

The Springhead Medical Centre

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		Outstanding	☆
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive to people's needs?		Outstanding	☆
Are services well-led?		Outstanding	☆

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 The Springhead Medical Centre on 8 March 2016.

Overall the practice is rated as outstanding.

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.
- The practice responded to and was engaged with notable local groups and stakeholders. For example medical advisors to the NHS 111 out of hours service, local care homes and leading on the Clinical Commissioning Group (CCG) Primary Care Blueprint. This Blueprint sets out to seek new ways of working to improve health and care outcome for patients.
- 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. Discussions with staff and feedback from patients' demonstrated staff were highly motivated and were inspired to offer care that was kind, caring and supportive and that met the needs of the population.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Leadership was reflective at the practice and involved the whole team in a cohesive way, which provided strong and effective decision making around patient care.
- Although already achieving positive outcomes in a number of areas, the practice team wished to improve their services and the experience of patients. They actively explored ways in which to do this.
- The provider was aware of and complied with the requirements of the Duty of Candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

We saw several areas of outstanding practice including:

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. For example; innovative I.T. systems were used to drive improved patient care. An example of this was the use of risk profiling of patients to identify those most at risk of admission to hospital. This helped the practice reduce the rate of admissions which

allowed them to offer more support to patients. There was a reduction in emergency admissions from 92 per 1000 patients in 2013/14 to 67 per 1000 patients in 2015/16.

- A dedicated patient services manager and other staff had direct responsibility for patients with long term conditions and mental health related conditions. A direct communication route had been made available for efficient and timely access for patients.
- The PPG were pro-active in the practice and conducted regular monthly patient questionnaires and tailored questions to fit patients need, for example changes to the availability of appointments. They were also directly engaged in the contract and procurement process of a new building to site the practice. Additionally, they were actively involved with the contracted architect in the design; build and layout of the new building.
- The 'dementia support team' provided regular follow-up calls which ensured consistent care and support. Patients were provided with two directly named dementia champions with direct telephone numbers if they or relative/family members needed to talk or ask for advice on health related matters.

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.

- 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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were in-line with the CCG for the locality.
- 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 all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

Good



Summary of findings

and treatment. For example all carers registered on the system had undertaken a health check and were registered by the practice to receive further support as required with the Carers Association and Age Concern.

- A dedicated patient services manager and other staff had direct responsibility for patients with long term conditions and mental health related conditions. A direct communication route had been made available for patients to allow them to be supported and cared for at a time to suit them and when they needed them most.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice provided support for a local charity that provided care for terminally ill children and they also worked with other organisations for example the NHS Citizens Assembly.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The PPG were positively active and engaged in the practice processes and assisted them in developing on-going changes to their friends and family test (FFT) programme. The FFT was closely monitored by the PPG and they changed questions regularly to meet different patients' needs and they were recently nominated for an FFT award due to their pro-active involvement in the process.
- Patients could access appointments and services in a way and at a time that suited them. For example 6.50am appointments were available for patients with working commitments.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Are services well-led?

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

Outstanding



Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. For example The PPG conducted their own 'internal audits' of the practice environment and buildings. Where issues were raised actions were taken by the practice in a timely manner.
- The practice carried out succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology. It had a very active patient participation group which influenced practice development. For example, the PPG were actively and directly engaged in the contract and procurement process of a new building to site the practice. They were also actively involved with the contracted architect in the design; build and layout of the new building.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



People with long term conditions

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

- 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. However, performance for diabetes related indicators was 88.3%, which was comparable to the CCG average of 89% and comparable to the national average of 89.2%.
- 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 medicines 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.
- A dedicated patient services manager and other staff had direct responsibility for patients with long term conditions and mental health related conditions. A direct communication route had been made available for efficient and timely access for patients.

Outstanding



Families, children and young people

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

Outstanding



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 72.7%, which was comparable to the CCG average of 75.8% and comparable to the national average of 75%.
- 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 83.1%, which was comparable to the CCG average of 81.8% and comparable to the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided daily 6.50am appointments and late appointments till 7.30pm Wednesday and Thursday to accommodate working age people.

