

The practice has one male GP who works full time. There are two long term locum female GPs who worked three to four sessions per week. The practice is advertising for a permanent GP.

There are two practice nurses and one health care assistant, all female and all work part time. There is a practice manager and a team of administration, reception and secretarial staff.

The Surgery is open between 8am to 6.15pm on Monday to Friday. Appointments with the GPs are available from 8.40am to 11.30am and 2.40pm to 5.30pm Monday to Friday.

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 to 8am on weeknights and all weekends and bank holidays. This has been agreed with the NHS England area team.

When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area.

## Are services safe?

At our previous inspection on 12 April 2018, we rated the practice as requires improvement for providing safe services as the arrangements in respect of responding to incidents were not adequate, not all staff had completed safeguarding training, the GP could not access the safeguarding register and reports and learning from safeguarding incidents were not available to staff.

These arrangements had significantly improved when we undertook a follow up inspection on 17 January 2019. The practice is now rated as good for providing safe services.

### Safety systems and processes

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Learning from safeguarding incidents was available to staff and we saw the GP could access the safeguarding register.

### Risks to patients

- The practice used long term locums and they had access to local policies, procedures and clinical guidelines. The provider had developed a locum induction pack which was available for temporary staff and tailored to their role.

### Lessons learned and improvements made

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw examples of two incidents that had occurred since the last inspection and found they had been investigated in detail and opportunities for learning and improvement identified. We saw that learning from incidents had been discussed and shared at staff meetings.

# Are services well-led?

At our previous inspection on 12 April 2018, we rated the practice as requires improvement for providing well-led services as governance systems were not being operated effectively.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 19 January 2019. The practice is now rated as good for being well-led.

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- We found that the GP had been taking a greater role in the addressing how they were planning for the future leadership of the practice. Staff we spoke with told us the GP had asked them to talk to him about ideas they may have to improve things in the practice.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values outlined in the mission statement and practice philosophy. The GP discussed the strategy with the inspection team, however at the time of the inspection there was no written record of the practice strategy and action plan.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems

to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing staff with the development they needed. Non-clinical staff had completed pre-appraisal forms and said they did not wish to have a formal appraisal. They had confirmed they had the support required and had outlined any training or development needs. Staff told us they had completed 'Care Navigation' training to enable them to direct patients to the most appropriate care required.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary, however, they had not had formal appraisals. We discussed this with the nurse and the GP during the inspection and they told us that appraisals for the nursing team would be arranged. The nurse we spoke with told us they had regular supervision sessions and we saw records to confirm this. We also saw that one nurse had completed spirometry training in September 2018 and another was doing a respiratory course.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out. Processes to identify learning from significant events, incidents and complaints were operating effectively. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw examples of two incidents that had occurred since the last inspection and found they had been investigated in detail and opportunities for learning and improvement identified. We saw that learning from incidents had been discussed and shared at staff meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. We saw that staff were up to date with training in these areas.

## Are services well-led?

- Reports and learning from safeguarding incidents were available to staff and the GP was able to access the safeguarding register.
- Staff meetings had been held regularly. We found that quality and sustainability were discussed and staff had access to meeting minutes.

### Managing risks, issues and performance

There was clarity around processes for managing risks, issues and performance.

- The GP and practice manager had identified and understood their current and future risks including risks to patient safety. They had plans in place to manage and address the risks identified. For example, to address staffing issues the practice was advertising to recruit a salaried GP and an advanced nurse practitioner.

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

### Continuous improvement and innovation

- There was evidence that the practice had changed systems since the last inspection to improve learning and improvement, for example, safeguarding incidents were thoroughly investigated and lessons learned were shared with staff. The GP had also contacted a GP at another practice who was supporting practices to look at ways of improving the system for reviewing correspondence and test results.