

# Dr Harris & Partners

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Harris & Partners on 15 December 2015. 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from 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 including:

- A Photo Dermatology service was available at the practice. The GP took a photograph of skin conditions and sent them to the Dermatologist at the hospital for review who would make a decision about what care was required. This reduced the number of referrals made and the need for patients to travel to Hull for an appointment.

# Summary of findings

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

Importantly the provider should:

Ensure there is an audit trail of blank prescriptions forms.

Ensure all staff are up to date with mandatory training.

Ensure the practice's vision is documented in a written strategy and outlines their plans for the future.

**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.
- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG 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 all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

## 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. The practice worked with the CCG and the community matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A&E attendances.
- Patients said they were able to make urgent appointments the same day. Patients said it could be difficult getting through on the phone on a morning and at lunchtime.
- 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



- 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. 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 an active patient participation group.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# 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.

- 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.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



### People with long term conditions

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

- GPs and 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, performance for heart failure indicators was 100%, this was 1.9% above the local CCG average and 2.1% above the national average.
- 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 GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- 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 95.7%, this was 10.2% above the local CCG average and 13.3% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Child health/development clinics were provided one day a week.
- 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.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that 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.
- A physiotherapy service was available at the practice three days a week.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances which would include homeless people, travellers or those with a learning disability.
- They offered longer appointments for people with a learning disability.

Good





# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- They 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 and information leaflets in different languages were provided when required.

## 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).

- Nationally reported data from 2014/2015 showed 84.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 0.3% above the local CCG average and 0.5% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 97.9%. This was 7% above the local CCG average and 9.6% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They 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 sign posted patients requiring support with drug and/or alcohol problems to counselling and support services.

Good



# Summary of findings

## What people who use the service say

The National GP patient survey results published in July 2015 showed the practice was performing similar to the local CCG and national averages apart from being able to get through on the phone where satisfaction was lower. There were 255 survey forms distributed for Dr Harris & Partners and 116 forms were returned, a response rate of 45.5%. This represented 1.1% of the practice's patient list.

- 54.7% found it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 73%.
- 87.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.2%.
- 85.7% described the overall experience of their GP surgery as good compared with a CCG average of 87.7% and a national average of 84.8%.
- 80.9% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82.2% and the national average of 77.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all 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. One patient said it is sometimes difficult trying to get through to the practice first thing on a morning and another said the appointment system was improving.

We spoke with 12 patients during the inspection, including four members of the Patient Participation Group (PPG). They also confirmed that they had received very good care and attention and staff treated them with dignity and respect.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results for January 2015 to November 2015. They were also very positive about the care and treatment received.

Feedback on the comments cards, from patients we spoke with, the F&Fs and practice surveys reflected the results of the national survey. There was a common theme that patients were very satisfied with the care and treatment received and were able to get appointments, however it could be difficult getting through to the practice by phone on a morning and at lunchtime.

## Areas for improvement

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

Ensure there is an audit trail of blank prescriptions forms.

Ensure all staff are up to date with mandatory training.

Ensure appointments run on time and patients are kept informed if clinics are running late.

Ensure the practice's vision is documented in a written strategy and outlines their plans for the future.

## Outstanding practice

We saw an area of outstanding practice:

- A Photo Dermatology service was available at the practice. The GP took a photograph of skin conditions and sent them to the Dermatologist at the hospital for

review who would make a decision about what care was required. This reduced the number of referrals made and the need for patients to travel to Hull for an appointment.

# Dr Harris & Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Inspector and included a GP Specialist Advisor and a Practice Manager Specialist Advisor.

## Background to Dr Harris & Partners

Dr Harris & Partners is located in a Medical Centre on Station Avenue in Bridlington and shares the building with two other GP practices. It is close to the town centre, the train station and local bus routes. Parking is available on the street outside the practice and there is disabled access. It provides services under a Personal Medical Services (PMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 9954, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 age group is below the England average. The practice scored three 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 five GP partners, four male and one female. A new female GP Partner was due to start in January 2016. There is one nurse practitioner, four practice nurses, one health care assistant and four phlebotomists. There is one male nurse and four female. There is a practice manager and a team of administration, reception and secretarial staff.

The practice is open between 8.30am to 6.00pm Monday to Friday; telephone lines are open from 8.00am.

Appointments are available from 8.30am to 11.20am and 3.00pm 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. This has been agreed with the NHS England area team.