Outstanding



People whose circumstances may make them vulnerable

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

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

Outstanding



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2014/2015 showed 86.8% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG average of 85.5% and comparable to the national 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 92.2%. This was comparable to the CCG average of 88.2% and comparable to the national average of 88.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice was an outlier for patients with schizophrenia, bipolar affective disorder and other psychoses and they had improved the support performance from 50.9% (March 2014) to 98.9% (March 2015).
- 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice had a system using an electronic tool that quickly screens and identified patients who may have dementia related conditions. This allowed the practice to efficiently monitor and sign-post patient to appropriate clinics.

Outstanding



Summary of findings

- The patient services manager in the practice was part of a 'dementia support team' and two trained 'dementia champions' were responsible for providing direct care and support to patients with dementia and mental health related conditions.
- Care home staff we spoke with felt well supported and welcomed the direct support from GPs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above with local and national averages. 252 survey forms were distributed and 117 were returned. This represented 0.7% of the practice's patient list. The results were above local CCG and national averages, for example:

- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 97% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

- 91% described their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.
- 87% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. We also reviewed 12 Friends and Family Test comments cards and they were also positive about their experiences. Prior to the inspection we received four positive experience comments directly from patients on the CQC website.

We spoke with 13 patients during the inspection including two members of the patient participation group (PPG). All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients also said staff were polite and helpful and treated them with dignity and respect.

Outstanding practice

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. For example; innovative I.T. systems were used to drive improved patient care. An example of this was the use of risk profiling of patients to identify those most at risk of admission to hospital. This helped the practice reduce the rate of admissions which allowed them to offer more support to patients. There was a reduction in emergency admissions from 92 per 1000 patients in 2013/14 to 67 per 1000 patients in 2015/16.
- A dedicated patient services manager and other staff had direct responsibility for patients with long term conditions and mental health related conditions. A direct communication route had been made available for efficient and timely access for patients.
- The PPG were pro-active in the practice and conducted regular monthly patient questionnaires and tailored questions to fit patients need, for example changes to the availability of appointments. They were also directly engaged in the contract and procurement process of a new building to site the practice. Additionally, they were actively involved with the contracted architect in the design; build and layout of the new building.
- The 'dementia support team' provided regular follow-up calls which ensured consistent care and support. Patients were provided with two directly named dementia champions with direct telephone numbers if they or relative/family members needed to talk or ask for advice on health related matters.

The Springhead Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager and an expert by experience. A CQC manager attended the inspection as an observer.

Background to The Springhead Medical Centre

The Springhead Medical Centre is situated in the west of Hull and provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team to the practice population of 16,176 covering patients of all ages.

The practice has seven full time GP partners (four male and three female) and a female GP registrar. There are three practice nurses, four health care assistants and one nurse practitioner. There is a practice manager, a patient services manager, an I.T. manager and a team of secretarial, administration and reception staff.

The practice is open between 6.50am to 6.30pm Monday to Friday. Early morning appointments are available from 7am to accommodate working people. Late appointments are available from 6.30pm to 7.30pm on Wednesdays and Thursdays. The practice, along with all other practices in the Hull CCG area has a contractual agreement for patients to access GP Out of Hours (OOHs) service through the NHS 111 service from 6.30pm. This has been agreed with the

NHS England area team. 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 proportion of the practice population in the 20-35 years age group is lower than the England average. The practice population in the 40-55 age group is significantly higher than the England average. The practice scored seven on the deprivation measurement scale, which is the fourth lowest deprived. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 16.8 and the England average is 21.8.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

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 8 March 2016.

During our visit we:

- Spoke with a range of staff including three GPs, two practice nurses and one health care assistant. We also spoke with the practice manager, patient services manager, I.T. manager and four receptionists.
- Spoke with 13 patients who used the service including two PPG members and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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)

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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, concerns were raised over a particular course of treatment for a patient and the side effects of medication. A process was developed on the practice clinical system to allow staff to be more vigilant in their diagnosis.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, 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. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Information telling patients that they could ask for a chaperone was visible in the reception area. Nursing staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had a fire risk assessment and a fire warden in place. Staff we spoke with were able to describe the action they would take in the event of a

Are services safe?

fire. 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 (COSHH), 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 all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and further 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 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected from the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Results from 2014/2015 showed the practice achieved 92% of the total number of points available, with 10.4% exception reporting. This was comparable to the CCG average of 94.2% and comparable to the national average of 94.7%.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 88.3% which was comparable to the CCG average of 89.0% and comparable to the national average of 89.2%.
- Performance for mental health related indicators was 89.9% which was below the CCG average of 92.2% and below the national average of 92.8%.
- 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 85.0%. This was below the CCG average of 90.7% and below the national average of 89.8%.
- The percentage of patients with asthma who had had an asthma review in the preceding 12 months was 50.9%, which was below the CCG average of 75.8% and below the national average of 75.3%.

Following the inspection, the practice manager provided us with an updated review report of the above data which identified an increase for the period 2015/16 which showed their performance was in-line or above with CCG and national averages.

Data from 2015/16 showed for example;

- Performance for mental health related ranged for 90% to 100%.
- Performance for COPD related indicators was 90.0%.

Additionally, data from 2014/15 showed that the practice had achieved 514 points out of a possible 559 points available. Data for 2015/16 showed that the practice had achieved 556 points out of a possible 559.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, and these were completed audits where the improvements were shared with the management team and monitored. For example, audit of gout management in primary care and review of heart monitoring.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken identifying early detection of dementia. The practice had implemented a screening tool to assess patients with early signs of dementia and had identified 110 patients in August 2015. This had increased to 126 patients in January 2016 which allowed more referrals to memory clinics and an increase in care plans for patients.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff and contracted locums that covered such topics as safeguarding, 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, administering vaccinations and taking samples for the cervical screening programme.

Are services effective?

(for example, treatment is effective)

- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of 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 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 ongoing 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 on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

- 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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol and substance misuse cessation and those with mental health problems. Patients were then signposted to the relevant service.
- A dietician was available by appointment and smoking cessation advice was available from a local support group.
- The practice identified that health related support for patients with smoking cessation, contraception and weight loss were vital and continued to provide this despite a reduction in funding.
- The practice was responsible for developing 'exercise on prescription' by liaising with the local authority leisure GP referral scheme. This allowed patients to effectively manage their own health promotion by visiting the local gym and was monitored by their GP.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 83.1%, which was comparable to the CCG average of 81.8% and comparable to the national average of 81.8%. There was also 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.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages for children aged 12 months,

Are services effective? (for example, treatment is effective)

two and five years. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 96% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from

2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure testing in the preceding five years was 90.3%. This was comparable to the CCG average of 91.8% and comparable to the national average of 91%. 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

Kindness, dignity, respect and compassion

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 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.

We spoke with 13 patients and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required. Patients also said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the CCG and national averages for consultations with health professionals. For example:

- 89% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 90% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 97% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were above local CCG and national averages, for example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

There was information available in the waiting room for patients about how to access a number of support groups and organisations. Discussions with staff and feedback from patients' demonstrated staff were highly motivated and were inspired to offer care that was kind, caring and supportive and that met the needs of the population. A large proportion of the patients told us that staff went over and above their responsibilities.

The practice had a carer's register in place. The practice had identified 1.5% of its patient list as carers for patients aged 65 and under. Written information was available to direct carers to the various avenues of support available to them. A patient services manager in the practice had the responsibility to assist carers and their patients to fully understand the care planning process and agreed outcomes for care. The patient services manager was also part of a 'dementia support team' and two trained 'dementia champions' were responsible for providing direct care and support to patients with dementia and mental health related conditions. The dementia team provided regular follow-up calls to patients which ensured

consistent care and support. Patients with dementia and mental health related conditions were also provided with direct telephone numbers if they needed to talk or ask for advice on health related matters. A member of this team also provided the same support service to patients that were diagnosed with cancer.

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.

We were provided with examples that demonstrated staff actively tried to improve outcomes for patients. They demonstrated they were acutely aware of their population and consciously supported patient's emotional and social needs. They recognised they were as important as patient's physical needs. Examples of how the practice supported patients included; a patient who requested care and emotional support from the practice as their partner had passed away. The practice continued to provide support for the patient on a regular basis and also extended this support to include social care in the persons own home. This example demonstrated staff had taken into account patients emotional and social needs. We also observed patients requiring additional support during their visit. Staff members supported the patient prior to and after seeing the GP. Staff also took a patient home following their appointment.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified. For example, the practice worked with the CCG and community professionals to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital.

Patient's individual needs and preferences were central to the planning and delivery of tailored services. The service was flexible, provided choice and ensured continuity of care. For example, regular recalls were managed and monitored by the patient services manager who was the 'care navigator' for the system in particular patients with dementia and palliative care had consistent and regular contact with the same support and clinical team.