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 member of Brid Inc Ltd, and is working in partnership with other local practices, social services and community services to improve the health and wellbeing of the local population. Uniting healthcare is a key aim of Brid Inc Ltd by bringing together the key individuals who create the health and social care services. Using strategies that have worked in other areas, Brid Inc Ltd's wish is to provide Bridlington with solutions to the unique healthcare needs in their area. One of the GP partners was a Director of Brid Inc Ltd.

## 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.

# Detailed findings

## 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 15 December 2015. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses and one health care assistant. We also spoke with the practice manager, the senior receptionist and two secretaries.
- Spoke with 12 patients, including four members of the Patient Participation Group (PPG), who used the service.
- Reviewed 21 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 significant events and there was a recording form available on the practice's computer system.
- 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. However lessons were not always shared with staff if they were not involved in the incident.

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, a patient had been requesting repeat prescriptions at more frequent intervals than was appropriate for the type of medicines they were taking. The practice amended its repeat prescription protocol so early requests for a repeat prescription were identified and a task sent to the GP for them to review early requests and discuss with the patient.

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.

### 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 waiting room and consulting rooms. 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 and annual infection control audits were 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). 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 however the system in place which would identify if blank prescriptions were missing was not always being followed. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had amended its repeat prescription request forms so that patients could not request repeat supplies of high risk medicines. The form stated that the medicine was for 'Information only' and the request would be seen by the GP to check appropriate reviews and blood tests had been undertaken.
- We reviewed five 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. We noted in one file that two references had not been obtained for a GP. The practice manager told us that the GP had worked as a long term locum at the practice before they were employed permanently.

# Are services safe?

## 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 a fire risk assessment in place. Fire drills had been carried out and staff had been trained.
- 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 all 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. A new GP partner was due to start in January 2016.

## 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. 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 98.4% of the total number of points available, with 6.4% 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 94.7%. This was 6.4% above the local CCG average and 6.4% above the national average.
- Performance for mental health related indicators was 100%; this was 4.6% above the local CCG average and 7.2% above the national average.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review,

undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 93.2%. This was 4.1% above the local CCG average and 3.4% above the national average.

- 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 86.3%. This was 9.5% above the local CCG average and 11% above the national average

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last year with seven complete audits and some observational studies. We looked at seven audits in detail; all of these were completed audits where the improvements made were implemented and monitored.
- 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, an audit was done in 2008 of patients diagnosed with Coeliac Disease. This was to determine if they were being reviewed annually and having appropriate tests and monitoring carried out as per clinical guidelines. Results showed there were 28 patients with coeliac disease and 11 of these were having annual reviews and appropriate tests. The practice set up a register for these patients and continued to monitor them. In July 2015 a repeat audit showed of 36 patients on the coeliac disease register 33 patients were having annual reviews and appropriate tests.

### 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 that covered such topics as safeguarding, fire safety, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

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 staff meetings, one-to-one meetings, appraisals, peer support supervision and support for the revalidation of the GPs.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Not all staff were up to date with mandatory training, for example health and safety. 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.
- The practice did an annual audit of their two week wait referrals to confirm patients were been referred in a timely manner and the referrals met the local criteria.

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 bi-monthly basis 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 2005. Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

### 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 95.7%, this was 10.2% above the local CCG average and 13.3% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. A message was placed on the patient's record if they had not responded to a screening invite and the GPs or nurses would give the patient the contact details of the relevant service and encourage them to make an appointment.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were comparable to the CCG and national averages for children aged 12 months, two and five years. For example, rates for 16 of the 18 immunisations were above 90%. Flu



# Are services effective?

(for example, treatment is effective)

vaccination rates for clinical at risk groups for example, heart disease, diabetes and chronic obstructive pulmonary disease were similar to, or above the local CCG and national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF 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 92.9%, this was 2% above the local CCG average and 1.9% above the national 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 conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient CQC comment cards we received were 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 also spoke with 12 patients, including four members of the Patient Participation Group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said staff responded compassionately when they needed help and provided support when required. One patient told us a nurse had taken them home in their car when it was going to be difficult for them to walk.

Results from the national GP patient survey published in July 2015 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to or above the local CCG and national average for questions about the GPs and receptionists. Results were above the local CCG and national average for questions about the nurses. For example:

- 88% said the GP gave them enough time compared to the CCG average of 89.7% and national average of 86.6%.
- 86% said the GP was good at listening to them compared to the CCG average of 92.2% and national average of 88.6%.