We looked at records that showed a reduction in referrals to acute secondary care services. The practice had a direct enhances service (DES) to specifically look at patients who were at risk of unplanned admission to hospital. The practice consistently monitored the report on a monthly basis and took action to reduce the amount of patients attending hospital. For example, during 2013/14 the practice showed 91.9 per 1000 patients registered were admitted to non-elective acute services. During 2014/15 this was reduced to 79.6 patients per 1000 patients and during 2015/16 the practice showed 67.3 per 1000 patients registered were admitted to non-elective acute services.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered specific alcohol and smoking cessation counselling for patients.
- The practice offered in house alcohol and drug counselling services.
- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Early morning 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.

- Home and care home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- All GPs were responsible for their own specialist area for example, Safeguarding, Nursing or I.T.
- The practice effectively used social media for example Facebook and Twitter to promote healthy living and communicate health promotion and key messages about the practice.

Access to the service

The practice was open between 6.50am to 6.30pm Monday to Friday. Early morning appointments were available from 7am to accommodate working people. Late appointments were available from 6.30pm to 7.30pm on Wednesdays and Thursdays. The practice, along with all other practices in the Hull CCG area had a contractual agreement for patients to access GP Out of Hours (OOHs) service through the NHS 111 service from 6.30pm. This had been agreed with the NHS England area team. Information for patients requiring urgent medical attention out of hours was available in the waiting area, in the practice information leaflet and on the practice website.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Appointments were open to patients to book in advance. We were told by patients that there were always appointments available and the practice staff were flexible and proactive in managing appointments. The practice coordinated their appointments to reduce the number of



Are services responsive to people's needs?

(for example, to feedback?)

times a patient had to visit the practice. The practice had a policy in place for managing longer appointments and visits were made to patients' homes when assessed as being required.

The PPG were pro-actively engaged in the practice and monitored patient satisfaction on a monthly basis by issuing questionnaires. They tailored questions to suit patient needs. For example, questions on the patient questionnaire were altered to focus on the appointment system within the practice and as a result of this; it was adjusted to suit the needs of patients. Patients could access appointments and services in a way and at a time that suited them.

We looked at the patient appointment system and a range of appointments were available in short timescales. For example an early pre-bookable appointment was available at 6:50am the next day, a blood test appointment with the nurse was available in the next two days, a GP appointment at 8.30am the next day and an emergency appointment the same day.

Listening and learning from concerns and complaints

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

- 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.
- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

The practice had received 16 formal complaints in the last 12 months and these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. All of the patient complaints received were acknowledged within three working days.

Are services well-led?

Outstanding



(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 practice business plan, on the website and leaflet which was available in the waiting area and staff knew and understood the values.
- The practice had a detailed strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

The practice business plan indicated the skill mix required in order to deliver the levels of care needed for the local area and as a result of this they had recruited an apprentice health care assistant and a practice pharmacist.

The practice also had a strategy and agreed objectives to improve services and reduce overall health care. For example the reduction of mortality and morbidity from heart disease through effective case finding, increased smoking cessation by recording smoking status for patients aged 16 and over. The practice also improved general health activity by liaising with the local authority leisure GP referral scheme ('exercise on prescription').

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 along with defined clinical lead responsibilities and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice took every opportunity for learning from current experience and used it towards developing better care provision for the future.

We saw evidence that the governance and performance management arrangements were proactively reviewed and reflected best practice. The practice held regular governance meetings where matters such as quality assurance, clinical audit, evidence based medical treatments, risk management and clinical governance were discussed. The practice demonstrated how they took a systematic, proactive and innovative approach to working with other organisations to improve care outcomes for patients, how they worked to tackle health inequalities and how they also considered the financial aspects for the practice and the NHS. Examples of these were; the practice advised other practice groups on patient clinical systems use and enhanced development of other electronic patient systems, the practice devised and shared clinical operating procedures for wound care and phlebotomy for new extended service contracts and devised and implemented improved clinical templates which were shared with other practices in the area.

We saw evidence that succession planning was regularly discussed and the practice was acutely aware of the Hull 2020 Strategy, CCG Primary Care Blueprint and considered it in aspects of their work. This Blueprint sets out to seek new ways of working to improve health and care outcome for patients.

Leadership and culture

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

We were told there was an open and transparent culture at the practice and all staff were engaged in the direction of the practice. Staff told us they had the opportunity and were happy and encouraged to raise issues.

The practice manager was responsible for human resource policies and procedures and had systems in place to ensure these were reviewed and read by staff. We reviewed a range of policies to support staff in their role, for example

Are services well-led?

Outstanding



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

disciplinary procedures, induction policy, bullying and harassment and the management of sickness which were in place to support staff. Staff could access these on any computer at the practice.

The I.T. manager was responsible for maintenance, monitoring and reporting on the practice systems. The practice had implemented innovative ways of working electronically and efficiently. Example of these were;

- A system allowed patients to have their data redacted to reduce patients being constantly reminded about smoking cessation and influenza vaccinations.
- 24 hour blood monitoring and 24 hour ECG was installed at the practice which allowed patients to be monitored that linked to the practice clinical system.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

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.

When there were unintended or unexpected safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us 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.
- They demonstrated a determined attitude to overcome barriers the population and the practice faced. For example, the reduction in emergency admission from 92% per 1000 patients in 2013/14 to 67% per 1000 patients in 2015/16.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members

of staff to identify opportunities to improve the service delivered by the practice. We observed staff being pro-active in delivering patient care and support where needed.

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

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.

- It had gathered feedback from patients through surveys and patient feedback forms received. There was a patient participation group (PPG), which assisted with surveys and internal practice matters and consisted of 7 core members and 176 virtual members. The next meeting was planned for April 2016. PPG members told us that a meeting agenda was prepared in time for the meeting. Examples of improvements suggested were; changes to the practice telephone system to allow improved incoming calls access and monitoring of the FFT with continually changing questions to suit different patient needs. The PPG were also recently nominated for an FFT award due to their pro-active involvement in the process.
- PPG members actively engaged in health promotion activities and attended the practice for example, to promote smoking cessation whilst they undertook their PPG duties in encouraging new members to join the group.
- The PPG also conducted their own 'internal audits' of the practice environment and buildings. Where issues were raised actions were taken by the practice in a timely manner.
- The PPG were fundamental in securing a contract for a new build of the practice premises in the future. They were actively engaged in all aspects of the contract for example, the suggested building layout and pre-products with the external architect.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. 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.

Are services well-led?

Outstanding



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

Innovative approaches were used to gather feedback from patients who used services and the public. The practice used social media to further increase communication with its patient base and 473 patient followers were signed up to their Twitter account and a dedicated Facebook page. Their attempts at setting up younger members of the group had been unsuccessful due to a lack of interest. The practice told us how they were currently exploring other means of engaging with younger patients such as its use of social media.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The leadership demonstrated a drive for continuous improvement. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. For example; the innovative I.T. systems to drive improved patient care an example being the risk profiling of patients at risk of admission to hospital helped the practice reduce admissions which allowed them to offer more support to patients at risk and care for more patients at home.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place. We were told and were provided examples where staff had been supported to complete additional training to support them in their professional development and also enhance the service offered to patients.

The practice demonstrated a strong collaboration and support across all staff and a common focus on improving

quality of care and people's experiences. The practice had embedded a wide range of systems to ensure the practice was continually learning and improving. The practice had comprehensive systems in place for reporting, recording and monitoring significant events, incidents and accidents.

The leadership drove continuous improvement using a wide range of initiatives

For example; representing locality practices in the area on the immediate discharge process, devised clinical templates for improved care and shared with other regional practices and represented all practices on a specific new software development group for patient record management. The practice provided considerable evidence of how they closely monitored their performance against the findings of the various sources. Evidence showed there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. This was evidenced by the practices commitment to improving mental health in patients. The practice had been outlier for patients with schizophrenia, bipolar affective disorder and other psychoses and they had realised this and acted to improve the support performance from 50.9% (March 2014) to 98.9% (March 2015).

Everyone we spoke to was committed to high standard professional practice and to working with one another to make effective use of every resource for delivering organised and co-ordinated services to meet current patients' needs. They took every opportunity for learning from current experience and used it towards developing better care provision for the future. They demonstrated a determined attitude to overcome barriers the practice and the population faced. The leadership demonstrated and evidenced its commitment and drive to continually move forward to improve outcomes for patients.