- 82.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 96.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.1% and national average of 95.2%.
- 94.1% said the nurse gave them enough time compared to the CCG average of 93.7% and national average of 91.9%.
- 97% said the nurse was good at listening to them compared to the CCG average of 92.6% and national average of 91%.
- 97.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.5% and national average of 90.4%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.3% and national average of 97.1%.
- 79.5% said they found the receptionists at the practice helpful compared to the CCG average of 87.6% and national average of 86.6%.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results for January 2015 to November 2015. They were also very positive about the services delivered.

### 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. We were told a patient had been referred to a hospital in Leeds for an operation so they could stay with their family afterwards while they recovered.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about

## Are services caring?

their care and treatment. The results were below the local CCG and national average for questions about the GPs and above the local CCG and national average for questions about the nurses, for example:

- 79.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and national average of 86%.
- 78.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and national average of 81%.
- 93.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.2% and national average of 89.6%.
- 92.1% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.

Telephone interpretation services were available and information leaflets in different languages were provided

when required. There was no notice in the reception areas informing patients this service was available. There was the facility on the practice website to translate information into other languages.

### **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. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice did 'social prescribing' and sign posted carers to local centres for support where they could obtain advice. They also participated in coffee mornings that were held in the meeting area in the health centre.

Staff told us that if families had suffered bereavement, the practice sent a bereavement card. This 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. The practice also sent a card on the first anniversary and offered any support required.

# 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 matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions 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.
- Appointments could be made on line, via the telephone and in person.
- 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.
- 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 available. There was no hearing loop but staff would take patients to a private area or ask them to write things down if they had difficulty communicating.
- Child health/development clinics were provided one day a week.
- A physiotherapy service was available at the practice three days a week.
- A Photo Dermatology service was available. The GP took a photograph of skin problems and sent them to the Dermatologist at the hospital for review who would make a decision about what care was required. This reduced the need for patients to travel to Hull for an appointment.
- The practice was the joint lead for the EASY Care Project. This project would identify and respond to, unmet health and care needs of all people over 75 years of age, those living in care homes and learning disability units in Bridlington. One of the practice staff had been

identified as a 'Care Navigator' who would work with social care staff to undertake a needs based assessment of all the practice patients over 75 years of age, those living in care homes and learning disability units. This would identify a summary of the patient's needs, allowing them to be signposted to appropriate local resources. The information would then be used by the practice to populate patients care plans. It would also help to shape future services in the town.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with the service was comparable to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 85.7% described the overall experience of their GP surgery as good compared with a CCG average of 87.7% and a national average of 84.8%.
- 80.9% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82.2% and the national average of 77.5%.

### Access to the service

The practice was open between 8.30am to 6.00pm Monday to Friday; telephone lines are open from 8.00am. Appointments are available from 8.30am to 11.20am and 3.00pm to 5.30pm Monday to Friday. The practice, along with other practices in the East Riding of Yorkshire CCG area had a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This had been agreed with the NHS England area team.

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 and staff explained they may have a wait until the GP saw them. Patients we spoke with confirmed this. Feedback from patients said it could be difficult getting through to the practice by phone on a morning and at lunchtime. Installing a new telephone system had been considered however plans had been approved for the practice to move to new premises so the decision had been made to carry on with the present system. The practice was working with the PPG to promote awareness of the on line appointment booking system.

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to the local CCG and national average apart from telephone access which was below. This reflected the feedback we received on the day. For example:

- 74.5% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73.2% and national average of 74.9%.
- 54.7% found it easy to get through to this surgery by phone compared with a CCG average of 68.8% and a national average of 73%.
- 72.5% of patients described their experience of making an appointment as good compared to the local CCG average of 73.4% and national average of 73.3%.
- 87.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.2%.

### **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint. For example, a relative was not happy with an aspect of their parent's treatment. The practice gained the patients consent and then arranged for the GP to meet with the patient and their relative to discuss the issues raised. The relative was happy with the outcome of the discussion.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement however this was not displayed in the waiting areas or on the practice website. Staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

### 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 practice 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 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 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.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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.

- The PPG submitted proposals for improvement to the practice management team. For example, the PPG members said it would be useful to know who all the staff were in the practice and their names. The practice now displayed the names and roles of staff in the waiting area and all staff wear a badge with their name and job title on it.
- Feedback was provided to patients on the practice website, in the practice newsletter and in the waiting room.
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and

# Are services well-led?

Good 

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

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, following suggestions from staff GPs started to use a new digital system for referral letters to improve the process and reduce the risk of referrals being missed.

## 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 was an active participant in the on-going work in Bridlington to bring health and social care services all together in one building and develop new models of care.

The practice was working with their partners in Brid Inc Ltd to become a research and training hub to improve the recruitment of health professionals in Bridlington.